



**Hillsborough County, City of Tampa, and City of Plant City  
Economic Development Ad Valorem Tax Exemption Supplemental  
Application for Florida Department of Revenue Forms 418 and 405:**

1. Business Name:

Mailing Address:

City:  Zip:

2. Name of principal contact or owner of Business:

Telephone No.: ()

Fax No.: ()

E-mail:

3. Location of Business or Property (address) for which this report is filled (attach legal description and survey):

4. Select Jurisdiction exemption applied for:

Hillsborough County (Unincorporated)

City of Tampa

City of Plant City

5. Trade Level (check as many as apply):

Wholesale       Manufacturing       Professional

Office       Service       Other

6. Describe the Type or Nature of Business; Include North American Industry Classification System (NAICS):


7. Indicate number of new full-time employees projected in boxes and provide total:

Unincorporated Hillsborough County	<input type="text"/>
City of Tampa	<input type="text"/>
Plant City	<input type="text"/>
<b>Total New Employees</b>	<input type="text"/>

Number of employees in Hillsborough County prior to filing for exemption:

Average wages paid during calendar year prior to applying for exemption:

8. a) Description of the improvements to real property for which this exemption is requested: (please include any attachments if necessary)


b) Description of the improvements to tangible property for which this exemption is requested: (please include tangible information on form DOR 405)


9. Tax ID's:

a. State Tax ID #:	<input type="text"/>
b. Federal Tax ID #:	<input type="text"/>

10. Select one Tier and one Business Category within the selected Tier: Project can qualify for one tier only.

**Tier 1: Exempting 50% of new value for five years**

Applicant attests that annual average wage of all new jobs meets or exceeds 115% of the lowest of MSA, State or County (currently \$45,834), OR in lieu of the wage requirement, the project represents a capital investment that exceeds \$200,000 per job (Attach UTC 6, Federal I-9 and 941 Forms).

Check the Business Category that applies:

Created at least 10 manufacturing jobs; **OR**

OR the business must create at least 25 jobs and have a sales factor , as defined by s. 220.15(5) (see Appendix 2), of less than 0.50 for each year the exemption is claimed for the facility with respect to which it requests a Property Tax Exemption; **OR**

OR 50 office jobs with respect to a new business

**Tier 2: Exempting 50% of new value for seven years**

Applicant attests that the annual average wage of all new jobs meets or exceeds 115% of the lowest of MSA, State or County (currently \$45,834), OR in lieu of the wage requirement, the project represents a capital investment that exceeds \$200,000 per job (Attach UTC 6, Federal I-9 and 941 Forms)

Check the applicable qualification below:

Created at least 30 manufacturing jobs; **OR**

OR the business must create at least 75 jobs and have a sales factor , as defined by s. 220.15(5) (see Appendix 2), of less than 0.50 for each year the exemption is claimed for the facility with respect to which it requests a Property Tax Exemption; **OR**

OR 100 office jobs with respect to a new business

**Tier 3: Exempting 50% of new value for ten years**

Applicant attests that the annual average wage of all new jobs meets or exceeds 150% of the lowest of MSA, State or County (currently \$59,784) (Attach UTC 6, Federal I-9 and 941 Forms)

Check the applicable qualification below:

Created at least 90 manufacturing jobs; **OR**

OR the business must create at least 100 jobs and have a sales factor , as defined by s. 220.15(5) (see Appendix 2), of less than 0.50 for each year the exemption is claimed for the facility with respect to which it requests a Property Tax Exemption; **OR**

OR 200 office jobs with respect to a new business

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I agree to furnish such other reasonable information each authorizing Jurisdiction, may request in regard to the exemption. I hereby certify that the information and valuation stated by the above by me is true, correct, and complete to the best of my knowledge and belief.

**If Preparer**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Preparer)

**Corporate Officer**

SIGNED: \_\_\_\_\_  
(Taxpayer) \_\_\_\_\_  
(Preparer)

TITLE: \_\_\_\_\_  
(Preparer's Telephone Number)

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**PROPERTY APPRAISER'S USE ONLY**

Total revenue available to the county or municipality for the current fiscal year from ad valorem tax sources, or an estimate of such revenue if the actual total revenue available cannot be determined:

Revenue lost to the county or municipality for the current fiscal year by virtue of exemptions previously granted under this section (s. 196.1995), or an estimate of such revenue if the actual revenue cannot be determined:

Estimate of revenue which would be lost to the county or municipality during the current fiscal year if the exemption applied for were granted had the property for which the exemption is requested otherwise been subject to taxation:

Determination as to whether the property for which an exemption is required is to be incorporated into a new business or the expansion of an existing business, as defined in s. 196.012(15) or (16), or into neither:

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

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**ECONOMIC DEVELOPMENT USE ONLY**

Check which applies:

New Business       Existing Business

Check where company is located:

Enterprise Zone       CRA                       Brownfield Area

Total number of employees: \_\_\_\_\_ Current hourly wage: \_\_\_\_\_

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