

# New Hampshire Division of Economic Development Economic Revitalization Zone Tax Credits

## TAX CREDIT CERTIFICATION ~ FORM ERZ-2 for BUSINESS APPLICANTS

**Complete and Mail by February 10<sup>th</sup> following the applicant's tax year to:**

State of NH  
Division of Economic Development  
ERZ Program Administrator  
1 Eagle Square, Suite 100  
Concord, NH 03301

Instructions: Follow the specific instruction given in each section and TYPE all information.  
**Provide an original, signed, and completed application**, including all attachments (electronic applications are not accepted).

### SECTION A – INFORMATION

Taxpayer/Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: Street/PO Box: \_\_\_\_\_

City/Town/State and Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Taxpayer's Filing Period: \_\_\_\_\_

ERZ Tax Credit Eligibility:

1. Provide Street Address or Tax Map / Lot of the Business within the ERZ and EIN #:
2. Provide a Copy of the ERZ Tax Credit Designation Letter of Certification issued to the City or Town by DRED.

ERZ Project Description:

3. Describe the project and actual investment costs in detail. Include copies of cost invoices, etc. Include a separate page and copies of documents as necessary.
4. Duration of the project – Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_



## SECTION C – DOCUMENT CHECKLIST

**Instructions:** Attach copies of the following with your application.

Checklist:

\_\_\_\_\_ Documentation indicating detailed actual investment in the project (not estimated) in the calendar year.

\_\_\_\_\_ Copy of the ERZ Tax Credit Designation Letter of Certification issued to the local City or Town by BEA.

## SECTION D – PROJECT GUARANTEE/SIGNATURES

**Instructions:** Taxpayer must initial acceptance of the following guarantee.

It shall be the responsibility of the Taxpayer to guarantee that all elements of the project are completed. Failure to complete a project shall result in the Taxpayer's forfeiture of remaining credits.

\_\_\_\_\_ (INITIALS)

Signature of Taxpayer: \_\_\_\_\_ Date \_\_\_\_\_

Type/Print Name: \_\_\_\_\_ Title \_\_\_\_\_

<i>~Office Use Only~</i>
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APPROVAL:

\_\_\_\_\_  
Taylor Caswell, Commissioner  
Department of Business and Economic Affairs

\_\_\_\_\_  
Date