

**County of Henry
Enterprise Zone Program
Office Furniture, Fixtures & Equipment 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:

Office Furniture, Fixtures & Equipment Tax Information

Existing Office Furniture, Fixtures & Equipment:

FIN#: _____

Tax Account #: _____

____ Year Assessment: _____ and
Tax: _____

Attach copy of CURRENT tax bill

For Office Use Only:

Revised Office Furniture, Fixtures & Equipment:

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 Office Furniture, Fixtures & Equipment Assessment and Tax*

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

Comments:

Date: _____ *Commissioner of the Revenue:* _____

Treasurer/Central Accounting– *Verification of Office Furniture, Fixtures & Equipment IDA Tax Grant*

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

Comments:

Date: _____ *Treasurer:* _____

