

One Maryland Tax Credit Application for Final Certification

General Information About the Applicant:

1) Business Name: _____			
2) Business Address: _____ _____			
3(a) FEIN:		3(b) UI Number:	
4(a) Type of Entity (corp, LLC, etc.):		4(b) Beginning and End date of Tax Year:	
5(a) Business NAICS Code:		5(b) Facility NAICS Code if different:	
6) Do you pay:	Income Tax	Insurance Premiums Tax	Financial Institution Franchise Tax
7) Facility Address: _____ _____			

Project Information

8) Intent Date:		9) Effective Date of Start-up or Expansion:	
10) County Project is located in:			
11) Located in a PFA (please check all that apply):			
State Enterprise Zone	Federal Empowerment Zone	Inside the I-495 or I-695 Beltways	
Sustainable Community	Incorporated Municipality	County Designated PFA	
12) Beginning Date of Project Acquisition, Installation or Construction:		13) Date Project Placed In Service:	
14) Is the Project :		New Facility	Expansion
15 (a) Did you move from one location in Maryland to another:		Yes	No
15(b) Did you move from outside Maryland? If yes, from what state?			
16) Did you	Construct a New Facility	Expand an Existing Facility	Lease a Facility
	Purchase an Existing Building	Others:	
17) If you are leasing space, how are project costs being paid:		Cash	Through the lease

ONE MARYLAND TAX CREDIT APPLICATION

Eligibility Requirements

18) Actual Job and Wage Information:						
Year						Total
Qualified Positions Per Year						
Aggregate Annual Wages (\$)						
19) All new qualified positions pay at least 150% of Federal Minimum Wage:			20) All positions have been filled for at least 12 months:			
YES NO			YES NO			
21) Provide an employment schedule of the qualified positions, including the employee's name, start-date, termination date and annual salary.						
22) Provide a detailed itemized accounting of the qualifying start-up costs and project costs, and include this schedule as an attachment to the application.						
23) Actual Project and Start-up Costs						
Year						
Eligible Project Costs (\$)						
Eligible Start-up Costs (\$)						
24) Total Eligible Project and Start-up Costs for One Maryland Tax Credit (maximum of \$5.5 million): \$ _____						
25) Total capital expenditures related to Project: \$ _____						
26) Tax Year Credit will be claimed: _____						

27) Type of activity business is "primarily engaged in" at business facility (check all that apply)

Manufacturing	Forestry/Fishing	Biotechnology
Mining	Research	Central Financial Services
Transportation	Development	Central Real Estate Services
Communications	Testing	Central Insurance Services
Public Utility	Computer Related Services	Company Headquarters
Warehousing/Distribution	Computer Programming	Central Administrative Offices
Agriculture	Data Processing	Business Services
Filmmaking	Resort	Recreation Business

28) Description of Activities Performed and Products Produced at Facility: _____

ONE MARYLAND TAX CREDIT APPLICATION

Collection of Personal Information: In accordance with Executive Order 01.01.1983.18, the Department of Commerce (“Commerce”) advises you as follows: Certain personal information requested by the Department is necessary in determining your eligibility. Failure to disclose this information may result in the denial of one of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department and other public officials for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Publicity: The applicant agrees that the Department of Commerce may issue press releases and otherwise publicize information about the applicant’s employment levels before and after its qualification for the One Maryland Tax Credit.

Employment and Wage Data: Periodically the Office of Labor Market Analysis and Information of the Maryland Department of Labor, Licensing and Regulation (“DLLR”), in cooperation with the U. S. Department of Labor Statistics (“BLS”), collects employment and wage data from you and other employers who conduct business in the State of Maryland. This information, collected on the Multiple Worksite Report (BLS 3020) and the Annual Refiling Survey (BLS 3023), is kept confidential and may only be used by the Department of Commerce (“Commerce”) with your written consent. Commerce is requesting disclosure of this information in order to evaluate the effectiveness of Commerce economic development programs and their impact on your company’s employment level.

Consent: I give consent to DLLR to release the information that our company provides on the BLS 3023 form and the BLS 3020 form to Commerce, solely for the purpose of evaluating the effectiveness of the Commerce economic development programs and their impact on our company’s employment level.

Audit: I understand that my application may be subject to a review by DBED’s internal audit Department and that additional information may be requested. DBED’s Internal Audit office reviews a random sample of Final Applications submitted annually.

Please return this form to:

Mark A. Vulcan
Program Manager, Tax Incentives
One Maryland Tax Credit Program
Maryland Department of Commerce
401 East Pratt Street, 17th floor
Baltimore, Maryland 21202

THE FORM MUST BE SIGNED BY AN OWNER OR OFFICER OF THE BUSINESS ENTITY THAT CLAIMED THE CREDITS.

I verify that the business applying for Certification (1) is current in all State and local tax obligations; (2) is not in default in any State or local contract; (3) is in good standing and authorized or registered to do business in the State.

Under penalties of perjury, I declare that the information contained in this application, to the best of my knowledge and belief, it is true, correct and complete.

_____ Name	_____ Title
_____ Signature	_____ Date

Contact Name _____

Contact Title _____

Contact Phone _____

Contact email _____

One Maryland Tax Credit Instructions for the Final Application

Below are instructions for filling out the One Maryland Tax Credit Final Application. The instructions are guidelines. You may download the One Maryland statute and regulations from the Maryland Department of Business and Economic Development's (Commerce) website at: <http://commerce.maryland.gov/fund/programs-for-businesses/one-maryland-tax-credit>

General Information:

- 1) Provide the full legal name of the entity, as it should appear on the certificate. If Maryland law requires the business entity to register with the State Department of Assessments and Taxation (SDAT), this name must be registered as a business entity in good standing. You may check the status of your business entity at: <http://sdat.resiusa.org/ucc-charter/>
- 2) Provide the address of the business entity. This is the address the certificate will be mailed to unless otherwise noted on the application.
- 3) Provide the Federal Employee ID Number and unemployment insurance number.
- 4) a) Provide the type of business entity, i.e. Corporation, Limited Liability Corporation, Sole Proprietorship. b) Provide the beginning and end date of the business's tax year.
- 5) Provide the North American Industrial Classification Code (NAICS) of the business entity and if different, of the facility that will be creating the new positions. More information on NAICS codes can be found at: <http://www.census.gov/eos/www/naics/>
- 6) Check off the type of tax the business entity pays.
- 7) Provide the address of the facility that will be incurring the eligible project and start-up costs and creating the new positions.

Project Information

- 8) Provide the date that the business declared its intent to claim the One Maryland Tax Credit. A business may only count new qualified positions created after the intent date.
- 9) Provide the effective date of the start-up or expansion. This is the date that the business begins creating new qualified positions.
- 10) Provide the county that the project is located in. The project must be in a "Qualified Distressed County" to qualify. Qualified Distressed Counties include: Baltimore City, Allegany, Caroline, Dorchester, Somerset, Wicomico and Worcester Counties. This is subject to change; please verify with Commerce.
- 11) The project must be located in a Priority Funding Area (PFA). Check off all areas that apply.
- 12) Provide the date that the business began the project. This includes purchasing land, beginning construction, etc. The business has 12 months from its intent date to start the project.
- 13) Provide the date that the project was placed in service. This is the date that the project is complete. A business has three years from its intent date to place the project in service.
- 14) Check if the project is a new facility or the expansion of an existing facility.
- 15) A. Check Yes or No if the facility moved from one location in Maryland to another and if yes, indicate from where to where. If the business moved from outside a One Maryland jurisdiction into one, the Secretary of Commerce must determine that the project did not have a deleterious effect on the jurisdiction the business left and if it qualifies for One Maryland.
B. Yes or No, did the business move from outside Maryland, and if yes, from what state?
- 16) Check whether the project is new construction, expansion, purchase of existing building or leasing an existing building. If the eligible project costs include the purchase of an existing building, the Secretary of Commerce must determine that the building was vacant or underused prior to being purchased for that cost to qualify.

- 17) If the business is leasing space, check if the costs were paid out-of-pocket or through the lease. If the expenses were paid through the lease, Commerce must approve the lease to determine if the costs are eligible project costs. For more information, please contact Mark Vulcan, Program Manager, Tax Incentives, Commerce at 410-767-6438.

Eligibility Requirements

- 18) Provide the number of new qualified positions created by the business at the facility, annual wages of the new qualified positions and the year they were created. A qualified position is a full-time position, paying at least 150 percent of the prevailing federal minimum wage. The business entity must create a minimum number of qualified positions within a 24-month period (after the intent date).
- 19) Verify that all new qualified positions pay at least 150 percent of the prevailing federal minimum wage. Federal Minimum Wage increased to \$7.25 in 2009. Businesses will have to pay at least \$10.88/hr.
- 20) All positions must be filled for 12 months to qualify. Verify that all positions have been filled for at least 12 months.
- 21) Provide an employment schedule of the qualified positions, including the employee's name, start-date, termination date and annual salary (provide a full-year's salary).
- 22) Provide a detailed itemized accounting of the qualifying start-up costs and project costs, and include this schedule as an attachment to the application.
- 23) In the chart, provide the amount of eligible project and start-up costs and the year they were incurred.
- 24) Provide the total amount of eligible project and start-up costs incurred. A business may qualify for a maximum of \$5.5 million in eligible costs.
- 25) Provide the total amount of capital expenditure related to the project. This may exceed \$5.5 million of One Maryland project and start-up costs.
- 26) Indicate the Tax Year the business will be claiming the credit.
- 27) To qualify a business must be primarily engaged in a qualified activity at the facility. This means at least 51 percent of its business must be in one or more of the activities listed. Check all activities that apply.
- 28) Provide a written description of the activities performed and products produced at the facility.

If you have questions, please contact Mark Vulcan at 410-767-6438 or Stacy Kubofcik at 410-767-4980.

Exhibit A (Collection of Statistical Data About the Applicant)

This form is for gathering statistical data only. The information provided in this form has no bearing on the Applicant's eligibility for the tax credit applied for and will not be a part of the application approval process. Furnishing of this information is voluntary; failure to do so will have no effect on the approval of the tax credit application.

Respondent does not wish to furnish this information

If Respondent is a business organization:

If Respondent is a business owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Veteran

Is the Respondent a State/Federal/Other certified Minority Business Enterprise?
Yes No

If yes, please provide your:

State MBE certification number:

Federal 8(a)/SDB certification number:

Identify who the other issuer is and the other certification number:

Respondent is a publicly held entity or other organization not classifiable as owned by individuals of a particular gender, race, ethnicity, or veteran status.

If the Respondent is an individual:

Is the Respondent Female? Yes No

Is the Respondent of Hispanic or Latino origin? Yes No

Is the Respondent a Veteran? Yes No

Which of the following categories describes the Respondent (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

FOR DEPARTMENT USE ONLY:

Respondent Name: _____

Date: _____