

ebra	ska De	partment of	a Au	aiite	age Applic	ation	2013		
₹E	VE	NUE	Larg	je Data	Center		Page 1		
1 A		NAME AND LOCATION ADDRESS			NAME	AND MAILING ADDRESS			
4RLY)	Legal	Name of Applicant		Na	me				
(PRINT CLEARLY)	Street	t Address (Do not use PO Box)		Str	eet or Other Mailing Address	3			
(PRIN	City	State	Zip Co	ode Cit	<i>y</i>	State	Zip Code		
1B		Does the applicant listed in 1A above have a fYES, complete Page 3 of the application.	ny related e	entities? .		🗆 Y	ES 🗌 NO		
	,	s the entity listed in 1A above or any other easubdivision or an entity exempt from tax under the answer is YES, do not complete the res	er section 5	01(a) of t	he Internal Revenue (	Code? 🗌 Y	ES 🗆 NO		
1C	<b>a</b> 1	ployee Verification Is the taxpayer registered for E-Verify, the fect whether employees are authorized to work in If YES, do you agree to use E-Verify for empl	the United	I States?		🗌 Y			
	c l d l	If the answer to question 1C(a) or 1C(b) is No are not eligible to apply for this Nebraska inco Print out the "Company Information" from the Application Guide, Item of Note #1.	O, do not co entive prog	omplete t ram.	he rest of the applicati	on because you			
2		eck the box for the application type. Attach a cl	neck for the	applicabl	e fee. Make checks pa	vable to the Nebraska Dep	artment of Revenue		
	[	Application Fee			vestment and Employr	•			
	-	☐ Tier 2 Large Data Center (Tier 2LDC) AN	ID		illion and 30 full-time				
		Tier 5 Large Data Center (Tier 5LDC):	\$5,000			-time equivalent employee	es		
	İ	☐ Tier 2LDC:	\$2,500	\$200 m	illion and 30 full-time	equivalent employees			
		☐ Tier 5LDC:	\$2,500	\$37 m	illion and maintain full	-time equivalent employee	es		
3A	Che	eck the applicable boxes for the qualifying bu	siness activ	vity cond	ucted at the project.				
		1 Conduct of research, development, or testi		-	· · ·	ndry, food product, or indu	strial purposes		
		2 Assembly, fabrication, manufacturing, or p	-	-		, , , , , , , , , , , , , , , , , , ,			
		3 Sales of services to customers outside of N sales in the base year to customers outside Software development services	lebraska or le Nebrask	to the Ur a or to the	ited States governmer e U.S. government in t rveillance systems de	he following categories):			
		4 Performance of data processing services	2100110	oning or to	miology				
	_	5 Performance of telecommunications services	ces						
		6 Performance of insurance services — Lice	ensed by D	epartmer	nt of Insurance				
		Performance of financial services (check applicable box below)  Financial institution taxed under Chapter 77, Article 38  Licensed by the Department of Banking and Finance  Licensed by the Securities and Exchange Commission							
		Administrative management of the taxpayer's activities or of entities owned by taxpayer or taxpayer's shareholders (attach a list of the name and accounting code for each of the qualifying administrative departments). If the administrative management is provided for any entity other than the entity listed in 1A, complete <b>Page 3, Item G</b> .							
		9 Storage, warehousing, or distribution of ta	ngible pers	onal prop	perty				
	<u> </u>	Internet Web portal							
	<b>□</b> 1	1 Data Center							
	<b>□</b> 1	2 Sale of tangible personal property (enter th Sales at wholesale	e percentaç	ge of total	sales in the base year,	represented by the followi	ng categories):		

Sales of tangible personal property assembled, fabricated, manufactured, or processed by the applicant

Sales of tangible personal property to a purchaser in one of the activities listed above

Sales of tangible personal property delivered to a purchaser in another state

Page Applicant's harms   Disturber   Distu									
38 Attach copy of description of business activity provided on company's Web site, in company brochures, or the company's annual report. Label your attachment as Attachment 2A. 30 Provide a statement, describing in detail, the nature of the applicant's business including the products sold or services provided an respective markets. Complete 3C on Page 2-1. 41 Fier 2 LDC - Expected New Investment	Applicant's	s Name		ID Num	ber	Date and Initials			
report. Label your attachment as Attachment 2A.  8 Provide a statement, describing in detail, the nature of the applicant's business including the products sold or services provided ar respective markets. Complete 3C on Page 2-1.  14 Tier 2LDC: Expected New Investment							Page		
respective markets. Complete 3C on Page 2-1.  A Tier ZLDC: Expected New Investment									
Tier SLDC: Expected New Investment				re of the applicant's b	usiness including the p	roducts sold or services provide	ed and		
On Page 2-2, provide a detailed narrative for each project. The narrative must explain how the applicant intends to satisfy the state levels of the Tier 2LDC project (and the Tier 5LDC project if applicable).  B Will the project activities be conducted at a single location (address) and include all activities at the location?    Please note that each taxpayer business location at the time of application must be listed if it is to be in the project. A existing location not listed will be excluded for the life of the project. Multiple addresses within the same city or municipality are considered separate locations.  C Project Address: Street  City  Timetable of expected sales and use tax refunds. Expected year of qualification  In the same city or municipality of the project Address of the same city or municipality are considered separate locations.  First year after qualification  Second year after qualification  Third year after qualification  In the first direct refund includes tax paid on qualified property from the date of application through the year of qualification.  B Nebraska sales and use tax number (If not licensed, attach a copy of the completed Nebraska Tax Application Form 20, and proof of date submitted).  It tem 6, 7, 8 or 9 is not available, indicate why the document is not available. If a reorganization occurred since the previous tax year provide copies of the documents for the previous entity(ies) and a written explanation.  Attach a copy of the most recent audited financial statements including the opinion letter.  Check box if audited statements are not available and attach unaudited financial statements. Label your attachment as Attachment 2. Enclose a copy of the most recent advantable and attach unaudited financial statements. Label your attachment as Attachment 2. Enclose a copy of the most recent advantable and attach unaudited financial statements. Label your attachment as Attachment 2. A Did the applicant's tax year end? If it does not agree with the copy of the tax return provided,	A Tie	er 2LDC:	Expected New Investment	Ex	pected New Employme	nt			
levels of the Tier 2LDC project (and the Tier 5LDC project if applicable).  B Will the project activities be conducted at a single location (address) and include all activities at the location?    YES			· · · · · · · · · · · · · · · · · · ·	·		-			
If the answer is No, please complete page 4 of the application.  Please note that each taxpayer business location at the time of application must be listed if it is to be in the project. A rexisting location not listed will be excluded for the life of the project. Multiple addresses within the same city or municipality are considered separate locations.  C Project Address: Street  City  Timetable of expected sales and use tax refunds. Expected year of qualification  First year after qualification  Second year after qualification  Third year after qualification  X Year End  Irrect Refund  The first direct refund includes tax paid on qualified property from the date of application through the year of qualification.  B Nebraska sales and use tax number  (If not licensed, attach a copy of the completed Nebraska Tax Application Form 20, and proof of date submitted).  Item 6, 7, 8 or 9 is not available, indicate why the document is not available. If a reorganization occurred since the previous tax year rovide copies of the documents for the previous entity(les) and a written explanation.  Attach a copy of the most recent audited financial statements including the opinion letter.  Check box if audited statements are not available and attach unaudited financial statements. Label your attachment as Attachment 2 is enclose a copy of the most recent federal income tax filing. Include a copy of the first five pages, schedules supporting the first five pages. Affiliations Schedule (Form 851), and a copy of each Shareholder's Share of Income Credits, Deductions (Schedule K-1). If the applica is a sole proprietorship, provide a copy of the Profit and Loss from Business (Schedule C). Label your attachment as Attachment 2C.  A What is the applicant's tax year end?  Federal Form Used to Report Income Tax  Enclose a copy of the most recent Nebraska Reconciliation of Income Tax Withheld, FormW-3N. Label your attachment as Attachment 2D.  Enclose a copy of the most recent Nebraska Reconciliation of Income Tax Withheld, FormW-3N. La		•	* •		•	applicant intends to satisfy the	stated		
Please note that each taxpayer business location at the time of application must be listed if it is to be in the project. Are existing location not listed will be excluded for the life of the project. Multiple addresses within the same city or municipality are considered separate locations.  C Project Address: Street	<b>B</b> Wi	ll the pro	pject activities be conducted at a single	location (address) and	I include all activities at	the location? $\square$ YES $\square$ NO			
existing location not listed will be excluded for the life of the project. Multiple addresses within the same city or municipalit are considered separate locations.  C Project Address: Street	lf tl	he answ	er is No, please complete <b>page 4</b> of the	e application.					
First year after qualification  Second year after qualification  Third year after qualification  X Year End irect Refund  The first direct refund includes tax paid on qualified property from the date of application through the year of qualification.  B Nebraska sales and use tax number	exi are	isting lo	cation not listed will be excluded for lered separate locations.	the life of the projec	t. Multiple addresses	within the same city or munic	ipality		
First year after qualification  x Year End  irect Refund  redit Refund  The lirst direct refund includes tax paid on qualified property from the date of application through the year of qualification.  B Nebraska sales and use tax number	C Pro	oject Ad	dress: Street		City				
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redit Refund  "The first direct refund includes tax paid on qualified property from the date of application through the year of qualification."  B Nebraska sales and use tax number			First year after qualification	Second year at	ter qualification	Third year after qualificatio	n		
"The first direct refund includes tax paid on qualified property from the date of application through the year of qualification.  B Nebraska sales and use tax number									
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Attach a copy of the most recent audited financial statements including the opinion letter.    Check box if audited statements are not available and attach unaudited financial statements. Label your attachment as Attachment 2! Enclose a copy of the most recent federal income tax filing. Include a copy of the first five pages, schedules supporting the first five pages, schedule (Form 851), and a copy of each Shareholder's Share of Income Credits, Deductions (Schedule K-1). If the applica is a sole proprietorship, provide a copy of the Profit and Loss from Business (Schedule C). Label your attachment as Attachment 2C.  A What is the applicant's tax year end?				(If not licensed	, attach a copy of the	completed Nebraska Tax Appli	cation,		
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Enclose a copy of the most recent Nebraska income tax return. Attach an explanation of any difference between taxable income pour the federal return and the amount reported to Nebraska. Label your attachment as Attachment 2D.  Enclose a copy of the most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N. Label your attachment as Attachment 2D.  A Did the applicant or other unitary entities have Nebraska activities in the tax year prior to application?   YES   NO   NO   NO   NO   NO   NO   NO   N		-		ederal Form Used to F	Report Income Tax				
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AUTHORIZED SIGNATURE. This application must be signed by the owner/taxpayer, partner, member, corporate officer, or othe individual authorized to sign by a power of attorney on file with the department.  Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.  Authorized Signature  Date Please Print your Name  Title (See Instructions)  Email Address	Α	Did the	applicant or other unitary entities have	Nebraska activities in	the tax year prior to app	•	ent 2E.		
individual authorized to sign by a power of attorney on file with the department.  Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.  Authorized Signature  Date  Please Print your Name  Title (See Instructions)  Telephone Number  Email Address	COI	mmunica	ation.			•			
Authorized Signature  Date  ( )  Title (See Instructions)  Please Print your Name  Email Address		dividual a	authorized to sign by a power of attorney	on file with the departm	ent.				
Authorized Signature  Date ( ) Title (See Instructions)  Please Print your Name  Email Address	si	-	Under penalties of law, I declare that I have exami	ned this application, and to t	he best of my knowledge and	belief, it is correct and complete.			
	_	_	Authorized Signature	Date	Please Print your Na	me			
Street or Other Mailing Address  ( )  ( )			Title (See Instructions)	Telephone Number	Email Address				
		-	Street or Other Mailing Address		City, State, Zip Code				
Contact Person Telephone Number Email Address		-	Contact Person	( ) Telephone Number	Email Address				

Applicant's Name	ID Number	Date and Initials

Page 2-1

**3C** Provide a statement, describing in detail, the nature of the applicant's business including the products sold or services provided and respective markets.

App	licant's Name	ID Number	Date and Initials
			Page 2-2
1A	Tier 2LDC: Expected New Investment	Expected New Employ	ment
	Provide a detailed narrative, with time references, that ex		
	Tier 5LDC: Expected New Investment		
	Provide a detailed narrative, with time references, that ex	plains how the applicant intends to	satisfy the stated level.

Applica	ınt's Name				ID Nu	mber		Date	and Initials
RE\	Is the ent	omplete this page it ity listed in Page 1,	f the Nebraska Ad , 1A the only entity	ated Ervantage a	ntities and Fapplicant has of	Related Pather entities t	arties that are in th	ne project or an	
	Exact nar use Page				y or employee's	to the applic		*Nebras	
	1								
	2								
	Exact na	company does not ha me of applicant ar rovided below, use	nd any other entit						on, Form 20.  If you need more space
	E	ntity Name	Type of Enti	ty	FEII	N		ska Income cation Number	Page 1, Item 3A Qualified Business Number
1									
2									
3									
4									
	Provide a	y does not have a Ne a brief description of below, use Page 3-	of qualified busine						n 20. eed more space than is
		the entities listed ir wer is no, please p							☐ YES ☐ NO
		igle Nebraska retur wer is no, please p			ies listed in Tab	lle C?			☐ YES ☐ NO

**G** If each entity in Table C is not included in the Affiliations Schedule, Form 851, attached as part of Page 1 Item 8, provide an organizational chart and an explanation of how the entities are related to each other. Label your attachment as Attachment 3G.

Any affiliated entity doing business in Nebraska on the date of application must be listed if it is intended to be in the project. Any disregarded entity must be listed. Any existing entity which is conducting a qualified business activity in Nebraska not listed will be excluded for the life of the project.

B Exact name of related party which will be leasing property or employee's to the applicant.

	Entity Name	Type of Entity	FEIN	*Nebraska Tax Identification Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

<sup>\*</sup>If the company does not have a Nebraska income tax identification number, enclose a completed Nebraska Tax Application, Form 20.

					Page 3-2		
С	Exact name of applicant a	Type of Entity	are performing qualify	ying activities at the project.  *Nebraska Income Tax Identification Number	Page 1, Item 3A Qualified Business Number		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
*If th	e company does not have a N	lebraska income tax identification	n number, enclose a comp	leted Nebraska Tax Application, Fo	orm 20.		

ID Number

Date and Initials

Applicant's Name

Applicant's Name	ID Number	Date and Initials

Page 3-3

**D** Provide a brief description of qualified business activity performed by each entity listed in Table C.

Applicant's Name	ID Number	Date and Initials



# **Nebraska Advantage Application**

### **Multiple Locations**

Page 4

Please complete this page if the Nebraska Advantage project includes multiple locations or a non-qualifying or excluded activity at the project location. If a non-qualifying or excluded activity such as retail or repair is performed at a location in Table A, then indicate this on the last column.

If you need more space than is provided below, use Page 4-1

A	Page 3, Item C Entity Number	Project Address (Street, city)	Owned or Leased facility	Page 1, Item 3A Qualified Business Number	Nonqualifying or Excluded Activities
1					
2					
3					
4					
	-	olanation of qualifying, non-qualifying, and/o e than is provided below, use Page 4-2.	or excluded activity p	performed at each location liste	ed in Table A. If you

**D CAUTION:** A project may only include multiple locations if the locations are interdependent. A project may include a chain of locations which are interdependent with each other through a series of sequential, production activities. A project may include a group of locations which are all interdependent due to interaction with one central activity. Interdependence is based on a material flow of goods, information or transactions between locations.

**C** Are the non-qualifying or excluded activities segregated in the payroll, asset, and accounts payable systems? 

YES 

NO

For each location listed in Table 4A, describe how it is interdependent with the other project locations. Quantify the interdependent attribute in terms of dollar value and percentage of activity.

#### **Example:**

Loc 1	Manufactures piece part	Loc 4	\$200,000	100% of sales	15% of raw materials
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If you need more space than is provided below, use Page 4-3.

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
Location Number	Interdependent Activity	Location Number Page 4, A	Dollar Value of Activity	Percentage per Loc in Col 1	Percentage per Loc in Col 3

Each taxpayer business location on the date of application must be listed if it is to be in the project. Any existing Nebraska location not listed will be excluded for the life of the project. The table should list, separately, multiple addresses within the same city or municipality.

Applicant's Name	ID Number	Date and Initials

Page 4-1

A	Page 3, Item C Entity Number	Project Address (Street, city)	Owned or Leased facility	Page 1, Item 3A Qualified Business Number	Nonqualifying or Excluded Activities
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Applicant's Name	ID Number	Date and Initials

Page 4-2

B Provide brief explanation of qualifying, non-qualifying, and/or excluded activity performed at each location listed in Table A.

Applicant's Name	ID Number	Date and Initials

## Page 4-3

D

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
Location Number	Interdependent Activity	Location Number Page 4, A	Dollar Value of Activity	Percentage per Loc in Col 1	Percentage per Loc in Col 3