FLORIDA ENTERPRISE ZONE PROGRAM

BUILDING MATERIALS SALES TAX REFUND

APPLICATION FOR ELIGIBILITY

(Based on s. 212.08 (5) (g), F.S.)

Mailing Address: Property Address: Assessment Roll Parcel Number: Plorida Enterprise Zone Number: EZ- Description of Improvements:	čer:		Building Permit Number:	Attach a copy of actual building permit with inspection dates. Building Inspector Name:	hone: FAX:	\ttach a certificate from building inspector that improvements are substantially completed.		Date of certificate stating that improvements are substantially completed:
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IMPROVEMENTS

- Attach a copy of each invoice listing sales tax paid for all eligible building materials.
- materials submitted were used on the project and that the sales tax has been paid. If applicable, attach a sworn statement from the licensed contractor(s) stating all

A separate sheet may be used if necessary to account for all building materials.

Amount of Sales Tax Refund.	x 97%=	x 6% =
)= x 40%=	e between line (1) and line (2	Calculation of Sales Tax Refund: Difference between line (1) and line (2)=
ınd after rehabilitation.	ssessed values: before a	Attach documentation of assessed values: before and after rehabilitation.
Assessment Date:	Asse	Assessed value before rehabilitation:(2)
Assessment Date:	Asse	Assessed value after rehabilitation: (1)
te the following:	If invoices are not available, please complete the following:	If invoices are not av
ole for Refund \$tion III)	Amount of Sales Tax Eligible for Refund (subject to limitation in Section III)	
x 97%		
Total State Sales Tax: \$	Total	Total Sales Price of Building Materials: \$
State Sales Tax Paid (6%)	Sales Price	Building Materials

Amount of sales tax refund is subject to maximum amount of sales tax refund Please see Calculation of Percentage of Employees on next page.

Ρlέ	Is the business a small business as defined by s. 288.703(6), F.S.?
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Please note: This question is for statistical purposes and does not impact the sales tax refund request.	
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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.

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

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

CALCULATION OF PERCENTAGE OF EMPLOYEES:

2.	<u>;-</u>
Total number of employees from Schedules A and B:	Total number of employees from Schedule A:

in enterprise zones (divide Line 1 by Line 2, enter result): Percentage of permanent, full-time employees residing

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MAXIMUM AMOUNT OF SALES TAX REFUND

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

TAXPAYER SIGNATURE

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

PHONE NUMBER OF EZDA	SIGNATURE OF ENTERPRISE ZONE COORDINATOR	SIGNATURE OF TAXPAYER
FAX NUMBER OF EZDA	DATE	DATE

Original forms must reach the Florida Department of Revenue within:

- 6 months of the date of certificate that the improvements are substantially completed or
- by November 1st after the rehabilitated property is first subject to assessment for the

Taxpayer is required to send:

- a completed Form EZ-M (with required attachments) along with
- a completed Form DR-26S: Application for Tax Refund to:

Florida Department of Revenue Refunds Sub-Process Post Office Box 6490 Tallahassee, Florida 32314-6490 850/617-8585

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-M (r. 07/10)

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

- 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
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*Social security numbers are used by the Department of Revenue as unique identifiers for the administration	rf Revenue as imique ident	ifiers for the ad	ministration

not subject to disclosure as public records.
SIGNATURE OF TAXPAYER DATE

SIGNATURE OF ENTERPRISE ZONE COORDINATOR

DATE

Schedule B

Permanent, Full-Time Employees that do NOT reside within an Enterprise Zone Attachment to Enterprise Zone Form EZ-M (r. 07/10)

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

- 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.

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

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

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

SIGNATURE OF ENTERPRISE ZONE COORDINATOR

DATE