

# 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) \_\_\_\_\_

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

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

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Please note: This question is for statistical purposes and does not impact the sales tax refund request.

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)

## REQUESTING A SALES TAX REFUND IN EXCESS OF \$5,000.00

This section is to be completed if the business is applying for a sales tax refund exceeding \$5,000.00.

If applying for a sales tax refund in excess of \$5,000.00, please complete Schedules A and B that are attached. The attachments must include the signature of the taxpayer as well as the Enterprise Zone Coordinator who certified the Enterprise Zone location of the applicant.

### SCHEDULE A: TOTAL NUMBER OF PERMANENT, FULL-TIME EMPLOYEES (ENTERPRISE ZONE RESIDENTS)

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

### SCHEDULE B: PERMANENT, FULL-TIME EMPLOYEES (NON-ENTERPRISE ZONE RESIDENT)

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

### CALCULATION OF PERCENTAGE OF EMPLOYEES:

1. Total number of employees from Schedule A: \_\_\_\_\_
2. Total number of employees from Schedules A and B: \_\_\_\_\_
3. Percentage of permanent, full-time employees residing in enterprise zones (divide Line 1 by Line 2, enter result): \_\_\_\_\_

### MAXIMUM AMOUNT OF SALES TAX REFUND

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.

_____	_____
<b>SIGNATURE OF TAXPAYER</b>	<b>DATE</b>

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.

_____	_____
<b>SIGNATURE OF ENTERPRISE ZONE COORDINATOR</b>	<b>DATE</b>

_____	_____
<b>EZDA PHONE NUMBER</b>	<b>EZDA FAX NUMBER</b>

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.



