

Nebraska Advantage Rural Development Act Application

	Name and Location Address	Name and Mailing Address
(Print Clearly)	Legal Name of Applicant	Name
	Street Address (Do not use P.O. Box)	Street or Other Mailing Address
	City State Zip Code	City State Zip Code

- 1 A** Attach check for \$500 application fee.
- B Employee Verification**
- a** Is the taxpayer registered for E-Verify, the federal electronic verification program used to confirm whether employees are authorized to work in the United States? YES NO
- b** If YES, do you agree to timely use E-Verify for employees hired in Nebraska after the date of application? YES NO
- c** If the answer to question 1B(a) or 1B(b) is NO, do not complete the rest of the application, because you are not eligible to apply for this Nebraska tax incentive program.
- d** Print out the "Company Information" page from the E-Verify program and include it as an attachment.

2 Exact name of applicant and any other entities, including disregarded entities, that are part of the project

	Entity Name	Entity Type	FEIN	NE Income Tax ID No.
1				
2				
3				
4				

(If you need more room, attach a schedule.)

B If each entity in 2A is not included on the Affiliations Schedule, Form 851 (attached as part of item 8) provide an explanation of how the entities are related to each other.

C What is the applicant's tax year end? _____ If this does not agree with the copy of the tax return provided in item 8 below, provide an explanation.

3 Describe the applicant's business

A Narrative

B Federal Principal Business Activity Code _____
Federal Business Activity Title _____

C Qualifying Business Activity (check the applicable boxes for the project):

- Assembling, fabricating, manufacturing, or processing of tangible personal property
- Storing, warehousing, or distributing tangible personal property
- Transportating tangible personal property
- Conducting research, development, or testing for scientific, agricultural, animal husbandry, food product, or industrial purposes
- Livestock Production
- Performing data processing services
- Performing telecommunication services
- Performing insurance services
- Performing financial services (check applicable box below):
 - Financial institution subject to tax under Chapter 77, Article 38
 - Licensed by the Department of Banking and Finance
 - Licensed by the Securities and Exchange Commission
- Administrative management of any activities, including the headquarter facilities relating to these activities (provide a list which includes the name and accounting code for each of the qualifying departments)
- Selling tangible personal property (enter the percentage of total sales in the base year represented by the following categories):
 - _____ Sales at wholesale
 - _____ Sales of tangible personal property assembled, manufactured, or processed by the applicant
 - _____ Sales of tangible personal property to a purchaser in one of the above-listed activities

For Revenue Use Only		
	Complete	Incomplete
1A		
1B		
2A		
2B		
2C		
3A		
3B		
3C		

Application (continued)

For Revenue Use Only

Complete	Incomplete
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4 Project definition

A Project locations

Address (Street, City)	Complete the Column Required For Eligibility			
	Village	City of 2nd Class	Census Tract #	County
1				
2				
3				
4				

B Explanation of how the applicant intends to satisfy the chosen levels

C Does this project include teleworkers working from their residences?..... YES NO

Do the teleworkers reside in a county that meets the population requirement of the selected level? YES NO

D Expected Benefits (see [Calculation Tips](#))

Attach a copy of completed Worksheets I and II, provided in the Calculation Tips. The total estimated credits cannot exceed \$1,000,000.

(1) Investment

a Expected investment increase _____

b Expected investment credits _____

(2) Employment

a Expected full-time equivalent growth _____

b Expected employment credits _____

If items 5, 6, 7, or 8 are not available, indicate why each requested document is not available.

If a reorganization occurred since the previous tax year, provide copies of the documents for the previous entities and a written explanation.

5 Attach a copy of most recent audited financial statements, including opinion letter.

Check this box if audited statements are not available and attach unaudited financial statements.

6 Enclose a copy of most recent federal income tax filing. Include a copy of first 5 pages, schedules supporting the first 5 pages, Affiliations Schedule (Form 851), and a copy of each Shareholder's Share of Income Credits, Deductions, etc. (Schedule K-1). If the applicant is a sole proprietorship, provide a copy of the Profit or Loss from Business (Schedule C) or the Profit or Loss from Farming (Schedule F).

7 Enclose a copy of most recent Nebraska income tax return.

Are all entities listed in item 2 on page 1 included in one unitary NE tax return? YES NO

If No, explain why: _____

Explain any difference between taxable income per the federal return and the amount reported to Nebraska:

8 Enclose a copy of most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N.

9 Enter the Nebraska sales and use tax number for each entity listed in item 2 on page 1 (if not licensed, attach a copy of the Nebraska Tax Application, Form 20, and proof of the date submitted):

Entity Name	Sales/Use Tax ID Number
1	
2	
3	
4	

(If you need more space, attach a schedule.)

Email. If you allow the Department to contact you by email, you accept any risk of loss of confidentiality associated with this method of communication.

Authorized Signature. This application must be signed by the owner/taxpayer, partner, member, corporate officer, or other individual authorized to sign by a power of attorney on file with the Department.

sign here ▶

Authorized Signature _____

Phone Number _____

▶ Please print your name _____

Title (See Instructions) _____

Email Address _____

Street or Other Mailing Address _____

City, State, Zip Code _____

Mail this application and payment (checks payable to "Nebraska Department of Revenue") to:
Nebraska Department of Revenue, 301 Centennial Mall South, PO Box 98944, Lincoln NE 68509-8944.