



# DELAWARE FORM

## DIVISION OF REVENUE BUS-NBF

### APPLICATION FOR NEW BUSINESS FACILITY TAX CREDITS FORMERLY 402AP 9901



This application must be completed and filed with the Division of Revenue prior to claiming any corporate income tax credits or reductions in license taxes pursuant to chapter 20, title 30, Delaware code

PART

A

#### NAME AND ADDRESS

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER

1 -

TAX PERIOD END DATE

mm-dd-yyyy

2. NAME OF TAXPAYER

3. ADDRESS

CITY

STATE

ZIP CODE

4. LOCATION OF QUALIFYING BUSINESS FACILITY (if different from above).

CITY

STATE

ZIP CODE

5. CONTACT PERSON

TELEPHONE NUMBER

PART

B

#### BUSINESS ACTIVITIES (Check the appropriate qualifying activity(s))

- ☐ Aviation Maintenance & Repair Services
- ☐ Computer Software Sales (Wholesale Only)
- ☐ Consumer Credit Reporting/Collection Services
- ☐ Data Processing or Data Preparation
- ☐ Engineering
- ☐ Manufacturing
- ☐ Scientific, Agricultural or Industrial Research
- ☐ Telecommunications

- ☐ Wholesaling
- ☐ Management & Support Services for Activities listed
- ☐ Combination of Activities listed
- ☐ Occupational Licenses - **Targeted Areas Only**
- ☐ Retailing - **Targeted Areas Only**
- ☐ Other
- ☐ Other

**Brownfield Areas Only**

**Green Industries Only**

#### Check the appropriate type of facility

- ☐ New facility
- ☐ Expansion with new employees
- ☐ Replacement facility
- ☐ Expansion without new employees
- ☐ Located on a Brownfield (Verification required from DNREC)

PART

C

#### QUALIFYING FACILITY INFORMATION

1. Enter the date the facility was placed in service

Enter the value (at original cost if owned by the taxpayer, or eight times the annual rent paid less any amounts received as subrentals if leased) of the real and tangible personal property, except inventory or property held for sale to customers, which constitutes the new business facility or which is used by the taxpayer in the operation of the business facility. Include in this investment amount all costs expended by the taxpayer for environmental investigation and remediation if such facility is located on a brownfield.

3. If the qualifying facility is leased, provide the name, address and federal employer identification number of the lessor.

FEIN

4. Enter the number of new business facility employees employed by the taxpayer on a regular and full-time basis in the operation of the new, replaced or expanded facility.

5. If the qualifying facility has been acquired from another, provide the name, address and federal employer identification number of the previous owner.

FEIN

6. Is the taxpayer or firm related to the individual or firm listed above? ☐ Yes If yes, please describe the relationship. ☐ No

NAME

TITLE

DATE