



Enterprise Zone Application Submission System



Important information for Internet Explorer 8 users.

2015 VIRGINIA ENTERPRISE ZONE PROGRAM General Income Tax Credit Qualification Form

Print on 8 1/2" x 14" paper. Read Tax Credit Instruction Manual before completing this form.

Form EZ-6N (New Firms)

PART I: BACKGROUND INFORMATION

1. Zone Name [Select Zone Name] Zone # Zone Designation Date Date Bus. Began Operation in Zone

2. Business Firm Legal Name Trading name, if different than Legal Name

3. Federal Employment ID# (FEIN) Activity # (First three digits of the NAICS. See Instruction Manual)

4. Principal Mailing Address City State VA Zip Code

5. Physical Address of Zone Establishment (if different from above) City/County/Town

6. Business Firm Contact Person Name Title Daytime Phone # E-mail Address

7. Federal Employment ID# (FEIN) of Parent Company (if applicable) If the Firm is Subsidiary, Name of the Parent Company

8. Check the type of New Business (If a business completed a NEW FIRM form 6N in a previous year, it must continue to submit NEW FIRM 6N forms for each year of its ten-year qualification period.)

Relocation from outside Virginia to zone New facility established in zone by a Virginia firm

Start-up business

9. Check the type of Business Organization. (If "other", explain type.)

Sole Proprietor Partnership Corporation S Corporation Limited Liability Company Other

10. Check the type of state tax that applies to this firm.

Corporate Income Tax Franchise Tax on Net Capital Franchise Tax or License Tax on Gross Receipts Individual Income Tax

PART II: QUALIFICATION INFORMATION

1. This application is qualification year number(Check the appropriate #):

2 3 4 5 6 7 8 9 10

2. Qualification is requested for taxable year beginning (MM/DD/YYYY) and ending (MM/DD/YYYY).

3. Employment Test (Note: PFTE=Permanent full-time employee.)

A. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone PRIOR to the QUALIFICATION year. A

B. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone DURING the QUALIFICATION year. B

C. Average # of PFTE who were employed at the firms's ZONE ESTABLISHMENT DURING the QUALIFICATION year. C

D. Average # of NEW PFTE who meet the definition of low-income. D

E. Average # of NEW PFTE who are zone residents. E

F. Total # of NEW PFTE who are low-income or zone residents. Add lines (D) and (E). F

G. Percentage of the increase in the average # of NEW PFTE who are low-income or zone residents. Divide line (F) by line (C) and multiply by 100. Round to the nearest whole percent. G %

4. ACTUAL tax liability attributable to the conduct of trade or business within the enterprise zone. \$

5. If the business firm was involved in a negotiated general income tax credit, enter the negotiated amount. \$

This application is qualification year number (negotiated firms check the appropriate #.)

1 2 3 4 5 6 7 8 9 10

PART III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature Typed or Printed Name Title Date(MM/DD/YYYY)

2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 2 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State incentives under this Program.

Signature of CPA <input type="text"/>	Typed or Printed Name <input type="text"/>	Date(MM/DD/YYYY) <input type="text"/>	
VA License # <input type="text"/>	Daytime Phone # <input type="text"/>	E-mail Address <input type="text"/>	
Accounting Firm <input type="text"/>	Address <input type="text"/>	City <input type="text"/>	
		State VA ▼	Zip Code <input type="text"/>

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is **May 1st** of the calendar year subsequent to the taxable qualification year (Part II, Item 2). Applicants must send original application materials using one of the following mechanisms: 1) United States Postal Service certified mail, return receipt requested and postmarked no later than May 1st; 2) UPS, Fed Ex or other services where shipping can be tracked with a shipped date no later than May 1st. Hand delivery is accepted but not preferred and must be received by DHCD by the close of business on May 1st. Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for the year. **Applications for a previous tax year (amended return) are NOT accepted.**

PART IV: COMMENTS

Please enter your notes here:

[Home](#) | [RPIG](#) | [JCG](#) | [CPA Attestation Report](#) | [General Income Tax Credit](#)

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