County of Henry
Enterprise Zone Program
Machinery & Tools Investment Plan/IDA Grant Form

Business Information

(Please Type or Print)

Name of Business:	Phone: Fax:
Address:	
City/State/Zip:	
Project Location: *(Tax Map Designation and Road or Street Name, or E-911 Structure Address if Known)*	

NAICS Code(s):	Zoning Code(s):	Contact Person:	Phone: Fax:

Machinery & Tools Tax Information

Existing Machinery & Tools: FIN#:_____ Tax Account #:_____ _____Year Assessment: _____ and Tax:_____ *Attach copy of CURRENT tax bill*	***For Office Use Only:*** Revised Machinery & Tools: FIN#:_____ Tax Account #:_____ _____Year Assessment: _____and Tax:_____

Filer's Statement - I hereby declare that, to the best of my knowledge and belief, the information contained in this form is true and accurate and that I am authorized to act on behalf of the business.

*Date Submitted:*_____ *Authorized Signature:*_____

Commissioner of the Revenue – *Verification of Machinery & Tools Assessment and Tax*

Machinery & Tools information, assessment, and tax are correct: ☐ Yes ☐ No

Comments:

*Date:*_____ *Commissioner of the Revenue:*_____

Treasurer/Central Accounting - *Verification of Machinery & Tools IDA Tax Grant*

Refund from this filing: Year 1_____ Years 2-5_____ per year

Comments:

*Date:*_____ *Treasurer:*_____

Enterprise Zone Investment Plan/IDA Grant Form

Machinery & Tools Investment Data

Give a brief description of the project which includes information on the following points:

**** List New Machinery & Tools Placed in Service:***	***Quantity***	***List Cost of Machinery & Tools***	***Addition-A Replacement-R***
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total Costs: $		

** If not enough space provided attach typed list in same format and label as Exhibit "A"*

**** * List Machinery & Tools Taken out of Service***	***Quantity***	***List Original Cost of Machinery & Tools***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Costs: $	

** * If not enough space provided attach typed list in same format and label as Exhibit "B"*

Current Number of Jobs: _____ Jobs To Be Retained: _____ Jobs To Be Created: _____

For Office Use Only: Do Not Write Below This Line:

County Administrator Review

Meets overall goals and objectives: ☐ Yes ☐ No

Meets incentive guidelines & procedures ☐ Yes ☐ No

Comments:

*Date:*_____ *County Administrator:*_____