

CERTIFICATION ID#: EFFECTIVE DATE:

2006 BUSINESS ANNUAL REPORT (BAR) PLEASE REFER TO THE INSTRUCTIONS
DUE TO LOCAL ZONE COORDINATOR BY June 1, 2007.

A. Business Certification Information: Please fill in blanks or change as necessary

Organization Name & Certification Date:	Organization Name Change: (if applicable)*
Organization Address in the Zone:	In Zone Address Change (if applicable)*
Contact Person: Name: Phone: Fax: E-mail	Contact Person Change: (if applicable) Name: Phone: Fax: E-mail
Mailing Address (if different from Organization Address):	Mailing Address Change: (if applicable)
Federal Employer ID Number (FEIN):	Change of Federal Employer ID Number (FEIN): (if applicable)**

Does a new certificate need to be issued? YES NO

*Businesses that have changed their name or changed their address in the zone must file an EZ-4, contact your local coordinator.

**Note: Businesses that have a different taxpayer ID (FEIN) must be decertified, see Section E, and then reapply for zone certification.

B. Employment Data: 2006 employment PLEASE REFER TO THE INSTRUCTIONS for definitions of Full-Time, Part-Time and Full-Time Equivalent Jobs.

For the reporting year: Calculate the average of the last four quarters ending March 31st, June 30th, September 30st and December 31st for this zone location only. Use the worksheet provided in the instructions.

Full-Time Jobs: _____ Net new jobs created in the zone during 2006: _____
Part-Time Jobs: _____ Average starting hourly wage of jobs created: _____

Of the Part-Time Jobs listed above, calculate the number of Full-Time Equivalents: (REFER TO INSTRUCTIONS) _____

Please report the total number of full-time and part-time covered employees for the third month of each quarter in 2006 as shown on the business' NYS-45-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Returns filed with the Department of Labor in 2006: 1st quarter _____ 2nd quarter _____ 3rd quarter _____ 4th quarter _____

Gross Annual Wages and Benefits: Exclude executive officers. For wages and benefits, add the gross totals for all four quarters ending on March 31st, June 30th, September 30th and December 31st.

For this zone location: _____
For all zone locations: _____
For all NYS locations: _____

C. Capital Investments: List investments for this zone location only for the 2006 taxable year. Do not include investments from previous reporting periods. DO NOT INCLUDE OPERATING EXPENSES.

Business acquisition	\$ _____	Production Equipment	\$ _____
New Construction	\$ _____	Office Equipment	\$ _____
Renovation	\$ _____	Other (please explain)	\$ _____
Real Property Acquisition	\$ _____	TOTAL INVESTMENTS	\$ _____

CERTIFICATION ID#: _____

EFFECTIVE DATE: _____

D. Use of Tax Credits For this zone location only. If certified in other zone(s), complete separate BAR(s) for each separate zone location. Provide the actual credit used for the 2005 tax year, or, if the actual amount of credit is not known, provide an estimate. PLEASE REFER TO INSTRUCTIONS WHEN COMPLETING THIS REPORT.

<i>Type of Credit (Do not include carry forward amount)</i>	Amount of Actual or Estimate Credit
Wage Tax Credit (WTC) for 2006 tax year: Found on Tax Form CT601-line 32 or, Form IT601-line 36.	\$ _____
Refund (if applicable) Found on Tax Form CT601-line 36a or, Form IT 601- line 40.	\$ _____
Investment Tax Credits (ITC) and Employment Incentive Tax (EITC) Credits for 2006 tax year: Found on Tax Form CT603: ITC-line 18 and EITC-line 23 or, Found on Tax Form IT603: ITC & EITC combined-line 26.	\$ _____
Refund (if applicable) ITC: Found on Tax Form CT603 line-20a or, ITC & EITC combined found on: Tax Form IT603-line 28.	\$ _____
QEZE Sales Tax Exemption: Exemptions used in 2006 based on qualifying taxable purchases.	\$ _____
QEZE Real Property Tax Credit: For businesses certified prior to 4/1/05 found on Tax Form CT606-line 27, or Form IT606-line 24. For businesses certified on or after 4/1/05 found on CT606-line 61 or IT606-line 52.	\$ _____
QEZE Tax Reduction Credit: For businesses certified prior to 4/1/05 found on Tax Form CT604-line 24 or Form IT604-line 31. For businesses certified on or after 4/1/05 found on Tax Form CT604 Line 54 or Form IT604-line 62.	\$ _____

E. Valid Business Purpose Attestation:

For businesses with an effective date prior to 8/1/2002 (see box in upper right hand corner).

According to section 14 of the tax law, if the business is a QEZE and has a base period of zero years or the employment number in the base period is zero, and the QEZE is similar in ownership and operation to an existing or previously existing New York State taxpayer, the QEZE must have been formed for a valid business purpose to continue to qualify for QEZE benefits.

Does this provision of the tax law apply to your business: (circle one) YES NO

If YES, attach a statement, signed by the responsible officer of the business (per Section G), describing the circumstances of your business formation and whether it was formed for a valid business purpose (see below).

Valid business purpose means one or more business purposes, other than the avoidance or reduction of taxation, which alone or combined are the primary motivation for some business activity or transaction that changes the economic position of the taxpayer in a meaningful way (apart from tax effects). The economic position of the taxpayer includes an increase in the market share of the taxpayer, or the entry by the taxpayer into new business markets.

F. Voluntary Decertification Only - Surrender of Certificate:

Check this box if you are moving, have changed your FEIN or you no longer wish to participate in the Empire Zones Program and will not be claiming Empire Zone benefits and are requesting voluntary decertification:

CERTIFICATION ID#: _____
EFFECTIVE DATE: _____

G. Signature:

I hereby attest that the information contained in this report is true and correct to the best of my knowledge.

Signature of Responsible Officer of the Business (Name and Title)

Date

Please Print Name and Title of Responsible Officer of the Business

NOTE: Data contained on this Business Annual Report is public information, with the exception of the business' Federal Employee Identification Number (FEIN).
Additionally, Empire State Development (ESD) will be sharing the data on this Business Annual Report with the NYS Department of Taxation and Finance.

For Zone Coordinator Use Only:

	Received	Reviewed
Enter dates and your initials when you received and reviewed this BAR form:	_____	_____
Is this a business acquisition, per the definition provided in the instructions for completing the BAR?	YES	NO
Is this a retention case, per the definition provided in the instructions for completing the BAR?	YES	NO
Is this business a grandfathered business?	YES	NO

Decertification Recommendations: Please circle one of the reasons below as a basis for decertification of the above business. Should business above not submit a BAR by due date, you must enter X-NB.

Did not submit a bar (X-NB)
No longer in the zone (X-NIZ)

Merged (X-MRG)
Change of Owner/FEIN# (X-CO)

Voluntary decertification (X-V)
Out of Business (X-OB)

485-e – Provide dollar amount of 485-e granted to this business' property within the empire zone during 2006: \$ _____