

# FLORIDA ENTERPRISE ZONE PROGRAM

## BUSINESS EQUIPMENT SALES TAX REFUND

### APPLICATION FOR ELIGIBILITY

(based on s. 212.08 (5) (h), F.S.)

Date of Application: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Location: \_\_\_\_\_  
(if different from  
mailing address) \_\_\_\_\_

Is the business a "small business" as defined by s. 288.703 (1), F.S.?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Florida Enterprise Zone Number: EZ-\_\_\_\_\_

Please provide a specific description of the business equipment for which a refund is sought, including its serial number or other permanent identification number (if necessary attach a separate sheet containing the same information). **Please note: Effective July 1, 2001, to be eligible for a sales tax refund the business property must have a sales price of at least \$5,000 per unit (pursuant to section 212.08 (5) (h) 9. d., F.S.).**

Business Equipment	Serial Number	Purchase Date	Sales Tax (6%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Sales Price of Business Equipment:** \$ \_\_\_\_\_ **Total State Sales Tax:** \$ \_\_\_\_\_

Attach a copy of each sales invoice  
or other proof of purchase.

**x 97%**

Amount of State Sales Tax Eligible for Refund: \_\_\_\_\_  
(subject to limitation in Section III)

**SECTION I PERMANENT, FULL-TIME EMPLOYEES (ENTERPRISE ZONE RESIDENTS)**

Name	Address	City	State	Zip	SSN	Enterprise Zone No.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(If necessary attach a separate sheet listing name, address, city, state, zip code, social security number and the Enterprise Zone Number in which the permanent full-time employee resides.)

**SECTION II PERMANENT, FULL-TIME EMPLOYEES (NON-ENTERPRISE ZONE RESIDENTS)**

Name	Address	City	State	Zip	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If necessary attach a separate sheet listing name, address, city, state, zip code, and social security number of each permanent, full-time employee not residing in an Enterprise Zone.)

**SECTION III CALCULATION OF PERCENTAGE OF EMPLOYEES:**

1. Total number of employees from Section I: \_\_\_\_\_
2. Total number of employees from Sections I and II: \_\_\_\_\_
3. Percentage of permanent, full-time employees residing in enterprise zone (divide Line 1 by Line 2, enter here): \_\_\_\_\_

If Line 3 is less than 20%, the maximum amount of tax refund is \$5,000.  
If Line 3 is 20% or greater, the maximum amount of tax refund is \$10,000.

This Application for Eligibility (Form EZ-E) is submitted to claim a state sales tax refund for the purchase of business equipment as described in the following sales invoice numbers:

_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that I have examined the statements contained on this application certificate, and to the best of my knowledge and belief they are true, correct and complete. I agree that the business equipment purchased will be **used exclusively** in the \_\_\_\_\_ Enterprise Zone and agree that I will pay the appropriate refund amount and penalty amounts if the business equipment is used outside the Enterprise Zone within three years from the purchase date.

\_\_\_\_\_  
**SIGNATURE OF TAXPAYER**

\_\_\_\_\_  
**DATE**

I hereby certify that I have examined the statements contained on this application certificate, and to the best of my knowledge and belief they are true, correct and complete.

\_\_\_\_\_  
**SIGNATURE OF ENTERPRISE ZONE COORDINATOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**EZDA PHONE NUMBER**

\_\_\_\_\_  
**EZDA FAX NUMBER**

Taxpayer is required to send Original Form EZ-E with completed Florida Department of Revenue's Form DR-26S: Application for Refund to the Florida Department of Revenue (address listed below).

**(Original forms must reach the Florida Department of Revenue within 6 months after the tax is due on the business property that is purchased.)**

**Florida Department of Revenue  
Refund Sub-Process  
Post Office Box 6490  
Tallahassee, Florida 32314-6490  
850/488-8937**

EZDA retains one copy of this form for EZDA files.