



# COOS COUNTY JOB CREATION TAX CREDIT APPLICATION

Federal Identification Number: \_\_\_\_\_

Return to:

Employer Name: \_\_\_\_\_

NH Department of Resources & Economic Development  
 Division of Economic Development  
 Grant Administrator  
 PO Box 1856  
 Concord, NH 03302-1856

Employer Address: \_\_\_\_\_  
 \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Employer Contact Person Name & Title (Print): \_\_\_\_\_  
 \_\_\_\_\_

Description of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Contact Signature: \_\_\_\_\_

For Tax Period Ending: \_\_\_\_\_

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
	<b>SOCIAL SECURITY NUMBER</b>	<b>EMPLOYEE NAME</b>	<b>DATE OF HIRE</b>	<b>HOURLY WAGES</b>	<b>COST OF MED/DENTAL</b>	<b>HOURS WORKED</b>	<b>CALC HR RATE</b>	<b>\$750 CREDIT</b>	<b>\$1000 CREDIT</b>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Continued on page 2

Continued from page 1, attach additional sheets if necessary.

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
	SOCIAL SECURITY NUMBER	EMPLOYEE NAME	DATE OF HIRE	HOURLY WAGES	COST OF MED/DENTAL	HOURS WORKED	CALC HR RATE	\$750 CREDIT	\$1000 CREDIT
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
							Column H) Total \$750 Credit:		
							Column I) Total \$1000 Credit:		
		Employee Count:					Grand total (H+I):		

Date: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_

Commissioner, Department of Resources & Economic Development

**COOS COUNTY JOB CREATION TAX CREDIT APPLICATION  
FORM CJCTC-1A INSTRUCTIONS**

Enter your Federal Employer Identification Number, the Employer's Name, Address, Telephone Number and Contact Person, Contact Person Title and Signature.

Enter your Tax Period End Date. The initial job creation tax credit allowed shall not apply to any tax period ending prior to June 9, 2008, or to any tax period ending after December 31, 2013.

Enter a description of your business.

- (A) Social Security Number, provide the SSN for each qualified tax credit employee.
- (B) Employee Name, provide the name of each qualified tax credit employee.
- (C) Date of Hire, the date of hire for each qualified tax credit employee must be during taxable years ending on or after June 9, 2008.
- (D) Hourly Wages, specify hourly rate paid for the wages as they will appear on Federal Form W-2.
- (E) Cost of Med/Dental, enter the amount paid by the employer for medical and dental health care benefits for the employee.
- (F) Hours Worked, enter the total hours worked for the year since the hiring date.
- (G) Calc HR Rate, calculate the hourly rate to be used for analyzing the appropriate tax credit. Multiply the (D) hourly rate times the (F) hours worked to equal wages paid. Multiply the (E) yearly cost of medical and dental benefits by the percentage of the year worked. Add this medical/dental amount to the wages paid and divide by the (F) hours worked.

The current state hourly rate is \$6.50 through August 31, 2008. The state hourly rate between July 24, 2008 and August 31, 2008 is \$6.55 and on or after September 1, 2008 the rate increases to \$7.25.

Scenario 1, if the job was established prior to July 23, 2008 use the \$6.50 rate for comparison.

Scenario 2, if the job was established between July 24, 2008 and August 31, 2008 use the \$6.55 rate.

Scenario 3, if the job was established after on or after September 1, 2008 use the \$7.25 rate.

- (H) \$750 Credit, this credit should be taken if the (G) Calc HR Rate for Scenario 1 is between \$9.75 and \$12.99. For Scenario 2 this credit should be taken if the rate is between \$9.83 and \$13.10. For Scenario 3 this credit should be taken if the rate is between \$10.88 and \$14.50.
- (I) \$1,000 Credit, this credit should be taken if the (G) Calc HR Rate for Scenario 1 is greater than or equal to \$13.00. For Scenario 2 this credit should be taken if the rate is greater than or equal to \$13.10. For Scenario 3 this credit should be taken if the rate is greater than or equal to \$14.50.

At the bottom of page 2, please total the \$750 and \$1,000 credits and then add them together.

Fill out and sign the Certificate of Authorization. Submit your application to the Department of Resources and Economic Development for consideration.

## Certificate of Authorization

I, \_\_\_\_\_, hereby certify that I am the Secretary of \_\_\_\_\_  
and that by Consent of the Board of Directors, the following was adopted:

The Board of Directors of \_\_\_\_\_ hereby authorizes \_\_\_\_\_, to execute all documents by the \_\_\_\_\_ including, deeds, mortgages, leases, promissory notes, checks and other instruments; and to enter into contracts or execute and deliver any instrument in the name of and on behalf of the entity.

\_\_\_\_\_  
Signature

\_\_\_\_\_, Title \_\_\_\_\_