

Date Received (Date Stamp)

**DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
ELIGIBILITY APPLICATION FOR
Job Expansion Tax Credit Program (JET)
Established by Public Act No. 11-1**

Eligibility Requirements: Each full-time job to which the credit applies must (1) not have existed in Connecticut prior to the application date; (2) require at least 35 hours of full time work per week for not less than forty-eight weeks in a calendar year and not be temporary or seasonal; (3) be filled with a newly hired full-time employee who was not employed in Connecticut by a related party during the prior twelve months; (4) must not be an owner, member or partner in the business; (5) must be employed at the close of the income year of the qualified business; (6) must be created on or after January 1, 2012 and prior to January 1, 2014; and (7) result in a net increase in full-time employment from baseline start date (application date) to the end of the reporting period.

Eligibility criteria: less than 50 full-time employees must create one full-time job, between 50 and 100 full-time employees must create a minimum number of 5 full-time jobs, and more than 100 employees must create a minimum number of 10 full-time jobs. Tax credits will only be issued for net new full-time employees who reside in Connecticut.

The tax credit can be claimed in the income year in which it is earned and, if eligible, the two immediately succeeding income years.

Please complete all fields and attach additional documents as necessary.

Applicant's Full Legal Name:		
Applicant's Current Address:		
Contact Person:		
Phone #	Fax #	Cell #
Email:		Website:
Site of Job Creation: <small>(if different than above)</small>		Address:
City:		County:

1. Type of Business:

<input type="checkbox"/> Publicly Held	<input type="checkbox"/> Ticker Symbol	<input type="checkbox"/> Exchange	
<input type="checkbox"/> Privately Held	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	

DECD – Application for Job Expansion Tax Credit Program

Industry/NAICS Code

NAICS -www.census.gov/eos/www/naics/ _____

**Describe the Business Activity
Conducted in Connecticut: (e.g.
R&D, Production, Headquarters)**

Federal Employer ID # _____ **State Tax Registration #** _____

State of Incorporation _____ **Date Business Established** _____

Fiscal/Income Year End _____
Month/Day

2. Ownership (Check box if 51% Minority or Woman-Owned):

Woman-Owned Minority-Owned

3. Employment:

	Existing Employment as of Application Date (list date)	Estimated Increase in Employment		
		Year 1	Year 2	Year 3
Full-Time 35 hours/wk	_____			
Part-Time				
Total				

* Baseline employment will be determined based on the number of full-time employees as of the Application Date

4. Required Materials: Attach Additional Documents as Needed

Check Box	
<input type="checkbox"/>	A. Certificate of Incorporation
<input type="checkbox"/>	B. Schedule of Existing Employees at Time of Application with Names and Titles and Date of Hire to be Updated Yearly (See Attached Exhibit A)
<input type="checkbox"/>	C. Department of Labor Information Release Form (See page 5 below.)
<input type="checkbox"/>	D. Letters of Good Standing from: Secretary of State , Department of Labor and Department of Revenue Services

5. Application Process/Next Steps:

- Eligibility Application is submitted by the applicant
- Eligibility Review is then conducted by DECD
- Tax Credit Eligibility Letter is submitted to the applicant
- DECD will provide the Applicant with the [DECD Reporting Form JET-1](#) and [JET-1 Form Instructions](#) after the end of the Applicant’s fiscal year

DECD – Application for Job Expansion Tax Credit Program

- Certificate of Eligibility is issued for tax credits earned based upon a net increase in jobs above the Applicant's baseline employment

Certification by Applicant

It is hereby represented by the undersigned to the Department of Economic and Community Development to consider the Qualified Small Business Job Creation Tax Credit requested herein, that to the best of my knowledge and belief no information or data contained in the application or in the attachments are in any way false or incorrect and that no material information has been omitted. The undersigned agrees that banks, credit agencies, **(the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Director of the Bureau of Rehabilitative Services, and the Commissioner of Veteran's Affairs)**, and other references are hereby authorized now, or anytime in the future, to give the Department of Economic and Community Development any and all information in connection with matters referred in this application, including information concerning the payment of taxes by the applicant. In addition, the undersigned agrees that any tax credits that may be provided pursuant to this application will be utilized exclusively for the purposes represented in this application, as may be amended. False statements made in preparation and submission of this application and related materials are punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b.

Signature: _____ **Title:** _____ **Date:** _____

Return to:

**DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
Office of Business & Industry Development
505 Hudson Street
Hartford, CT 06106
Phone (860) 270-8073
Fax (860) 270-8055**

Attention: Lindy Gold

EXHIBIT B: Authorization for the Release of Company Information

I, _____, agree that the Connecticut Department Labor may disclose information pertaining to _____ (the Company), such as employer name, address, and number of employees, by facility location, to the Connecticut Department of Economic and Community Development (DECD). This authorization pertains to the following locations and their related Unemployment Insurance Number (UI #). Attach additional sheets, if necessary:

<u>Company Name</u>	<u>Location</u>	<u>UI #</u>
---------------------	-----------------	-------------

I further agree that DECD may, in turn, disclose such information to the Connecticut General Assembly and Auditors of Public Accounts as part of its reporting requirements pursuant to Connecticut General Statute 32-1m, as may be amended or modified. In addition, I understand that this information may be utilized for purposes of performing employment reviews and research related activities conducted by DECD.

I understand that this authorization may be revoked at any time, except to the extent that action has already been taken in reliance on it. However, I understand that revocation of this authorization may result in default under my tax credit allocation with DECD. This authorization will expire upon the Company's fulfillment of its contractual obligations with DECD and DECD's fulfillment of its reporting requirements pursuant to Connecticut General Statute 32-1m, as may be amended or modified.

Name (Print or Type)	Title
----------------------	-------

Signature	Date
-----------	------