

FLORIDA ENTERPRISE ZONE PROGRAM

BUSINESS EQUIPMENT SALES TAX REFUND

APPLICATION FOR ELIGIBILITY

(based on s. 212.08 (5) (h), F.S.)

Date of Application: _____

Business Name: _____

Owner Name: _____

Mailing Address: _____

Business Location: _____
(if different from
mailing address) _____

Florida Enterprise Zone Number: EZ-

Is the business a "small business" as defined by s. 288.703 (1), F.S.?

_____ Yes _____ No

Please note: This question is for statistical purposes and does not impact the sales tax refund request.

Please provide a specific description of the business equipment for which a refund is sought, including its serial number or other permanent identification number (if necessary attach a separate sheet containing the same information). **Please note: Effective July 1, 2001, to be eligible for a sales tax refund the business property must have a sales price of at least \$5,000 per unit (pursuant to section 212.08 (5) (h) 9. d., F.S.).**

Business Equipment	Serial Number	Purchase Date	Sales Tax (6%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Sales Price of Business Equipment: \$ _____ **Total State Sales Tax:** \$ _____

Attach a copy of each sales invoice
or other proof of purchase.

x 97%

Amount of State Sales Tax Eligible for Refund: _____
(subject to limitation in Section III)

REQUESTING A SALES TAX REFUND IN EXCESS OF \$5,000.00

This section is to be completed if the business is applying for a sales tax refund exceeding \$5,000.00.

If applying for a sales tax refund in excess of \$5,000.00, please complete Schedules A and B that are attached. The attachments must include the signature of the taxpayer as well as the Enterprise Zone Coordinator who certified the Enterprise Zone location of the applicant.

SCHEDULE A: TOTAL NUMBER OF PERMANENT, FULL-TIME EMPLOYEES (ENTERPRISE ZONE RESIDENTS)

Name	Address	City	State	Zip	SSN	Enterprise Zone No.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SCHEDULE B: PERMANENT, FULL-TIME EMPLOYEES (NON-ENTERPRISE ZONE RESIDENT)

Name	Address	City	State	Zip	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CALCULATION OF PERCENTAGE OF EMPLOYEES:

1. Total number of employees from Schedule A: _____
2. Total number of employees from Schedules A and B: _____
3. Percentage of permanent, full-time employees residing in enterprise zones (divide Line 1 by Line 2, enter result): _____

MAXIMUM AMOUNT OF SALES TAX REFUND

If Line 3 is less than 20%, the maximum amount of tax refund is \$5,000.
If Line 3 is 20% or greater, the maximum amount of tax refund is \$10,000.

This Application for Eligibility (Form EZ-E) is submitted to claim a state sales tax refund for the purchase of business equipment as described in the following sales invoice numbers:

_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that I have examined the statements contained on this application certificate, and to the best of my knowledge and belief they are true, correct and complete. I agree that the business equipment purchased will be **used exclusively** in the _____ Enterprise Zone and agree that I will pay the appropriate refund amount and penalty amounts if the business equipment is used outside the Enterprise Zone within three years from the purchase date.

_____	_____
SIGNATURE OF TAXPAYER	DATE

I hereby certify that I have examined the statements contained on this application certificate, and to the best of my knowledge and belief they are true, correct and complete.

_____	_____
SIGNATURE OF ENTERPRISE ZONE COORDINATOR	DATE

_____	_____
EZDA PHONE NUMBER	EZDA FAX NUMBER

Taxpayer is required to send Original Form EZ-E with completed Florida Department of Revenue's Form DR-26S: Application for Refund to the Florida Department of Revenue (address listed below).

(Original forms must reach the Florida Department of Revenue within 6 months after the tax is due on the business property that is purchased.)

**Florida Department of Revenue
Refund Sub-Process
Post Office Box 6490
Tallahassee, Florida 32314-6490
850/488-8937**

EZDA retains one copy of this form for EZDA files.

Schedule A

Permanent, Full-Time Employees that reside within an Enterprise Zone

Attachment to Enterprise Zone Form EZ-E (r. 09/08)

For a business to qualify for a sales tax refund exceeding \$5,000.00, at least 20 percent of its permanent, full-time employees must:

- live in a designated enterprise zone; and
- work at the business location where the building materials were used and for which the refund is being applied.

Enter the information requested for each permanent, full-time employee that is an EZ Resident:

Employee Name, Street Address, City and Zip Code	* Employee's Social Security Number	Date Employed	Enterprise Zone Number In Which The Employee Resides

***Social security numbers are used by the Department of Revenue as unique identifiers for the administration of Florida's tax laws. They are confidential under sections 119.0721 and 213.053, Florida Statutes, and are not subject to disclosure as public records.**

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF ENTERPRISE ZONE COORDINATOR

DATE

(Make additional copies if needed)

Schedule B

Permanent, Full-Time Employees that do NOT reside within an Enterprise Zone

Attachment to Enterprise Zone Form EZ-E (r. 09/08)

For a business to qualify for a sales tax refund exceeding \$5,000.00, at least 20 percent of its permanent, full-time employees must:

- live in a designated enterprise zone; and
- work at the business location where the building materials were used and for which the refund is being applied.

Enter the information requested for each permanent, full-time employee that does **NOT** reside within an Enterprise Zone.

Employee Name, Street Address, City and Zip Code	* Employee's Social Security Number	Date Employed

*Social security numbers are used by the Department of Revenue as unique identifiers for the administration of Florida's tax laws. They are confidential under sections 119.0721 and 213.053, Florida Statutes, and are not subject to disclosure as public records.

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF ENTERPRISE ZONE COORDINATOR

DATE

(Make additional copies if needed)