

# Nebraska Advantage Microenterprise Tax Credit Act Application

The taxpayer filing this application must be actively engaged in the operation of a microbusiness in an eligible area. An eligible microbusiness is a business with five or fewer full-time equivalent employees at the time of application, other than a farmer or livestock operator who has a net worth that exceeds \$500,000. Refer to the [application guide](#) for general information about the completion of the application. To determine if the microbusiness is located in an eligible area, refer to the [qualified location information](#).

Part 1			
Complete the following information about the applicant and the microbusiness.			
Applicant – Name and Mailing Address		Microbusiness – Name and Location Address	
(Print Clearly)	Legal Name	Microbusiness Name	
	Mailing Address	Street Address (Do not use PO Box)	
	City                      State                      Zip Code	City                      State                      Zip Code	
Spouse's Legal Name		County	Census Tract, if in Buffalo, Cheyenne, or Washington County
Applicant's Social Security Number	Spouse's Social Security Number	Federal ID Number	Nebraska Income Tax ID Number

### Employees

- 1 How many people does the microbusiness currently employ? \_\_\_\_\_
- 2 How many equivalent employees does the microbusiness currently employ? \_\_\_\_\_  
 The number of equivalent employees is calculated by dividing the total hours paid in a year by the product of 40 times the number of weeks in a year.  
**If the number of equivalent employees is more than five, do not complete the rest of the application. You are not eligible to apply for this program.**
- 3 If the microbusiness currently has employees or plans to hire employees:
  - a Is the taxpayer registered for E-Verify, the federal electronic verification program used to confirm whether new employees are authorized to work in the United States? .....  Yes     No  
**If Yes, complete items 3a(i) and 3a(ii). If No, continue to item 4.**
    - i Print out the "Company Information" page from the E-Verify program and include it as an attachment.
    - ii E-Verify ID # \_\_\_\_\_
  - b Does the taxpayer agree to timely use E-Verify for employees hired in Nebraska after the date of application? .....  Yes     No**If the answer to either item 3a or 3b is No, do not complete the rest of the application. You are not eligible to apply for this program.**

### Base Year

- 4 Describe the microbusiness and its current business activity, including products sold and markets served.
- 5 Describe the current entity type, organizational structure, and/or ownership of the microbusiness and identify the entity type under which you plan to file the microbusiness' 2016 income tax return.
- 6 Identify the tax year for the microbusiness? \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_. If this does not agree with the tax return provided, please attach an explanation.
- 7 Was the microbusiness operating under a different organizational structure or ownership at any time during the tax year prior to application? .....  Yes     No  
**If Yes, complete items 7a, 7b, and 7c.**
  - a Describe the prior organizational structure or ownership including the date that structure or ownership changed.
  - b Were you involved in any way (including as an employee) with the microbusiness under the prior ownership or organizational structure? .....  Yes     No  
**If Yes, describe your involvement.**
  - c Complete Column A of the Estimated Expenditures and Microenterprise Tax Credits Computation Table to document the compensation and investment expenses of the microbusiness during the tax year prior to the tax year of application. Include all compensation and investment expenses made by the microbusiness during the prior tax year. Include expenses even if they were made under a different ownership or organizational structure.



Applicant Name

Applicant's Social Security Number

The following documentation MUST be included when submitting your application.

- 14 Enclose a copy of the most recent federal income tax return filed for yourself and the microbusiness. See item 14 in the Microenterprise Application Guide for a list of required federal income tax return documents, for you and the microbusiness, to be attached when submitting this application. If the new microbusiness is organized as a flow-through entity, attach a list of the owners, their ownership percentages, and their Social Security numbers.
15 Enclose a copy of the most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N, filed.
a Indicate your payroll frequency [ ] weekly [ ] biweekly [ ] semi-monthly [ ] monthly [ ] other
b Provide a copy of the payroll registers showing total hours paid to all employees for the pay period that includes January 4, 2016, or that includes your application date, whichever is later. This information is due within 10 days of the end of your pay period. The Department reserves the right to request payroll registers for additional periods as part of the review of this application.
c If there are currently no employees, please indicate the date you expect payroll to begin.
16 Each microbusiness must be fully licensed according to the Nebraska licensing requirements listed on the Nebraska Tax Application, Form 20. If the microbusiness is not yet licensed, attach a copy of the completed Form 20, and proof of the date it was submitted. Sales and Use Tax ID number Income Tax Withholding ID number
17 Farmers and livestock operators must provide a current net worth statement. Please see item 10 of the Microenterprise Application Guide for net worth statement requirements.

The Department reserves the right to request additional documents and information as part of its review of this application.

Email. If you allow the Department to contact you by email, you accept any risk of loss of confidentiality associated with this method of communication.

Authorized Signature. This application must be signed by the individual actively involved in the microbusiness, or an individual authorized to sign for the applicant by a power of attorney on file with the Department. Attach a copy of a completed Power of Attorney, Form 33.

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

sign here

Authorized Signature

Date

Print Authorized Person's Name

Title

( )

Phone Number

Authorized Person's Email Address

Street or Other Mailing Address

City, State, Zip Code

Contact Person (If different than Authorized Person)

( )

Phone Number

Contact Person's Email Address

Part 2 — For Department of Revenue Use Only

Department of Revenue Use Only

Total Credits Reserved

Department of Revenue Authorized Signature

Date

Mail this application to: Nebraska Department of Revenue, 301 Centennial Mall South, PO Box 98944, Lincoln, NE 68509-8944.