



**FOR OFFICE USE ONLY**

RECEIVED DATE \_\_\_\_\_

ID # \_\_\_\_\_

INITIALS \_\_\_\_\_

CHECK # \_\_\_\_\_

CHECK AMOUNT \_\_\_\_\_

# Quality Jobs Program

## APPLICATION SALES AND USE TAX / ITC

### BUSINESS/PROJECT INFORMATION

**CONTRACT NUMBER**  **YEAR ESTABLISHED IN LOUISIANA**

**BUSINESS NAME**

**PROJECT'S PHYSICAL ADDRESS**

**MAILING ADDRESS**

**PHONE NUMBER (INCLUDE EXT)**  **WEBSITE ADDRESS**

**OWNERSHIP TYPE**  Corporation  LLC  General Partnership  S-Corporation  LP  Non-Profit Organization

**PROJECT TYPE**  Start-up/New  Addition  Expansion

**IS THIS PROJECT WITHIN CITY LIMITS?**  YES  NO

**PROVIDE A DESCRIPTION OF THIS PROJECT**

### PROJECT PERIOD

**PROJECT BEGINNING DATE**  **PROJECT ENDING DATE**

(Project start date cannot be prior to the date Business Incentives Services received the advance notification for an additional period, and fee. Note - the project period cannot exceed 30 months.)

### SUPPLEMENTAL QUESTIONS

1. Is there gaming activity at this project site, or are any owners involved in gaming activities elsewhere?  YES  NO
2. Has the applicant filed the annual certification report(s) for all fiscal years since the contract effective date?  YES  NO
3. Has the applicant ever applied for or received Sales and Use Tax Rebates or the Investment Tax Credit as they relate to this contract? (If yes, answer a. and b. below)  YES  NO
  - a. Were the Employee Certification Report(s), Project Completion Report(s) and Affidavit(s) of Final Cost submitted to LED for all filing periods?  YES  NO
  - b. Have they been processed and approved by LED?  YES  NO
4. Has the business or an affiliate business location within the state closed or reduced employment within the Immediate 12 months prior to the project start date? *If yes, provide a list of the location(s), number of employees lost at each location and the date closed including UI#'s.*  YES  NO

## INVESTMENTS/JOBS/PAYROLL

In the chart below provide the companies' values for each item. Note: If you have investment cost's involving contractual/construction, you must give the actual for the jobs created, and the total respective payroll amount.

Investments Costs		Number of Jobs		Payroll	
Building & Material	\$	Existing (statewide including affiliates)		Existing (Annual)	\$
Machinery & Equipment	\$	New Direct Jobs (10-year total)		New (10-year total)	\$
Labor & Engineering	\$	Construction Labor		Construction Labor	\$
<b>Total Investment</b>	<b>\$</b>				<b>\$</b>

## FEE CALCULATION

In the chart below indicate the anticipated new direct jobs for each year of the additional project period and the respective payroll. The cumulative annual gross payroll is to reflect any year's new payroll plus the previous years' payroll including a 2% increase (for example, multiply column (4A X 1.02) + 3B = 4B). A value must be indicated in column 4, A-F. Make sure to total column 4, A-F for the Total Estimated project period cumulative annual gross payroll. (Note – a project period cannot exceed 30 months)

	1	2	3	4
QUALITY JOBS PRO-FORMA – EMPLOYMENT FOR ADDITIONAL PERIOD				
Year	Number of New Direct Jobs created (Created Annually Not Cumulative)	Annual Gross Payroll (For respective year's New Direct Jobs)	Cumulative Annual Gross Payroll (Include 2% cumulative increase annually)	
A		\$	\$	
B		\$	\$	
C		\$	\$	
D		\$	\$	
E		\$	\$	
F		\$	\$	
<b>Total (sum of columns)</b>			<b>*\$</b>	

\*Estimated Cumulative Annual Gross Payroll (\*from chart above)

	*\$ _____
	X 0.06
= (a) Estimated payroll rebate	=\$ _____ (a)
(b) Estimated State Sales/Use Tax Rebate (or Investment Tax Credit)	\$ _____ (b)
(c) Estimated Local Sales/Use Tax Rebate	\$ _____ (c)
Total Estimated Rebates (a + b + c)	=\$ _____
	X 0.005
<b>= Application Fee: (Minimum \$500 --- Maximum \$15,000)</b>	<b>=\$ _____</b>

Make check payable to Louisiana Economic Development. (Make sure to include project number on check)

### Mail To:

Louisiana Economic Development  
Business Incentives Services  
P.O. Box 94185  
Baton Rouge, LA 70805-9185

### Physical Address:

Louisiana Economic Development  
Business Incentives Services  
617 North Third Street, 11th Floor  
Baton Rouge, LA 70802

**FEDERAL TAX ID**  **UNEMPLOYMENT INSURANCE ID**

**LA. DEPARTMENT OF REVENUE ID**  **NAICS CODE (ASSIGNED BY LWC)**

---

**CONTACT INFORMATION**

**CONTACT TYPE**  Business  Consultant  Other

**PREFIX**  **FIRST NAME**  **MI**  **LAST NAME**  **SUFFIX**

**CONTACT'S PERSON'S COMPANY NAME**  **TITLE**

**MAILING ADDRESS 1**

**MAILING ADDRESS 2**

**PHONE NUMBER (INCLUDE EXT)**  **FAX NUMBER**

**EMAIL ADDRESS**

---

**CERTIFICATION**

---

**(Must have legal authority to sign this document)**

I hereby certify that the Quality Jobs project identified in this document with the above referenced number and additional materials meet all of the requirements of R.S. 51:2451, et seq. and applicable regulations. I hereby certify that the information provided in this document and additional materials is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records (R.S. 14:133) and/or forfeiture of any tax credits or rebates approved under this program. I understand that application and information submitted with it shall not be returnable to the applicant.

\_\_\_\_\_

Original Signature

\_\_\_\_\_

Printed Name and Title

\_\_\_\_\_

Date