COOS COUNTY JOB CREATION TAX APPLICATION

	Federal Identification Number:_	Return to:						
BEA BUSINESS AND BECONOMIC AFFAIRS	Employer Name:Employer Address:	Division of Economic Development Program Administrator 100 N Main Street, Suite 100 Concord, NH 03301 Contact: Bridgett Beckwith, 603-271-2342 Description of Business:						
	Employer Telephone Number:_ Employer Contact Person & Titl							
	Employer Contact Signature: For Tax Period Ending:							
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Social Security Number	Employee Name	Date of Hire	Hourly Wages	Cost of Med/Dental	Hours Worked	Calc HR Rate	\$750 Credit	\$1000 Credit
				(Column H)	Total \$750	0 Credit	
	(Column I) Total \$1000 Credit							
	Employee Count:					Grand Tota	al (H + L)	
	Social Security	Social Security Number Employee Name	Social Security Number Employee Name Date of Hire	Social Security Number Employee Name Date of Hire Wages	Social Security Number Employee Name Date of Hourly Wages Med/Dental	Social Security Number Employee Name Hire Wages Med/Dental Worked Hourly Wages Med/Dental Wo	Social Security Number Date of Hire Hourly Wages Med/Dental Hours Worked Calc HR Rate	Social Security Number Employee Name Hire Wages Med/Dental Worked Rate Calc HR Rate Credit Cost of Med/Dental Worked Rate Calc HR Rate Credit Cost of Med/Dental C

		Employee Count:		Grand Total (H + L)	
Date	e:				

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									
21									
22									
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25									
26									
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30									
31									
32									
33									
34									
35									
					(Column H) Total \$750 Credit				
					(Column I) Total \$1000 Credit				
		Employee Count:					Grand Tota	I (H + L)	

Date:				

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. *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 entered for initial job credits and renewable credits.
- (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 minimum \$7.25 as of 9/1/2008.

- (H) \$750 Credit, this credit should be taken if the (G) Calc HR Rate is \$10.88 to \$14.50.
- (I) \$1,000 Credit, this credit should be taken if the (G) Calc HR Rate should be taken if the rate is greater than or equal to \$14.50.

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

Submit your application to the Department of Business and Economic Affairs for consideration.

