

Commonwealth of Puerto Rico
 Department of Economic Development and Commerce
 Office of Industrial Tax Exemption
 355 Franklin D. Roosevelt
 Hato Rey, PR 00918

Tax Incentives Application
 Under the Economic Incentives for the Development of Puerto Rico Act
 (Act No. 73 of May 28, 2008)

Case No. _____

Tax Incentive Grant: New Renegotiation Conversion Other (Please Specify) _____

Section I. Applicant's General Information

A. Name of Applicant _____
 Physical Address _____
 Mailing Address _____
 Telephone No. _____ Fax No. _____
 Web Page _____ Email Address _____

B. Applicant's Representative
 President General Manager Owner Legal Certified Public Accountant
 Physical Address _____
 Mailing Address _____
 Telephone No. _____ Fax No. _____
 Web Page _____ Email Address _____

C. Name of Parent Company, if applicable. Please include organizational chart containing intermediate or related entities)
 Physical Address _____
 Mailing Address _____
 Telephone No. _____ Fax No. _____
 Web Page _____ Email Address _____

D. Principal Stockholder's Information

Name	Social Security or Employer ID Number	Address	Participation (%)

Is the Applicant and/or its principal shareholders subject to any investigation from the Department of Treasury? If the response is in the affirmative, please provide a brief explanation:

E. Business Type: Manufacturing Export Services
 Manufacturing Support Services
 Strategic Projects Other (Please Specify) _____

F. Specify Section or Sections of the Act under which tax incentives are requested _____

Specify Section or Sections of the Act under which the special tax rate is requested _____

G. Specify whether Applicant is presently performing in Puerto Rico the activities subject of this Application:
 Yes No If the response is in the affirmative, please provide the following information:

1. Date of Commencement of Operations _____

2. Physical address _____

3. Financial information for the last three years:

	Year	Year	Year
Net Income			
Income Tax Payments			

H. Provide the following information if the Applicant has previously obtained a tax incentives grant:

Is it effective? Yes No Tax Exemption Grant No. _____

Date of Commencement of Operations _____ Employment Requirement _____

Employment at Commencement of Operations _____ Current employment _____

I. Predecessor Exempted Business Information¹

1. Specify whether Applicant's principal shareholders or partners are related to exempted businesses or non-exempted businesses in Puerto Rico:

2. Specify whether Applicant has or has had any proprietary interest in the amount of 25% or more in any enterprise in Puerto Rico which is, has been tax exempt, or is in the process of acquiring a tax incentives grant. Yes No. If the response is in the affirmative, provide an explanation, including name of business, case number, and products or services covered.

3. Specify whether Applicant accepts the applicability of Section 16 of the Act with respect to any or all of the products included in the tax exempt operations referred to above. Yes No. If the response is affirmative, submit the following information with respect to the last three years ending with the close of the taxable year preceding the filing of this application.

	Year	Year	Year
Average annual production			
Average annual production employment			
Total annual man hours for workers of the exempted business			
Number of units produced annually or services rendered			
Annual sales value (billed) for said units			

4. If Applicant does not accept the applicability of Section 16 of the Act, submit supporting data, or any other evidence supporting that the products or services are not substantially similar.

Section II. Information of the Exempted Business (this section shall be completed for each Industrial Unit to be included in the Tax Incentives Application, if applicable).

A. Name (if different than that of the Applicant) _____

Physical Address _____

Mailing Address _____

Telephone No. _____ Fax No. _____

Electronic Mail _____

Legal Entity _____ Employer's Identification Number _____

Type of Organization Corporation LLC Domestic (PR) Foreign (US) Foreign (non-US)

In the case of corporations, or limited liability companies:

¹ If there is more than one predecessor exempted business, include Attachment with the corresponding information.

Registration Number _____ Date of Registration _____

B. Organized under the laws of _____

C. New business classification: New Expansion Reopening

D. List of Products, Services or Activities for which the Tax Incentives are requested:

Product, Service or Activity	Current		12-Month's projection		NAICS ²
	Units/Year	Sales Value	Units/Year	Sales Value	

E. Description of manufacturing process of products, services, or activities to be performed by Applicant. Include final use of product or service. (Provide attachment if necessary).

F. Employees and Payroll

Classification	Current		12-Month's projection	
	Amount	Payroll	Amount	Payroll
Production/ Service				
Supervision				
Administration				
Temporary				
Hired				
Other				
Total				

1. Work shifts One (1) Two(2) Three (3) of _____ hours

2. If the Applicant is operating on the date of application, provide the average employment and payroll for the last three years:

	Year	Year	Year
Average Employment			
Average Payroll			

3. Educational level of employees and number required:

Education	Current	12-Month's projection
<input type="checkbox"/> High school		
<input type="checkbox"/> Associate's degree		
<input type="checkbox"/> Undergraduate		
<input type="checkbox"/> Graduate		
<input type="checkbox"/> PhD		

4. Are the Applicant's operations related to, or will be related to scientific research and development? Yes No If the response is in the affirmative, provide the following information:

Specialization	Current		12-Month's projection	
	Amount of employees	Payroll	Amount of employees	Payroll

² North American Industrial Classification System.

Total				
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Specify if the Applicant, or any related entity, has had any labor dispute in the last two years: Yes No. If the response is in the affirmative, provide a brief explanation:

G. Machinery and Equipment³

Description	Cost	Current Value	In Use	Area	Weight	Acquisition Date	Additional acquisition projected in 12 months

H. Information about Raw Materials⁴ and Suppliers

Raw Material	Supplier	City/ Country	Annual Cost (\$)	NAICS
			Total:	

Raw Material	Maximum amount of storage	Required area for storage (sq. ft.)

I. Principal marketing outlets for products or services to be rendered:

Product	Purchaser		City/ Country	Export %
	Parent Company	Their Party (name)		

J. Financial Information (by legal entity for the last taxable year)

	Year	12-Month's Projection
Total Assets		
Total Liabilities		
Equity		

Manufacturing/ Services Income and Expenses Estimates

		Year	12-Month's Projection
Manufacturing	Total Sales		
	Cost of Sales		
	Cost of Raw Materials		
	Cost of Direct Labor		
Services	Overhead Expenses		
	Salaries and Other Benefits		
	Other Costs and Operating Expenses		
	Income from Manufacturing/ Services		

³ Please include technical descriptive specifications, if available.

⁴ Please include Material Safety Data Sheets (MSDS) if chemical products are used.

3. Used water disposal

Sanitary sewer Yes No Specify disposal method _____

Onsite disposal system Septic tank Other _____

Carrier _____

Other _____

Specify the Permit number for the subterranean injection system (septic tank, percolation system, irrigation, etc.) _____

M. Environmental Matters

1. Specify equipment to be used in Applicant's activity, on a short and long-term basis.

Equipment	Used?	Amount	Fuel or Source
Boilers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ovens	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fuel tanks (gas or liquid)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dust collectors (cyclones)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Water quality

	Current	12-Month's Projection	Total
Effluent Volume (sanitary)			
Industrial Effluent Volume (manufacturing process or others)			
Other			

3. Solid Waste

a. Non Hazardous

Type	Unit by <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	Disposal Method

b. Hazardous (use chemical names and/or identification from the Resource Conservation and Recovery Act, "RCRA")

Type	Unit by <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	Storage Method

c. Hazardous Waste Disposal

Type	Disposal Method	Frequency	Entity responsible for disposal

4. Other Environmental Matters

- Noises _____
- Vibrations _____
- Odors _____
- Other _____

N. Additional Incentives

Has the Applicant received, or will receive, any type of incentive under other applicable laws from governmental or municipal agencies? Yes No If the response is in the affirmative, please specify the following information:

Act, Agency or Municipality	On account of	Amount

O. Free Trade Zone Classification

Does the Applicant plan to apply, or is under, a Free Trade Zone classification? Yes No If the response is in the affirmative, specify the proposed business and employment amount under the Free Trade Zone.

Name (Print)

Authorized Signature

SWORN STATEMENT

I, _____, of legal age, _____, and resident of _____ under the most solemn and binding oath, under penalty of perjury, hereby declare that:

- 1. such are my personal circumstances;
- 2. my official title is _____ ;
- 3. I have been authorized by the Applicant to complete this Application;
- 4. I have read the foregoing Application and attachments and that the statements contained herein are true to the best of my personal knowledge and belief.

Signature

Date

AFFIDAVIT NUMBER: _____

Sworn and subscribed before me by _____, of the personal circumstances stated above to me personally known.

On the ___ day of _____ of _____.

Notary Public

Notes:

a. The Application must be sworn only by an Officer of the Applicant, authorized by Corporate Resolution.

b. If this document is notarized outside the Commonwealth of Puerto Rico, include evidence acknowledging the authority of the notary to administer oaths (county clerk's Certificate or similar document).

PUBLIC NOTICE

Office of Industrial Tax Exemption

Case No. _____

The general public is hereby notified that

has filed a Tax Incentives Application in the Office of Industrial Tax Exemption, located at 355 Franklin D. Roosevelt Avenue, PRIDCO Building, Hato Rey, Puerto Rico, under Act No. 73 of May 28, 2008, for _____

Business address: _____
Representative: _____
Principal shareholders: _____

Any person, natural or legal, that opposes this Application, shall have an administrative hearing to be appointed at the Office of Industrial Tax Exemption, provided a written opposition statement (duly sworn and notarized) is previously filed within ten (10) working days, beginning on the publication date of this notice.

Director

Requirement Number		Tax Exemption	Amendments for transfers with and without control	Renegotiations of decree (Sections 13(b)(1) and 16 (b)(3) of the Act	Mergers or Consolidation of Corporations	Amendment to add products or services	Other Amendments
	Documents (Original and Four (4) copies of each)						
1	Original petition, completed with sworn statement.	X		X			
2	Two bank or commercial references addressed to the Director of the Office of Industrial Tax Exemption.	X					
3	Original financial statements from the petitioner corresponding to the last three (3) years (natural o fiscal) certified by a certified public accountant or sworn before a notary public.	X		X			
4	For Corporations- Copy of the Certificate of Registration expedited by the Puerto Rico State Department that authorizes the petitioner to do business in Puerto Rico.	X					
5	Certificate of Good Standing expedited by the Puerto Rico State Department.	X		X			
6	Original Public Notice.	X		X		X	
7	Certificate from the Department of the Treasury of the filing of Income Tax Returns, for the Applicant or shareholders	X		X		X	
8	Negative certification of debt from the Collection Bureau of the Department of the Treasury for the petitioner, partners and stockholders.	X	X	X		X	
9	If the petitioner has a payment plan with the Department of the Treasury, submit the correspondent certification from this Department.	X	X	X		X	
10	Debt Certification from the Center of Municipal Income Collection "(CRIM) ".	X	X	X		X	
11	Cahuffers Social Security Debt Certification and Unemployment and Disability Debt Certification from the Department of Labor and Human Resources	X	X	X		X	
12	Certificate of debt from the State Insurance Fund.	X	X	X		X	
13	Merchants Registration Certificate for the Sales and Use Tax Revenues (IVU)	X		X			
14	Negative certification from the Department of the Treasury for the Sales and Use Tax Revenues (IVU)	X					
15	Corporate Resolution of merger, fusion or consolidation.				X		
16	Copies of the approved documents from the Puerto Rico State Department. (requirement num. 15)				X		
17	Sworn statement with details of the transaction.		X		X	X	X

Required documents to complete the Environmental Evaluation

- a- Permit of use from the Permits and Regulation Administration "(ARPE)"
- b- Permit from the Environmental Quality Board
- c- Permit from the Aqueduct and Sewer

Authority

- d- Permit from the Puerto Rico Fire Department
- e- Permit from the Department of Health
- f- Permit from the Department of Natural and Environmental

Resources

- g- Evidence of having completed Article 4-c of Public Policy Environmental

Act

- h-

Others _____

Derechos de Radicación⁵

Los Derechos de Radicación serán pagados únicamente mediante Cheque Certificado, Cheque de Gerente o Giro Postal a favor del Secretario de Hacienda. NO SE ACEPTAN COMPROBANTES.

1	Casos Nuevos	\$750.00
2	Casos Renegociados, Consolidaciones, Dispensas y Exención Adicional ⁶	\$4,500.00
3	Revocaciones	\$100.00
4	Oposiciones	\$500.00
5	Enmiendas	\$450.00
6	Transferencia de Control No Afiliadas	\$4,500.00
7	Transferencia de Acciones Sin Cambio en Control	\$450.00
8	Transferencia de Acciones entre Compañías Relacionadas	\$750.00
9	Solicitudes bajo secciones 3(f), 6(f), y 10(b)	\$50.00
10	Conversiones	\$500.00
11	Extensiones	\$4,500.00
12	Casos 16(b)(3)	\$4,500.00
13	Informes Anuales	\$300.00
14	Informe de Actividad Novedosa Pionera	\$0.00
15	Radicación o expedición de cualquier certificado, declaración jurada o cualquier documento para el cual no se fije derechos distintos expresamente.	\$50.00

⁵ Los Derechos de Radicación están sujetos a revisión. Revisado el 8 de septiembre de 2009

⁶ Para realizar el trámite el Concesionario deberá estar al día en la radicación de sus informes anuales.