

Mailing Address
Louisiana Economic Development
P.O. Box 94185
Baton Rouge, LA 70804-9185

Physical Address
1051 North Third Street
Baton Rouge, LA 70802

Sales and Use Tax IAW Quality Jobs Program Application

For Office Use Only	
Deposit Date	
Deposit #	
Check #	
Check Amt.	
Initials	

PLEASE TYPE (*Denotes Required Field)

Contract Number: _____

BUSINESS INFORMATION

*Business Name _____ *Year Established in Louisiana _____
Physical Address1 _____ Physical Address2 _____
City _____ State _____ Zip Code _____
*Mailing Address1 _____ Mailing Address2 _____
*City _____ *State _____ *Zip Code _____ - _____
*Phone Number _____ Ext _____ Fax Number _____
Website Address _____

*Ownership Type: Corporation Limited Liability General Partnership S-Corporation
 Limited Partnership Non-Profit Organization

*Has another location within the state been closed or lost employment as a result of this project? Yes No
If yes, attach a separate sheet listing the location(s) and number of employees lost at each location.

*Are you affiliated with an organization that has a Quality Jobs Contract? Yes No

*Is this company affiliated through common ownership with any other group doing business in Louisiana? Yes No

*Name of Health Insurance Plan _____ Month Fiscal Year Ends _____

GAMING

The Board of Commerce and Industry has adopted rules prohibiting any gaming on the site of or related to the operation of a business participating in one of the incentive program.

*Has the applicant or any affiliates received, applied for, or considered applying for a license to conduct gaming activities? Yes No

If yes, attach a detailed explanation, including the name of the entity receiving or applying for the license, the relationship to the applicant if an affiliate, the location, and the type of gaming activities.

BUSINESS IDENTIFICATION INFORMATION

*Federal Tax ID _____ *NAICS Code _____

*Department of Labor Unemployment Insurance ID _____ *Department of Revenue ID _____

PROJECT INFORMATION

*Project Type: Start-up/New Addition Expansion

Project Name: (Optional) _____

*Provide a description of this project. _____

*Parish _____ Municipal District (If Orleans parish) 1 2 3 4 5 6 7

*Is this project within city limits? Yes *NAICS Code _____ (assigned by the La. Workforce Commission)

ESTIMATED PROJECT DATES AND INFORMATION

*Beginning Date (mm/dd/yyyy) _____ *Ending Date (mm/dd/yyyy) _____

Estimated Investments Costs		Estimated Number of Jobs		Estimated Payroll	
*Building & Material	\$	*New		*New	\$
*Machinery & Equipment	\$	*Existing		*Existing	\$
*Labor & Engineering	\$	*Contract		*Contract	\$
		*Construction		*Construction	\$
*Total Investment	\$	*Total Jobs		*Total Payroll	\$

*Estimated State Sales/Use Tax Rebate _____ *Estimated Local Sales/Use Tax Rebate _____

CONTACT INFORMATION

*Contact Type (Must have legal authority to sign this form): Business Consultant Other

*Prefix _____ * First Name _____ MI _____ *Last Name _____ Suffix _____

*Contact Person's Company name _____ *Title _____

*Mailing Address1 _____ Mailing Address2 _____

*City _____ *State _____ *Zip Code _____ - _____

*Phone Number _____ Ext _____ Fax Number _____ *Email _____

QUALITY JOBS PRO FORMA - EMPLOYMENT

*Year	*Number of New Direct Jobs	*Annual Gross Payroll (For Current Year New Direct Jobs)	Cumulative New	Cumulative Annual
20__		\$		
20__		\$		
Total		\$		

QUALITY JOBS FEES

Estimated Payroll Tax Benefit	Estimated Sales Tax Rebate Or Investment Tax Credit
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*Estimated 10 Year Gross Payroll _____ *Estimated State Sales/Use Tax Rebate _____
(Or Estimated Investment Tax Credit)

* X Benefit Rate (circle the rate used) 0.06 * + Estimated Local Sales/Use Tax Rebate _____

* = Estimated Payroll Tax Benefits (a) _____ * = Total Estimated Tax rebate/credit (b) _____

APPLICATION FEE: \$200 (minimum) --- \$5,000 (maximum)

(* Estimated Payroll Tax Benefit (a) _____ + *Estimated Tax Rebate (b) _____)

X *Percentage Due (2/10%) .002 = *Application Fee _____

CERTIFICATION

The undersigned authority hereby certifies: That _____ he/she is _____

Name Title

of _____ has examined the information contained in this application and found the

Company

Information given to be true and correct to the best of their knowledge _____

Company Representative Signature

Printed Name