RURAL ZONE TAX CREDIT CERTIFICATION

Applicant should complete Part One of this form and then forward to the local Rural Zone (RZ) coordinator. The RZ coordinator will certify the information in Part Two and forward to DCA. DCA will acknowledge the Certification and provide copies back to the applicant and the local RZ coordinator.

The information provided below is intended to validate the location of a property/business in a currently designated Rural Zone, as well as to validate the creation of jobs. Please complete all detail requested.

NOTE: At least two full-equivalent jobs must be created in order to qualify for ANY of the Rural Zone Tax Credits.

Part One: Type of Credit *(check all that apply)*

☐ **Investment**	☐ **Rehabilitation**	☐ **Job Creation**
Property purchased within the RZ Purchase Price: $_____	Property revitalized within the RZ Rehab Costs: $_____	Created at least 2 full-time equivalent jobs within the RZ

Name of Applicant: _____

Address of Location: _____

Mailing Address: (if different from above) _____

Parcel Number: _____ NAICS Code for Business Creating Jobs: _____

Name of Business Creating Jobs: (if applicable) _____ # of FTE Jobs Created in the Taxable Year: _____

By signing below, I hereby certify that the location above is within the eligible boundaries of a designated Rural Zone as defined in O.C.G.A. 48-7-40.1(c)(4) and the business and/ or investor intends to claim a tax credit for this location on its Georgia Income Tax Return.

_____ Signature of Officer

_____ Date

_____ Printed Name of Officer

_____ Phone Number

_____ Title

_____ Email Address

Part Two: Local Rural Zone Jurisdiction

RZ expiration date _____

By signing below, I certify that I am an authorized representative of a valid Rural Zone jurisdiction and that the location detailed above is within the currently designated boundaries of the Rural Zone and, if indicated, the full-time equivalent jobs were created. If applicable, I also certify that the subject property's rehabilitation meets all local ordinances and licensing standards, as well as Rural Zone rehabilitation standards.

_____ Signature of Representative

_____ Date

_____ Printed Name of Representative

_____ Title/Email address

Part Three: Department of Community Affairs Use Only

Georgia Department of Community Affairs Job Tax Credit Program Coordinator
60 Executive Park South, N.E.
Atlanta, Georgia 30329
oed@dca.ga.gov

Acknowledged:

By: _____

Date: _____

*** WHEN CLAIMING ANY CREDIT UNDER THE RURAL ZONE TAX CREDIT PROGRAM, A COPY OF THE LETTER FROM DCA, THIS ACKNOWLEDGED RURAL ZONE CERTIFICATION FORM, AND THE GA DOR FORM IT-RZ *MUST* BE ATTACHED TO ANY GEORGIA INCOME TAX RETURN ON WHICH THE CREDIT IS CLAIMED ***