



ENTERPRISE ZONE AGREEMENT/PROJECT STATUS REPORT – 2014

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:

County:

City, Municipality, or Township:

Local School District:

3. List the EZ Agreement:

a. Execution Date:

b. Expiration Date:

c. Amendment date(s) (please list all):

4. State the baseline total full-time permanent employment of the Enterprise:

a. At the facility prior to the EZ Agreement (include total annual payroll): Payroll:

b. In Ohio prior to the EZ Agreement:

5. Did the Enterprise close or reduce employment at another site:

a. Within Ohio as a result of this agreement? (Y of N): If yes, note community(s) and the number of full-time permanent jobs affected: Community:

Jobs:

b. Outside Ohio as a result of this agreement? (Y or N): If yes, note the state and number of full-time permanent jobs affected: State:

Jobs:

6. Number of full-time permanent jobs committed to create and/or retain within the EZ Agreement:

Retain:

Create:

7. The estimated annual payroll attributed to the new and/or retained employees listed in question 6: *Retained Payroll:* \_\_\_\_\_

*New Payroll:* \_\_\_\_\_

8. Note the job creation period in months outlined within the 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: *Real Property:* \_\_\_\_\_

*Invested amount exempted:* \_\_\_\_\_

*Personal Property:* \_\_\_\_\_

*Invested amount exempted:* \_\_\_\_\_

10. State the tax exemption rates and terms granted to the Enterprise under the EZ Agreement: *Real Property:* \_\_\_\_\_ % \_\_\_\_\_ years

*Personal Property:* \_\_\_\_\_ % \_\_\_\_\_ years

**Actual Project Information as of December 31, 2014**

11. State the total number of full-time permanent employees employed by the Enterprise within the state of Ohio as of 12/31/2014: \_\_\_\_\_

12. State the total number of full-time permanent employees employed by the Enterprise at the project site for the following categories:

a. As of December 31, 2014: \_\_\_\_\_

b. New jobs created attributed to the EZ Agreement: \_\_\_\_\_

13. State the number of full-time permanent employees retained by the company per the EZ Agreement. This number should NOT reflect a year-to-year retention. \_\_\_\_\_

14. Identify total actual annual payroll as of 12/31/2014 attributed to the new employment (12b) resulting from the EZ Agreement: \_\_\_\_\_

15. State the project investment level achieved from the signing of the EZ Agreement through December 31, 2014:

*Real Property:* \$ \_\_\_\_\_

*Personal Property:* \$ \_\_\_\_\_

16. Identify the taxes paid and foregone in calendar year 2014 with regard to project investments:

*Real Property Taxes Paid:* \$ \_\_\_\_\_

*Real Property Taxes Foregone:* \$ \_\_\_\_\_

*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, 2014:

*Cumulative Real Property Taxes Paid:* \$ \_\_\_\_\_

*Cumulative Real Property Taxes Foregone:* \$ \_\_\_\_\_

*Cumulative Personal Property Taxes 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, 2014**

19. Date of the most recent Tax Incentive Review Council (TIRC) review of this project: \_\_\_\_\_

20. TIRC recommendations from most recent compliance review: CONTINUE, AMEND, TERMINATE, EXPIRED  
*(circle one)*

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, 2014.

**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