

Instructions for Preparing Notice of Intent

The Notice of Intent (NOI) is provided to assist businesses which are expanding or locating in the state and whose county tier is reclassified or census tract area is removed from the Less Developed Census Tract listing. Timely filing of the NOI will allow a business to continue to claim the tier or census tract classification in effect at the time the NOI is filed. Please note that the NOI must be filed with DCA no later than February 15th after the rankings are released in order to continue to claim the prior year ranking. (i.e. To preserve the 2016 ranking, the NOI must be filed with DCA no later than February 15, 2017.)

Line 1 – Enter the name of the taxpayer creating jobs.

Line 2 – Mailing address to which accepted Notice of Intent should be returned.

Line 3 – Location address(es) in Georgia where jobs will be created.

Line 4 – County or counties in Georgia where jobs will be created. Please note that multiple counties may be listed on the same form as long as they are all within the same tier. Different county tier locations must be listed on separate forms.

Line 5 – This number should reflect the number of proposed new, full-time jobs that the taxpayer will create over the next three (3) years and should at least equal the tier threshold required. (Note that the minimum job threshold must be met in a single tax year and that new, full-time jobs must conform to the applicable definitions found in the Job Tax Credit Regulations.)

Line 6 – The years listed should reflect the three years following the year in which the notice is submitted. For instance, if the notice is to preserve the 2016 Tier rank or Census tract designation, then the years listed on this line would be 2017, 2018, and 2019.

Line 7 – List the most appropriate NAICS Code for the type of operation where jobs will be created and briefly describe the type of operation at the location where the jobs will be created.

Complete **only one** to preserve the proper designation of the specified location: **(a)** to certify the county tier; **(b)** to certify the less developed census tract; **OR (c)** to certify the Opportunity Zone.

- For the county tier, fill in (a) with the name of the county and the tier number.
- For the less developed census tract, fill in (b) with the census tract number.
- For an Opportunity Zone, fill in (c) with the jurisdiction name and the census block group (CBG) as shown on the Opportunity Zone Certification form accepted by DCA.

Please note that only (a), (b) or (c) should be completed, depending upon whether the credit will be claimed under the county tier designation, the less developed census tract designation, or within a designated Opportunity Zone. Additional information on the Job Tax Credit Program and the Notice of Intent are available in the program regulations available on DCA's web site at:

<http://www.dca.ga.gov/economic/TaxCredits/programs/taxcredit.asp>

**Notice of Intent
For
Georgia Jobs Tax Credit**

1. Name of Company: _____
2. Mailing Address of Company (where accepted form will be returned): _____

3. Location Address of Business Establishment Creating Jobs: _____

4. Name of County in which Jobs will be Created: _____
5. Number of New, Full-time Jobs to be Created: _____
6. Year(s) in which Jobs will be Created: _____

7. Type of Business Establishment (including NAICS Code): _____

Whereas the aforementioned company has abided by and will abide by all Job Tax Credit Program rules and regulations, application is hereby made to the Georgia Department of Community Affairs for certification that the above location may qualify for the Job Tax Credit for new, full-time jobs in a:

- (a) County Tier for _____ County* in Tier _____ (if Tier 1: Ranked 1-40? Y or N); **OR**
- (b) Less Developed Census Tract for Census Tract _____* (Military Zone? Y or N); **OR**
- (c) Opportunity Zone in the jurisdiction of _____* within
CBG _____ (from accepted Opportunity Zone Certification form)

whether or not the County, LDCT or OZ specified above retains its current designation.

* Please complete only item (a), (b), or (c) above, as this form will only apply to one designation, as completed above.

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| _____ Date | _____ Signature of Officer for above-named Company |
| | _____ Legibly Print Officer's Name |
| _____ Legibly Print Contact Name | _____ Title of Officer |
| _____ Contact Email Address | _____ Contact Phone Number |

Please provide all appropriate contact information above in case we need to contact you about the information provided on this form.

Department Use Only

Mailing Address:
Job Tax Credit Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, GA 30329

Accepted:

Date

By