

COOS COUNTY JOB CREATION TAX APPLICATION



New Hampshire Department of
**BUSINESS AND
ECONOMIC AFFAIRS**

Federal Identification Number: _____

Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

Employer Contact Person & Title (Print):

Employer Contact Signature: _____

For Tax Period Ending: _____

Return to:

NH Department of Business and Economic Affairs
Division of Economic Development
Program Administrator
100 N Main Street, Suite 100
Concord, NH 03301

Contact: Bridgett Beckwith, 603-271-2342

Description of Business: _____

Email: Bridgett.e.beckwith@livefree.nh.gov

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
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
								(Column H) Total \$750 Credit	
								(Column I) Total \$1000 Credit	
		Employee Count:						Grand Total (H + L)	

Date: _____

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									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
								(Column H) Total \$750 Credit	
								(Column I) Total \$1000 Credit	
		Employee Count:						Grand Total (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.



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ECONOMIC AFFAIRS**