

**OHIO TAX CREDIT AUTHORITY
JOB CREATION TAX CREDIT
2009 POST-TERM ANNUAL PROGRESS REPORT**

MANUAL FORM

Page 1 of 2 (Form JCTC-04)

For calendar year **2009** or other taxable year beginning: _____, 20____, and ending: _____, 20____

**Review, Update and Complete all information
() AMENDED REPORT**

**Note 1: Agreements containing more than one Grantee, must submit a separate report for each Grantee.
To Be Completed for Project Location ONLY**

A. Taxpayer Information

1. Grantee(s) (Note 1): _____
- 2a. ECDD Number: _____ 2b. **NAICS Number:** _____
- 3a. Federal Tax Identification Number: _____ 3b. **Ohio Registration Number:** _____
4. Type of Taxpayer: (Circle One) _____ "C" Corp; "S" Corp; LLC; Partnership; Insurance Co; Other
- 5a. CAT Registration Number: _____

B. Contact Information

1. Name: _____ Title: _____
2. Street Address: _____
3. City, State, and Zip Code: _____
4. Phone Number: _____ Extension: _____
5. Fax Number: _____
6. Internet e-mail Address: _____

C. Project Information

1. Authority Approval Date: _____ Date Signed by Director: _____
2. Missing Agreement Information: _____
3. Project Location: _____
- 4a. Tax Credit Start Date: _____ 4b. Tax Credit Percent: _____

5. Effective date of project's initial operations (mm/dd/yy)

(Not the tax credit start date, but date **when project operations began**, such as following completion of construction and/or equipment installation) _____

D. Job Creation and Retention Performance in the Project at the Project Location

(Complete actual column as of the last day of the taxable year in the Tax Credit Agreement)	Total Project Commitment	Actual Employment
1. Total number of full-time employees in the project at the project location.		
2. Total number of part-time/ less than full-time employees. (Employees being compensated for less than 35 hours per week)	XXX	
3. Total Ohio transferred, relocated and/or other employees not included in Agreement.	XXX	
4. Existing retained (baseline) Employees in Tax Credit Agreement. (Included in Line D1)		
5. Number of net new, full-time positions created in the project. (Line D1 minus Line D3 and D4)		

(See www.development.ohio.gov/edd/jctc/ for instructions and supplemental forms)

Revised 12/2009

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Grantee(s) Name: _____
(Same as Line A1 on Page 1)

ECDD: _____
(Same as Line A2 on Page 1)

I certify that the Grantee continues to maintain operations at the project location as defined in Section C, Line 3, on the front side of this form, and in the Tax Credit Agreement (Grantee Location).

By signing below, I also acknowledge awareness and understanding of 2921.13(A)(3), (5), and (7) of the Ohio Revised Code which prohibit me from knowingly filing a false statement and which are misdemeanors of the first degree punishable by a fine of not more than \$1,000 and/or imprisonment of not more than six months (Sections 2921.13(E), and 2929.21 of the Ohio Revised Code).

Report containing original signature must be submitted. Facsimile and/or Signature Stamps are not acceptable.

** Signature of Authorized Officer Date

**Type Name and Title of Authorized Officer

** President, Secretary, Treasurer or any other individual authorized by charter, corporate resolution or delegation of authority to execute legal documents in lieu of their personal signature.

All terms set forth in this Annual Progress Report shall be as defined in the Tax Credit Agreement, the Ohio Administrative Code 122:7-1, and the Ohio Revised Code, Section 122.17. **A taxpayer that does not submit a complete annual report postmarked or received prior to March first of 2010 will be assessed a late fee of five hundred dollars (\$500.00) the first day of each ensuing calendar month until the taxpayer submits a complete annual report. An annual report submitted but determined to be substantially incomplete shall be assessed a late fee as stated above. The late fee must be paid in full before a tax credit certificate will be issued. Late fee payments should be made payable to "Treasurer, State of Ohio" with a notation of "Job Creation Tax Credit" and mailed with this report.**

Submit Completed Report to:

Ohio Tax Credit Authority
Ohio Department of Development
Office of Grants & Tax Incentives
77 South High Street, 28th Floor
Columbus, Ohio 43215-6130

Report Prepared by: _____ Telephone Number: _____
(Please Type) Revised 12/2009