

**OHIO TAX CREDIT AUTHORITY
JOB CREATION TAX CREDIT
2009 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) : _____
- 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
- 5. 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 <u>actual</u> column as of the last day of the <u>taxable</u> 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 <u>not included</u> in Agreement. Included in Line D1, (attach letter explaining)	XXX	
4. Existing retained (baseline) Employees in Tax Credit Agreement. (Included in Line D1) A listing by Name, S/S, Date of Hire and Hours Paid by employee is Required, Only.		
5. Number of net new, full-time positions created in the project. (Line D1 minus Line D3 and D4) Form JCTC -02, New employee Summary, is required to be provided with this report.		

(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)

E. Other Project Commitments

- 1. Fixed-Asset Investment (at cost) to date in the project at the project site (use Form JCTC-03) \$ (Whole Dollars)
2. Number of Jobs Maintained at Other Ohio Locations (where applicable per Exhibit I of Tax Credit Agreement)
3. Number of New Disadvantaged Persons and/or Minorities included in Line D5. An employee may only be included as disadvantaged or minority not both. (Exclude terminated employees and non-Ohio Residents) (Use Form JCTC-01)

F. Actual State Taxable Wages and Withholdings (Use Form JCTC-02)

- 1. Average hourly base wage rate of the eligible, new full-time employees reported on Line D5. \$ (Exclude terminated persons and non-Ohio Residents)
2. Actual new State of Ohio taxable payroll of the eligible, new, full-time employees in the project at the project location. (Exclude Non-Ohio Residents) \$
3. Actual new State of Ohio income tax revenue withheld from the eligible, new, full-time, Employees of the employer for the taxable year in the project at the project location. (Exclude Non-Ohio Residents) \$

I certify that I have carefully prepared or reviewed the above information, and to the best of my knowledge and belief constitute a complete, truthful, and accurate disclosure of all required information. Further, 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). I further certify that Line D5 contains no employee and/or Section F contains no payroll data for relocated employees from elsewhere in the State. 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: (Please Type) Telephone Number: Revised 12/2009