



Application for Florida Enterprise Zone Jobs Credit for Sales Tax

DR-15ZC R. 06/08

Rule 12A-1.097 Florida Administrative Code Effective 09/09

- 1. Business Name
2. Owner Name
3. Mailing Address
4. Business Location
5. Business Federal Employer I.D. #
6. Sales Tax Certificate #
7. Enterprise zone identification number assigned per section (s.) 290.0065, Florida Statutes (F.S.) in which above business is located
8. Is this zone designated as a rural enterprise zone, per s. 290.004(8) F.S.?
9a. Is each employee (person) listed on Schedule One or Two a permanent full-time employee hired to perform duties in connection with the operations of the business for an average of at least 36 hours per week?
9b. Is each employee (person) listed on Schedule One or Two a permanent full-time employee leased from an employee leasing company licensed under Chapter 468, F.S. and have they been continuously leased to the employer for an average of at least 36 hours per week for more than six months to perform duties in connection with the operations of the business for an average of at least 36 hours per week each month throughout the year?
10. Is this a "small business" as defined in s. 288.703(1), F.S.?
11. Are the new employees, for which the credit is claimed, participants in the Welfare Transition Program (WTP)?
12. Computation of the increase in permanent full-time jobs over the 12 months prior to the date of application:

This application is due to the Department of Revenue within six months of the date of hire for the new employee(s) or within seven months of the date of hire for leased employee(s). Your application will be denied if not filed on time. Any person who fraudulently claims the credit is liable for repayment of the credit plus a mandatory penalty of 100 percent plus interest. After certification of this application by the appropriate enterprise zone coordinator, mail the completed application to:

RETURN RECONCILIATION, FLORIDA DEPARTMENT OF REVENUE, 5050 WEST TENNESSEE ST, TALLAHASSEE FL 32399-0129.

NOTE: Your job credit(s) will expire 24 months after approval, provided the employee(s) remains employed for 24 months.

I hereby affirm under penalty of perjury that all statements on this document are true and correct to the best of my knowledge and belief.

Signature of owner, officer, or partner Printed name Date

Enterprise Zone Coordinator Certification Section
Signature of Enterprise Zone Coordinator Printed name Date
Enterprise Zone Coordinator: Mail a copy of the completed application to the address above.





