

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: <i>(Tax Map Designation and Road or Street Name, or E-911 Structure Address if Known)</i>				
NAICS Code(s):	Zoning Code(s):	Contact Person:	Phone:	
			Fax:	

Machinery & Tools Tax Information

<p>Existing Machinery & Tools:</p> <p>FIN#: _____</p> <p>Tax Account #: _____</p> <p>____ Year Assessment: _____ and _____ Tax: _____</p> <p><i>Attach copy of CURRENT tax bill</i></p>	<p><u>For Office Use Only:</u></p> <p>Revised Machinery & Tools:</p> <p>FIN#: _____</p> <p>Tax Account #: _____</p> <p>____ Year Assessment: _____ and _____ Tax: _____</p>
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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.

Please print name: _____

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:

<i>* List New Machinery & Tools Placed in Service in Year _____</i>	<i>Quantity</i>	<i>Add-A Replaced-R</i>	<i>Original Cost Per Item</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Costs: \$			_____

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

<i>** List Machinery & Tools Taken Out of Service in Year _____</i>	<i>Quantity</i>	<i>Year Placed In Service</i>	<i>Original Cost Per Item</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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: _____