Ohio Development Services Agency

Project still under construction? _____ Yes____ No If yes, supply construction wages:______

Enterprise Zone (EZ) Agreement Information/Company Commitments

1. Name the business(s) party to the EZ Agreement:

SIC/NAICS:

2. Name the Local Governmental Jurisdiction(s) where the project is located:

Count	v:	
City, I	Iunicipality, or Township:	
	School District:	
3. List the EZ Agreement: <i>a</i> . Execution Date:		
b. Expiration Date:		
c. Amendment date(s) (please list all):		
4. State the baseline total full-time permanent employm <i>a</i> . At the facility prior to the EZ Agreement (in		
<i>b</i> . In Ohio prior to the EZ Agreement:		
5. Did the Enterprise close or reduce employment at an <i>a</i> . Within Ohio as a result of this agreement? (Y community(s) and the number of full-time p	/ of N): If yes, note	
	Jobs:	
<i>b</i> . Outside Ohio as a result of this agreement? (Y or N): If yes, note the state and number of full-time permanent jobs affected:		
1 .	<i>State:</i>	
	Jobs:	
6. Number of full-time permanent jobs committed to cr the EZ Agreement:	eate and/or retain within <i>Retain:</i>	
	Create:	

	estimated annual payroll attributed to the new and/or tion 6:	r retained employees listed i <i>Retained Payr</i>		
		New Payro	oll:	
8. Note	the job creation period in months outlined within the	e EZ Agreement:		
9. State the Enterprise's total project investment commitment, the total investment eligible and granted exemption (if different from the total commitment) for tax exemptions as specified in the EZ Agreement: <i>Real Property:</i>			S	
		Invested amount exempted	d:	
		Personal Proper	ty:	
		Invested amount exempte	ed:	
	te the tax exemption rates and terms granted to the erprise under the EZ Agreement:	Real Property:	%	years
		Personal Property:	%	years
Actual	Project Information as of December 31, 2016			
	te the total number of full-time permanent employee Enterprise within the state of Ohio as of 12/31/2016			
	te the total number of full-time permanent employee lowing categories: <i>a</i> . As of December 31, 2016:	s employed by the Enterpris	e at the project	site for the
	b. New jobs created attributed to the EZ Agreeme	ent:		
per	te the number of full-time permanent employees reta the EZ Agreement. This number should NOT refle ar-to-year retention.			
	ntify total actual annual payroll as of 12/31/2016 attr v employment (12b) resulting from the EZ Agreemer			
15. State the project investment level achieved from the signing of the EZ Agreement through December 31, 2016:				
		Real Property: \$		
		Personal Property: \$		
16. Ide	ntify the taxes paid and foregone in calendar year 20	16 with regard to project inv	vestments:	
	Real	Property Taxes Paid: \$		
	Real Prop	perty Taxes Forgone: \$		
	Personal	Property Taxes Paid: \$		

Personal Property Taxes Foregone: \$_(tax savings from property listed on tax form 913EX)

17. Identify cumulative taxes paid and foregone at the project site over the term of the EZ Agreement through December 31, 2016:

Cumulative Real Property Taxe	s Paid: \$	
Cumulative Real Property Taxes Fo	orgone: \$	
Cumulative Personal Property Taxe	s Paid: \$	
Cumulative Personal Property Taxes Foregone: \$		
18. State the type and total estimated value of any other incentives provided by the local authorities under the EZ Agreement:		
Actual Project Information as of December 31, 2016		
19. Date of the most recent Tax Incentive Review Council (TIRC) review this project:	/ of	
1	CONTINUE, AMEND, TERMINATE, EXPIRED	
21. Local government action/status on TIRC recommendation:		

All questions are vital to the success of the program evaluation. Please take time to answer these questions completely. If you have any questions please contact your local EZ Manager.

CERTIFICATION OF INFORMATION

I hereby represent and certify that the foregoing information, to the best of my knowledge, is true, complete, and accurately describes the status of the EZ project as of December 31, 2016.

Enterprise's Authorized Representative:

Signature

Date

Typed Name/Title

Community Authorized Representative:

(EZ Manager or C.E.O. of local government)

Signature

Date

Typed Name/Title