

**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.

Please print name: _____

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:* _____

Enterprise Zone Investment Plan/IDA Grant Form

Office Furniture, Fixtures & Equipment Investment Data

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

* List New Office Furniture, Fixtures, & Equipment Placed in Service in Year _____	Quantity	Add-A Replaced-R	Original Cost Per Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Costs: \$ _____			

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

** List Office Furniture, Fixtures, & Equipment Taken Out of Service in Year _____	Quantity	Year Placed In Service	Original Cost Per Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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: _____