

**OHIO TAX CREDIT AUTHORITY
JOB CREATION TAX CREDIT
2011 ANNUAL PROGRESS REPORT**
(Projects approved after October 17, 2009)
Page 1 of 2 (Form JCTC-04)

MANUAL FORM

**Review, Update and complete all information
() AMENDED REPORT**

Note 1: Agreements containing more than one Grantee, must submit a separate report for each Grantee.

A. Taxpayer Information

- | | |
|--|---|
| 1. Grantee(s) : | _____ |
| 2a. ECDD Number: | _____ 2b. CAT Registration Number: _____ |
| 3a. Federal Tax Identification Number: | _____ 3b. Ohio Registration Number: _____ |
| 4. Type of Taxpayer: (Circle One) | _____ "C" Corp; "S" Corp; LLC; Partnership; Insurance Co; Other _____ |

B. Contact Information

- | | |
|----------------------------------|-------------------------|
| 1. Name: | _____ Title: _____ |
| 2. Street Address: | _____ |
| 3. City, State, and Zip Code: | _____ |
| 4. Phone Number: | _____ Fax number: _____ |
| 5. <u>E-mail Address:</u> | _____ |

C. Project Information

- | | |
|-----------------------------|--|
| 1. Authority Approval Date: | _____ Tax Credit Effective Date: _____ |
| 2. Tax Credit Rate: | _____ 2b. Tax Credit Term _____ |
| 3. Project Location: | _____ |

D. Job Creation and Retention Performance in the Project at the Project Location

(Complete <u>actual</u> column as of the last day of the <u>taxable</u> year in the Tax Credit Agreement)	Total Project Commitment	Actual Payroll & Employment Equivalents
1. Total Payroll		
2. Baseline Payroll		\$0
3. New Payroll (Line D1 – Line D2)		\$0.00
4. Total Hours of Compensation		
5. Total Full-Time Equivalents (Line D4 / 2,080)		0
6. Total New Full-Time Equivalents (Line D3 / Line D7 / 2,080)		#DIV/0!
7. New Employee Average Hourly Base Wage Rate		
8. Relocated Payroll		

2011 ANNUAL PROGRESS REPORT

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E. Actual Ohio Tax Revenue (Withholdings)

(Complete actual column as of the last day of the taxable year in the Tax Credit Agreement)	Total Project Commitment	Actual Withholdings
1. Income Tax Revenue (Total Withholdings)		
2. Baseline Income Tax Revenue		
3. Excess Income Tax Revenue		\$0.00
4. Relocated Income Tax Revenue		

Other Project Commitments

1. Fixed-Asset Investment (at cost) to date in the project at the project location (use Form JCTC-03) \$ _____ (REQUIRED)
2. Number of New Disadvantaged Persons and/or Minorities included in Line D5. An employee may only be included as disadvantaged or minority not both. (Use Form JCTC-01 for a more in depth description of both categories)
 Disadvantaged: _____ Minorities: _____

I certify that I have prepared or reviewed this Annual Progress Report and the information it contains is complete, truthful, and accurate. Further, I certify that the Grantee continues to maintain operations at the Project Location and that Line D1 contains no employee and/or Section E1 contains no payroll data for relocated employees from elsewhere in the State.

The undersigned acknowledges that this Annual Report is being filed with the Ohio Department of Development (Development) to obtain a financial benefit from the State of Ohio, that Development and the Tax Credit Authority will rely on the information provided in this Annual Report in evaluating the request for issuance of a tax credit certificate, and that presenting a false claim to the State of Ohio may subject the undersigned and/or the Grantee to criminal and/or civil penalties as provided for in Ohio Revised Code § 2921.13.

Report containing original signature must be submitted. Facsimile and/or Signature Stamps are not acceptable.

** Signature of Authorized Officer Date

**Type Name and Title of Authorized Officer

**** President, Secretary, Treasurer or any other individual authorized by charter, corporate resolution or delegation of authority to execute legal documents on behalf of the Grantee.**

All terms set forth in this Annual Progress Report shall be as defined in the Tax Credit Agreement, the Ohio Administrative Code 122:7-1, and the Ohio Revised Code, Section 122.17. **A taxpayer that does not submit a complete annual report postmarked or received by April 30, 2012 will be assessed a late fee of five hundred dollars (\$500.00) the first day of each ensuing calendar month until the taxpayer submits a complete annual report. An annual report submitted but determined to be substantially incomplete shall be assessed a late fee as stated above. The late fee must be paid in full before a tax credit certificate will be issued. Late fee payments should be made payable to "Treasurer, State of Ohio" with a notation of "JCTC/ECDD number" and mailed with this report.**

Submit Completed Report to:
Ohio Department of Development
Office of Strategic Business Investments
77 South High Street, 28th Floor
Columbus, Ohio 43215-6130
Attn.: Stephanie Dunn

Report Prepared by: _____
(Print Name)

Telephone Number: _____

** Email Address: _____