

FLORIDA ENTERPRISE ZONE PROGRAM

BUSINESS EQUIPMENT SALES TAX REFUND

APPLICATION FOR ELIGIBILITY

(based on s. 212.08 (5) (h), F.S.)

Date of Application: _____

Business Name: _____

Owner Name: _____

Mailing Address: _____

Business Location: _____
(if different from
mailing address) _____

Is the business a "small business" as defined by s. 288.703 (1), F.S.?

_____ Yes _____ No

Florida Enterprise Zone Number: EZ-_____

Please provide a specific description of the business equipment for which a refund is sought, including its serial number or other permanent identification number (if necessary attach a separate sheet containing the same information). **Please note: Effective July 1, 2001, to be eligible for a sales tax refund the business property must have a sales price of at least \$5,000 per unit (pursuant to section 212.08 (5) (h) 9. d., F.S.).**

Business Equipment	Serial Number	Purchase Date	Sales Tax (6%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Sales Price of Business Equipment: \$ _____ **Total State Sales Tax:** \$ _____

Attach a copy of each sales invoice
or other proof of purchase.

x 97%

Amount of State Sales Tax Eligible for Refund: _____
(subject to limitation in Section III)

SECTION I PERMANENT, FULL-TIME EMPLOYEES (ENTERPRISE ZONE RESIDENTS)

Name	Address	City	State	Zip	SSN	Enterprise Zone No.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(If necessary attach a separate sheet listing name, address, city, state, zip code, social security number and the Enterprise Zone Number in which the permanent full-time employee resides.)

SECTION II PERMANENT, FULL-TIME EMPLOYEES (NON-ENTERPRISE ZONE RESIDENTS)

Name	Address	City	State	Zip	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If necessary attach a separate sheet listing name, address, city, state, zip code, and social security number of each permanent, full-time employee not residing in an Enterprise Zone.)

SECTION III CALCULATION OF PERCENTAGE OF EMPLOYEES:

1. Total number of employees from Section I: _____
2. Total number of employees from Sections I and II: _____
3. Percentage of permanent, full-time employees residing in enterprise zone (divide Line 1 by Line 2, enter here): _____

If Line 3 is less than 20%, the maximum amount of tax refund is \$5,000.
If Line 3 is 20% or greater, the maximum amount of tax refund is \$10,000.

This Application for Eligibility (Form EZ-E) is submitted to claim a state sales tax refund for the purchase of business equipment as described in the following sales invoice numbers:

_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that I have examined the statements contained on this application certificate, and to the best of my knowledge and belief they are true, correct and complete. I agree that the business equipment purchased will be **used exclusively** in the _____ Enterprise Zone and agree that I will pay the appropriate refund amount and penalty amounts if the business equipment is used outside the Enterprise Zone within three years from the purchase date.

SIGNATURE OF TAXPAYER

DATE

I hereby certify that I have examined the statements contained on this application certificate, and to the best of my knowledge and belief they are true, correct and complete.

SIGNATURE OF ENTERPRISE ZONE COORDINATOR

DATE

EZDA PHONE NUMBER

EZDA FAX NUMBER

Taxpayer is required to send Original Form EZ-E with completed Florida Department of Revenue's Form DR-26S: Application for Refund to the Florida Department of Revenue (address listed below).

(Original forms must reach the Florida Department of Revenue within 6 months after the tax is due on the business property that is purchased.)

**Florida Department of Revenue
Refund Sub-Process
Post Office Box 6490
Tallahassee, Florida 32314-6490
850/488-8937**

EZDA retains one copy of this form for EZDA files.