



DELAWARE FORM

DIVISION OF REVENUE PUT-RED



PUBLIC UTILITY REDUCTION

This application applies to manufacturers, food processors and agri-business processors. It must be completed and filed with the Delaware Division of Revenue to qualify for the 2% reduction in the electricity and gas commodities tax (imposed by Chapter 55, Title 30 of The Delaware Code).

A	1. TAXPAYER ID		3. ADDRESS	
	2. BUSINESS NAME		CITY	
	5. DIVISION OF REVENUE BUSINESS LICENSE NUMBER		STATE	ZIP CODE
	6. CHECK ALL THAT APPLY		4. LOCATION (if different from above)	
	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Agri-business	ADDRESS	
	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Chicken Hatching	CITY	
	7. UTILITY NAME/UTILITY ACCOUNT NUMBER(S)		STATE	ZIP CODE

B	A SEPARATE APPLICATION FORM MUST BE COMPLETED FOR EACH DELAWARE BUSINESS FACILITY	
	8. Enter the number of employees located at this facility who are engaged exclusively in the management or administrative support of or employed exclusively in manufacturing, food or agri-business processing or the hatching of chickens in conjunction with operating a food or agri-business processing business within Delaware.	
	9. Enter the number of employees located at this facility who perform services related to or in support of any business activity conducted outside Delaware.	
	10. Enter the total number of employees at this facility. Add Line 8 and Line 9.	
	11. Divide Line 8 by Line 10 and enter the percentage here. (For the facility to qualify for the Public Utility Tax Reduction, Line 11 must be greater than 70%)	
	12. Provide a description of the business activity. If a sufficient explanation is not provided, your application may be delayed until that information is provided.	

I declare under penalties as provided by law that the information on this application is true, correct and complete.

AUTHORIZED SIGNATURE DATE EMAIL ADDRESS PHONE NUMBER

PRINTED NAME

FOR DIVISION OF REVENUE USE - REDUCTION EFFECTIVE FROM _____ TO _____

APPROVED

DISAPPROVED

DIRECTOR-DIVISION OF REVENUE OR DESIGNEE (SIGNATURE)

DATE

MAIL COMPLETED FORM TO:
Delaware Division of Revenue
820 N. French St.
PO Box 2340
Wilmington, DE 19899-2340