



# STATE OF NEW YORK EXCELSIOR JOBS PROGRAM APPLICATION FOR CERTIFICATION

## SECTION 1: APPLICANT INFORMATION

Name of Applicant (use legal name of business enterprise):

Location(s)/Address(es) where the Applicant will undertake the project:

Primary Contact (provide name and address where official correspondence regarding participation in the Program should be directed)

Name of Contact:		Apartment #:
Contact Street Address:		Suite #:
City:	State:	ZIP:
Phone: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	E-mail Address:	
Primary NAICS of Business:	Federal Employer Identification Number (FEIN) 9 digit : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
	NYS Unemployment Insurance (UI) Registration Number 7 digit: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	

Taxable year:       Calendar     Fiscal (if fiscal, indicate period)       /  -  /       (enter MM/DD)

Type of Business (check one – [see definitions](#)):

- |   |   |
|---|---|
| <input type="checkbox"/> Financial services data center or a customer back office operation | <input type="checkbox"/> Other ( <a href="#">see exclusions</a> ) |
| <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Distribution center                      |
| <input type="checkbox"/> Scientific research and development                                | <input type="checkbox"/> Agriculture                              |
|   | <input type="checkbox"/> Software development and new media       |
|   | <input type="checkbox"/> Back office operations                   |

## SECTION 2: PROJECT DESCRIPTION (Briefly describe current and proposed business activity at the project location (s))

Anticipated Start Date of Project:     /   /

Anticipated Completion Date of Project:     /   /

## SECTION 3: QUALIFIED INVESTMENTS (tangible personal property, including a building or structural component of a building, owned by the applicant that is depreciable per IRC §167, has a useful life of 4 years or more, is acquired by purchase as defined in IRC §179 (d), is located in NYS, and is placed in service on or after the date certified eligible for the Program.)

Type of Investment	Total Amount of Projected Investment				
	Year 1	Year 2	Year 3	Year 4	Year 5
Building acquisition	\$	\$	\$	\$	\$
Building renovation	\$	\$	\$	\$	\$
New construction	\$	\$	\$	\$	\$
Production machinery & equipment	\$	\$	\$	\$	\$
Furniture, fixtures & equipment	\$	\$	\$	\$	\$
<b>Total Projected Investments</b>	\$	\$	\$	\$	\$

**SECTION 4: NET NEW JOB INFORMATION** (Please describe the type of job, by general category, and list the number of net new jobs and average amount of wages & benefits for each job type for each year. The net new jobs should be indicated as cumulative).

Job Type/Category	Average Wages & Benefits/Job Type	Cumulative Number of Net New Jobs				
		Year 1	Year 2	Year 3	Year 4	Year 5
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
<b>Total Net New Jobs</b>						

If additional sheets are necessary for listing the type of jobs, please complete and attach to the application

Indicate how many **existing** full-time equivalent jobs the business employs in all NYS locations as of the date this application is signed \_\_\_\_\_ (number of jobs)

[A full-time equivalent job equals any combination of two or more part-time jobs that, when combined together, constitute the equivalent of a job of at least 35 hours per week]

**SECTION 5: REAL PROPERTY TAXES**

Does, or will the applicant own the property(ies) or have a lease specifying the applicant will pay the property taxes to the taxing jurisdiction for this project location(s)?  Yes  No

If yes, indicate the real property taxes assessed and paid in the year preceding the anticipated year of certification: \$ \_\_\_\_\_

**SECTION 6: RESEARCH & DEVELOPMENT (R&D)**  
(If applicable, briefly describe the R&D currently being conducted/planned at the project location(s))

**R&D Projected Expenditures** (expenses that qualify under the federal R&D credit per IRC §41 and are attributable to activities conducted in NYS)

R&D Exp in NYS	\$ Year 1	\$ Year 2	\$ Year 3	\$ Year 4	\$ Year 5

Please note additional information may be required and requested of the business during the review of this application.

**SECTION 7: DISCLAIMER AND SIGNATURE**

As the responsible officer, (print or type name) \_\_\_\_\_  
I hereby

1. Agree to allow the Department of Taxation and Finance to share tax information with the Department of Economic Development. However, any information shared as a result of this agreement shall not be available for disclosure or inspection under the State Freedom of Information law;
2. Agree to allow the Department of Labor to share tax and employer information with the Department of Economic Development. However, any information shared as a result of this agreement shall not be available for disclosure or inspection under the State Freedom of Information Law;
3. Agree to be permanently decertified from the Empire Zones Program if admitted into the Excelsior Jobs Program, effective for the first taxable year that the Business Enterprise may claim the Excelsior Jobs Program Credit and for all subsequent taxable years;
4. Allow the Department and its agents access to any and all books and records the Department of Economic Development may require to monitor compliance;
5. Provide to the Department of Economic Development, upon its request, the information outlined in Section 354 (e) of Article 17 of the Economic Development Law;
6. Provide a clear and detailed presentation of all related persons as defined in subparagraph (c) of paragraph 3 of subsection (b) of section 465 of the Internal Revenue Code to the applicant to assure the Department of Economic Development that the jobs indicated in this application are not being shifted within the State; and
7. Certify, under penalty of perjury, that the applicant is in substantial compliance with all environmental, worker protection, and local, state and federal tax laws.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

State of New York )  
 ) ss:  
County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ (month) 20\_\_\_\_ (year), before me personally appeared (name) \_\_\_\_\_ to me known, who being by me duly sworn, did depose and say that he/she resides at (address) \_\_\_\_\_ that he/she is the (title) \_\_\_\_\_ of (business entity) \_\_\_\_\_, the business entity described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by the authority granted by such business entity.

\_\_\_\_\_  
*Notary Signature*

**NOTARY PUBLIC (Please affix stamp here)**

Print Form