

STATE OPPORTUNITY ZONE CERTIFICATION

Please note that the business should complete Part One of this form and then forward to the appropriate local State Opportunity Zone (OZ) coordinator. The OZ coordinator will have the business' Part One information certified within Part Two and will then forward to DCA. DCA will acknowledge the Certification and provide copies back to the business and the local OZ coordinator. It is the business' responsibility to attach the correspondence received with the acknowledged Certification to any tax return in which the Job Tax Credit is being claimed.

The information provided below is intended to validate the location of a business in a currently designated State Opportunity Zone. Please complete all detail requested.

Part One:

Name of Business: _____

Address Location within OZ: _____

Mailing Address, if different from above: _____

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

Signature of Officer for above-named Business

Date

Printed Name and Title of Officer

Contact Phone Number

Contact Person

Contact Email Address

Part Two:

Local State Opportunity Zone Jurisdiction

Census Block Group of OZ Location (12-digit number): _____

For efilers requiring County Code and Census Tract Numbers - GA State Code = 1st 2 digits = 13, County Code = next 3 digits, Census Tract = next 6-digits (made up of; 4-digit, dot, 2-digits after decimal point – e.g. 0104.02), Block Group Number = last digit

Jurisdiction and Name of State Opportunity Zone Area _____

Expiration of State Opportunity Zone December 31, _____

Parcel Number of OZ location: _____

By signing below, I certify that I am an authorized representative of a valid State Opportunity Zone jurisdiction and that the business location detailed above is within the currently designated boundaries of the State Opportunity Zone.

Signature of Local Jurisdiction Representative

Date

Printed Name of Representative

Title

Department Use Only

Mailing Address:
Job Tax Credit Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, N.E.
Atlanta, GA 30329

Or via email to:

oed@dca.ga.gov

Acknowledged:

Date

By

*** A COPY OF THIS COMPLETED CERTIFICATION FORM MUST BE ATTACHED TO THE TAX RETURN FILED WITH THE DEPARTMENT OF REVENUE WHEN CLAIMING THE CREDIT***