Comptroller of Public Accounts FORM 01-164-1 (12-25)

PRINT FORM | RESET FORM

Texas Enterprise Zone Program Application For Program Benefits (APB)

Project Information

Enter the items below as they appear on the approval letter from the Governor's office.

Taxpayer Name	Enterprise Project Number **EP**
Taxpayer Number (11-digit identification number for the Comptroller's Office)	

Qualified Business Site

Enter the items below as they appear on the approval letter from the Governor's office.

Address			Suite/apt number
City		State/province	ZIP code
Designation/approval date	Project expiration date	90-day window date	Job certification deadline

Taxpayer Contact Information

This is the authorized individual to whom the Comptroller's office will send all correspondence.

Name		Title
Address		Suite/apt number
City	State/province	ZIP code
Phone (area code and number)	Email	

Taxpayer Representative Contact Information (If applicable; Limited Power of Attorney required)

If someone other than the taxpayer/claimant submits this form, a completed power of attorney must be submitted.

Name		Title
Address		Suite/apt number
City	State/province	ZIP code
Phone (area code and number)	Email	

Job Submission Information

This section should be completed to calculate the total number of retained jobs and new jobs for each applicable claim period. A job listing spreadsheet should accompany the APB form (see the checklist section below).

Complete this worksheet for Item 3 totals on the next page:

Claim Begin Date	Claim End Date	Retained Jobs Count	New Jobs Count

Claim period: 12 consecutive months that must start on or after the 90-day date and end before the expiration date.

Totals: A._____ B._____

Job Submission Information (continued)

1. Number of jobs allocated (per Governor's letter) ..... _____
2. Total number of job positions previously submitted for certification (include both approved and denied jobs from previous auditor reviews). No jobs should ever be removed from the jobs listing spreadsheet ..... _____
3. Total number of job positions submitted for certification on this claim period (enter the total of A plus B from the worksheet on the previous page)..... _____
4. Total number of job positions reported (include previously submitted and new positions) (Item 2 plus Item 3) ..... _____
5. Total number of existing full-time employees at the time of submission (includes qualified business site and any additional addresses approved by the Governor's office) ..... _____

Enterprise Zone Resident (EZR) / Economically Disadvantaged (ED) / Veteran (VET) Percentage Calculation

☐ Check this box if the EZR/ED/VET percentage calculation does not apply to this APB submission (e.g., all jobs on the jobs listing spreadsheet are all retained jobs and do not have any valid replacements) and skip to the checklist.

6. Required EZR/ED/VET percentage from Governor's letter..... _____ %
7. Total number of EZR/ED/VET employees (employees who meet more than one of these categories can only be counted once)(see instructions)..... _____
8. New jobs (see instructions)..... _____
9. Replacement jobs (see instructions)..... _____
10. Total number of new and replacement employees (include all jobs submitted that are classified as a new job or a replacement job) (total of Item 8 plus Item 9) ..... _____
11. EZR/ED/VET percentage (Item 7 divided by Item 10) (see instructions)..... _____ %

Checklist

Mark all items included with this submission (all items may not be applicable):

12. Excel format list of jobs listing spreadsheet (see instructions)	☐ Yes	☐ No	☐ NA
13. Form 01-144, *Enterprise or Defense Readjustment Project Claim for Refund*	☐ Yes	☐ No	☐ NA
14. Excel format refund claim spreadsheet (see instructions)	☐ Yes	☐ No	☐ NA
15. Screenshots to validate EZR addresses (containing each EZR employee's home address at the date of hire from the Enterprise Zone Finder link at the Texas Governor's office webpage)	☐ Yes	☐ No	☐ NA
16. Screenshots to validate teleworking home address (see instructions)	☐ Yes	☐ No	☐ NA
17. Form 85-199, *Employee Certification* (employee's SSN must be provided separately to email Audit.Ent.Zone@cpa.texas.gov)	☐ Yes	☐ No	☐ NA
18. Proof of veteran status (see instructions)	☐ Yes	☐ No	☐ NA
19. Limited power of attorney	☐ Yes	☐ No	☐ NA

Authorization

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, and is provided pursuant to Section 2303.401 of the Texas Enterprise Zone Act, Texas Government Code.

Type or print name	Title
sign here ▶ Primary business representative	Date

Submit this fully completed application for program benefits along with all applicable attachments to:

Email: Audit.Ent.Zone@cpa.texas.gov

Mailing Address: Texas Comptroller of Public Accounts
Attn: Audit Headquarters – Enterprise Zone Program
P.O. Box 13528
Austin, TX 78711-3528

Instructions

Job Submission Information Worksheet Example

Claim Begin Date	Claim End Date	Retained Jobs Count	New Jobs Count
01/01/2021	12/31/2022	100	10
01/01/2022	12/31/2023	15	2
	Totals: A. 115	B. 12	

Enterprise Zone Resident (EZR) / Economically Disadvantaged (ED) / Veteran (VET) Percentage Calculation

Where applicable, use the jobs listing spreadsheet for the below items.

Item 7: Total the number of EZR/ED/VET employees. The count will include only employees whose positions are classified as new or replacement jobs (see FAQ: Texas Enterprise Zone Program at www.gov.texas.gov/uploads/files/business/EZP-FQ.pdf).

Item 8: New jobs are jobs that are created not earlier than the 90th day of the project's designation, as shown in the Governor's letter.

Item 9: A replacement is an employee hired to fill a position left vacant by a terminated employee before it has met the required retention. See the example below of Job 1A and Job 1B. When counting the number of replacement jobs the below example counts as one replacement for Job 1.

Job Number	Sub	Employee Name	Job Title	Hire Date	Termination Date	Hours Claim Period 04/25/19 - 04/24/20
1	A	John Doe	CEO	01/01/1999	07/24/2019	456
1	B	Mark White	CEO	06/24/2019		1400

Item 11: To meet the EZR/ED/VET requirement, Item 11 must be equal to or greater than Item 6. If Item 11 is less than Item 6, then the new and replacement jobs will be reduced until the hiring requirement is met. Audit Division headquarters will use the method below of selecting applicable jobs unless otherwise identified on the job spreadsheet.

Example: This project must meet the 25% new hiring requirement. Five new jobs were provided and only one of those five jobs were EZR/ED/VET. (1 EZR/ED/VET divided by 5 New Jobs = 20%.) Since the 25% is not met, Audit Headquarters will reduce the number of new jobs until the hiring requirement is met. Jobs will be approved beginning at the top of the job spreadsheet and work down. In this case the first four applicable new jobs will be certified. (1 EZR/ED/VET divided by 4 New Jobs = 25%.)

The documentation to support these claims for EZR/ED/VET jobs must be provided (see Checklist).

Checklist

Item 12: The jobs listing spreadsheet should contain the following headings:

1. Job Number
2. Position Title
3. Employee Number
4. Employee Name
5. Hire Date
6. Term Date
7. Retained / New Employee
8. Year 1 Claim Period – Hours Worked During Claim Period
9. Year 1 Claim Period – Wages During Claim Period
10. Year 2 Claim Period – Hours Worked During Claim Period
11. Year 2 Claim Period – Wages During Claim Period
12. Year 3 Claim Period – Hours Worked During Claim Period
13. Year 3 Claim Period – Wages During Claim Period (add or remove columns as necessary for subsequent submissions)
14. Status
15. Home Address
16. City
17. State
18. ZIP Code
19. ED/EZR/VET
20. Work Location (telework, transport, on-site)
21. Telework Distance (miles)

Item 14: The refund claim spreadsheet should contain the following headings:

1. Vendor Name
2. Invoice Number-File Name
3. Invoice Date
4. Description
5. Ship to Address
6. Total Invoice Amount
7. Taxable Amount
8. State Sales Tax Amount

Item 16: Must be a PDF file containing screenshots of each teleworking employee's home address for each claim period. The screenshot needs to contain the site the employee works at, the employees home address and the distance in miles between the two locations. The distance will be a straight-line distance also known as "as the crow flies."

Item 18: One of the following two options must be provided for review:

1. A copy of DD Form 214, *Certificate of Release or Discharge from Active Duty*, as provided by the U.S. Department of Defense.
2. A copy of the employee's driver's license or identification card with the qualifying veteran status indicated at the bottom of the card.