

Applicant Name

Applicant's Social Security Number

7 Was the microbusiness operating under a different organizational structure or ownership at any time during the tax year prior to application? Yes No

If Yes, complete items 7a, 7b, and 7c. If No, continue to item 8.

a Describe the prior organizational structure or ownership including the date that structure or ownership changed.

b Was the applicant involved in any way (including as an employee) with the microbusiness under the prior ownership or organizational structure? Yes No

If Yes, describe the involvement.

c Complete Column A of the Estimated Expenditures and Microenterprise Tax Credits Computation Table to document the compensation and investment expenses of the microbusiness during the tax year prior to the tax year of application (base year). Include all compensation and investment expenses made by the microbusiness during the base year. Include expenses even if they were made under a different ownership or organizational structure.

Expansion

8 Explain the plans to expand the microbusiness and how this expansion will address current market needs. Be specific about when the expansion will take place, what purchases will be made and/or how employee compensation will increase. If more space is required include an attachment.

9 Will the planned expansion of the microbusiness create new income or jobs in the surrounding area? Yes No
If yes, describe the new income or jobs that will be created.

Personal Involvement

10 Explain how the applicant is involved in the day-to-day activities of the microbusiness and the significance of the applicant's involvement in the microbusiness.

11 Describe the frequency of the applicant's involvement with the microbusiness including the number of hours worked in a week.

Estimated Credit

12 The microenterprise tax credit has a \$10,000 lifetime limit for the applicant and any related person. List any, parent, sibling, child or other related party who has previously applied for credits under the Microenterprise Tax Credit Act and the amount of credits reserved for each party. Include the applicant if applicable. List the amount of credit authorized or requested by a prior approved application if known. If additional space is needed, include the information as an attachment. Refer to the Nebraska Advantage Microenterprise Tax Credit Act Guide for additional information about related parties.

Name _____ Credit Amount _____

| | |
|----------------|------------------------------------|
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|----------------|------------------------------------|

13 Estimated Expenditures and Microenterprise Tax Credits Computation Table. If a related person (see item 12 response above) has applied for the same microbusiness, the base year and the estimated growth figures of the microbusiness must be shared (see [Microenterprise Application Guide](#)) and reflected in the table below. On line g, do not include compensation to an employee that is in excess of 150% of the Nebraska average weekly wage. If any calculation results in negative amount, enter zero. (NOTE: The gray boxes of this table cannot be filled in.)

| | Column A | Column B | Column C | Column D | Column E | Column F | Column G |
|---|-------------------------------|-------------------------|----------------------------|----------------------------|----------------------------|-------------------|------------------|
| | Base Year | Year 1 | Year 1 | Year 2 | Year 2 | Total Increase | Estimated Credit |
| | Tax Year Prior to Application | Tax Year of Application | Increase (Col. B - Col. A) | Tax Year After Application | Increase (Col. D - Col. A) | (Col. C + Col. E) | 20% of Column F |
| Tax Year Ending Date | | | | | | | |
| a Depreciable Asset Purchases | | | | | | | |
| b Repairs and Maintenance | | | | | | | |
| c Advertising | | | | | | | |
| d Legal and Professional Fees | | | | | | | |
| e Net Lease Increase | | | | | | | |
| f Total Investment (a + b + c + d + e) | | | | | | | |
| g Compensation | | | | | | | |
| h Employer Health Insurance Contribution | | | | | | | |
| i Total Compensation (g + h) | | | | | | | |
| j Estimated Credit. Amount not to exceed \$10,000 (Column G, line f + line i)..... | | | | | | | j |
| k Prior Authorized Credit. Enter the amount of microenterprise tax credit authorized or requested by prior approved applications for the applicant and related parties | | | | | | | k |
| l Available Credit. Enter the possible remaining microenterprise tax credit (\$10,000 - line k)..... | | | | | | | l |
| m Requested Credit. Enter the lesser of line j and line l..... | | | | | | | m |

The following documentation MUST be included when submitting this application.

- 14** Enclose a copy of the most recent federal income tax return filed for the applicant and the microbusiness. See item 14 in the [Microenterprise Application Guide](#) for a list of required federal income tax return documents, for the applicant and the microbusiness, to be attached when submitting this application. If the microbusiness is new and organized as a flow-through entity, attach a list of the owners, their ownership percentages, and their Social Security numbers.
- 15** Enclose a copy of the most recently filed microbusiness' Nebraska Reconciliation of Income Tax Withheld, Form W-3N.
 - a** Indicate payroll frequency weekly biweekly semi-monthly monthly other _____
 - b** Provide a copy of the payroll registers showing total hours paid to all employees for the pay period that includes January 2, 2020, or that includes the application date, whichever is later. This information is due within 10 days after the end of that pay period.
 - c** If there are currently no employees, please indicate the date payroll is expected to begin _____ .
- 16** Each microbusiness must be fully licensed according to the Nebraska licensing requirements listed on the [Nebraska Tax Application, Form 20](#). If the microbusiness is not yet licensed, attach a copy of the completed Form 20, and proof of the date it was submitted, or [submit form online](#).
Sales and Use Tax ID number _____ Income Tax Withholding ID number _____
- 17** If the applicant is a farmer or livestock, provide a current net worth statement signed by the applicant and a lawyer, banker, loan officer, financial counselor, or accountant, who gives his/her title and states in writing that the information provided on the statement appears to be accurate.

The Nebraska Department of Revenue (DOR) reserves the right to request additional documents and information as part of the review of this application.

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Email. By entering an email address, the taxpayer acknowledges that DOR may contact the taxpayer by email. The taxpayer accepts any risk to confidentiality associated with this method of communication. DOR will send all confidential information by secure email or the State of Nebraska's file share system. If you do not wish to be contacted by email, write "Opt Out" on the line labeled "email address."

Authorized Signature. This application must be signed by the applicant, or an individual authorized to sign for the applicant by a power of attorney on file with DOR. Attach a copy of a completed [Power of Attorney, Form 33](#).

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.

**sign
here**

Authorized Signature

Date

Print Authorized Person's Name

Title

Phone Number

Authorized Person's Email Address

Street or Other Mailing Address

City, State, Zip Code

Contact Person (If different than Authorized Person)

Phone Number

Contact Person's Email Address

Part 2 — For DOR Use Only

DOR Use Only

Total Credits Reserved

DOR Authorized Signature

Date

Mail this application to:
Nebraska Department of Revenue, 301 Centennial Mall South, PO Box 98944, Lincoln, NE 68509-8944.