

Certification of Job Opportunity Building Zone (JOBZ) Compliance with Business Subsidy Agreement (BSA)

Qualified businesses: you must complete and file by October 15, 2014

Name of qualified business		Taxpayer name (if different from JOBZ business)		JOBZ ID number
Business address in the zone				FEIN
City	State	Zip code	County	Minnesota tax ID number
	MN			
Taxpayer: <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other (Specify): _____				
Business contact's name (first, last)		Title		Daytime phone
Email address of qualified business (optional)			Primary parcel ID (if more than one, attach a sheet)	
Date of Business subsidy agreement				

Operation/Requirements

- 1** Are you operating in the zone? (If "no," stop here; sign and submit this form.) **1** Yes No
- 2** Was there a relocation agreement that required you to create a specific number of jobs? (If "no," skip line 3) **2** Yes No
- 3** Are you meeting that requirement? (If "no," attach an explanation.) **3** Yes No
- 4** Number of jobs promised in the business subsidy agreement (BSA) **4** _____
- 5** Number of employees in the JOBZ zone at the time you filed this form **5** _____
- 6** Minimum wage requirement in the BSA **6** _____
- 7** Is the above business in compliance with lines 4 and 6 **and** all other requirements of the BSA? **7** Yes No
(If "no," attach an explanation)

Businesses that fail to submit this form or businesses that materially misrepresent their compliance with the JOBZ BSA are:
1) permanently disqualified from receiving future JOBZ benefits; and 2) subject to repayment of prior benefits received.

Sign Here

I declare that this report is correct and complete to the best of my knowledge and belief.

Signature of authorized representative of qualified business _____ Date _____

This certification is required to be filed annually by October 15, as a condition of continuing eligibility for JOBZ benefits.

Mail to: Minnesota Revenue
 Mail Station 9901
 St. Paul, MN 55146-9901
 Phone: 651-556-6836
 Fax: 651-556-3102

JOBZ Certification (JOBZ1) Instructions

Who must complete this form?

If you are a qualified business participating in the Job Opportunity Building Zone (JOBZ) program, you must provide a fully completed certification of eligibility each year with the Department of Revenue. This form is used to determine continued eligibility to receive JOBZ benefits and must be received no later than October 15.

Failure to submit the JOBZ Certification will result in removal from the JOBZ program. You will also be subject to repayment of prior JOBZ tax benefits received.

This form is in addition to any other reporting requirements with the Department of Revenue, the zone administrator, or the Department of Employment and Economic Development (DEED).

In addition, businesses that have been terminated from the JOBZ program but maintain a substantial level of the activities described in the business subsidy agreement should continue to file this form for the duration of the zone term. Completing this form will assist the Department of Revenue in verifying the business's continued operations within the zone.

Qualified business

You are a qualified business if your place of business is located within a JOBZ zone and you have signed a Business Subsidy Agreement with the zone administrator.

A qualified business also includes an agricultural processing facility located in a designated agricultural processing facility zone.

Eligibility requirements

As a qualified business, you are required to meet and maintain your eligibility requirements as determined by your business subsidy agreement (BSA).

Please note that:

1. Businesses that **properly** indicate "NO" on lines 1 or 3 are no longer eligible for JOBZ benefits, and are subject to the JOBZ repayment provisions of Minnesota Statute § 469.319.
2. Other businesses that **properly** indicate "YES" on line 1, but "NO" on line 7 may not be subject to repayment of JOBZ benefits, and under certain circumstances may be eligible for limited future JOBZ benefits.

County and parcel ID number

Enter the county in which the qualified business is located. Enter the main property's parcel ID, or property ID, number assigned to it by the county. You can find the parcel or property ID number on the property tax statement.

Minnesota business ID number

Enter the registered Minnesota business ID number. This is a seven digit number and is used to file your Minnesota tax filings.

JOBZ ID number

Enter your Minnesota JOBZ ID Number which can be located on your JOBZ M500 form.

Business Subsidy Agreement (BSA) date

In the area provided, enter the date the qualified business's Business Subsidy Agreement (BSA) was signed.

Email address

If the department has questions regarding your Form JOBZ Certification form and you want to receive correspondence electronically, be sure to provide your email address.

Line 5

Enter on line 5 the number of employees currently in the JOBZ zone. **Do not** use the number of employees you had when you entered the JOBZ program.

Signature

An authorized representative of the qualified business must sign and date the form.

When to file

By October 15, 2014, mail JOBZ Certification form, to:

Minnesota Revenue
Mail Station 9901
St. Paul, MN 55146-9901

or fax to: 651-556-3102

Do not submit this form with your tax return.

Use of information

All information provided on JOBZ Certification form is public.

The information will be used to administer the JOBZ program, and will be shared with the Department of Employment and Economic Development to the extent necessary to administer the JOBZ laws.

Questions or need forms?

You can find forms and the most current information on our website at www.revenue.state.mn.us.

If you have questions, call 651-556-6836 during business hours. TTY users, call Minnesota Relay at 711.

We'll provide information in other formats upon request.