

Nebraska Advantage Rural Development Act Application

L1L2

	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.

1 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" from the E-Verify program and include it as an attachment.
- e** Enter E-Verify ID# _____

2 Exact name of applicant and any other entities, including disregarded entities, to be 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, provide an attachment explaining how the entities are related to each other.

C What is the applicant's tax year end? _____. If this does not agree with the most recent filed tax return, provide an explanation, below.

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):

- Assembly, fabrication, manufacturing, or processing of tangible personal property
- Storage, warehousing, or distribution of tangible personal property
- Transportation of tangible personal property
- Conducting research, development, or testing for scientific, agricultural, animal husbandry, food product, or industrial purposes
- Livestock Production
- Performance of data processing services
- Performance of telecommunication services
- Performance of insurance purposes
- Performance of 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 such activities (provide a listing which lists the name and accounting code for each of the qualifying departments)
- Sale of tangible personal property (enter below the percentage of total sales in the base year represented by the following categories of sales):
 - _____ Sales at wholesale
 - _____ Sales of tangible personal property assembled, or manufactured and processed by the applicant
 - _____ Sales of tangible personal property to a purchaser in one of the above listed activities

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

Application (cont'd.)

For DOR Use Only

Complete	Incomplete
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4 Project definition

A Project location(s)

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

B Explanation of how applicant intends to achieve the expected increases in 4D:

C Does this project include teleworkers working from their residence? 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 \$2,000,000.

- (1) Investment
 - a Expected investment increase _____
 - b Expected investment credits _____
- (2) Employment
 - a Expected full-time equivalent growth _____
 - b Expected employment credits _____

5 Indicate the ID number under which the most recent Nebraska income tax return was filed _____.
 (if not licensed, attach a copy of the Nebraska Tax Application, Form 20):
 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: _____

6 Indicate the ID number under which the most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N was filed _____. (if not licensed, attach a copy of the Nebraska Tax Application, Form 20):

7 Enter the Nebraska sales and use ID number for each entity listed in item 2 on page 1. If not licensed, enter "not licensed."

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

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

10 Email Address. I acknowledge that if an email address is listed and I did not check the "Opt-Out" box, I am allowing DOR to contact me by email. DOR will send all confidential information by secure email or State of Nebraska secure file sharing system. If you do not wish to exchange confidential information by email, check the box labeled "Opt-Out" on the line labeled "email address."

Authorized Signature. This application must be signed by the applicant, or an individual authorized to sign for the applicant by a power of attorney. Attach a copy of a completed [Power of Attorney, Form 33](#).

sign here	_____	_____	_____
	Authorized Signature	Phone Number	Print Authorized Person's Name
	_____	_____	_____
	Title		Authorized Person's Name Email Address <input type="checkbox"/> Opt-Out
_____	_____	_____	
	Street or Other Mailing Address		City, State, ZIP Code
_____	_____	_____	_____
	Contact Person (If different than Authorized Person)	Phone Number	Contact Person's Name Email Address <input type="checkbox"/> Opt-Out
_____	_____	_____	_____
	Contact Person's Street or Other Mailing Address		Contact Person's City, State, ZIP Code

Submit this application via the DOR's file sharing system [here](#).

Mail the application payment (checks payable to "Nebraska Department of Revenue") to:

Nebraska Department of Revenue, 301 Centennial Mall South, PO Box 98944, Lincoln NE 68509-8944.