



Applicant Name

Applicant's Social Security Number

7 Was the microbusiness operating under a different organizational structure or ownership at any time during the 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 or any of the other owners 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 how the new income or jobs 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 Nebraska Advantage Microenterprise Tax Credit Act has a \$20,000 lifetime limit for the applicant and any related person. List yourself or any person who is related to you or the microbusiness who previously submitted a Nebraska Advantage Microenterprise Tax Credit Act Application including the application year, the amount of tentative tax credits reserved, and the amount claimed on any income tax returns.

Applicant or Related to Applicant

Name \_\_\_\_\_ Year \_\_\_\_\_ Tax Credits Reserved \_\_\_\_\_ Claim Amount \_\_\_\_\_

Related to Microbusiness

Name \_\_\_\_\_ Year \_\_\_\_\_ Tax Credits Reserved \_\_\_\_\_ Claim Amount \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

**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 [Nebraska Advantage Microenterprise Tax Credit Act 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 Ending Date  | 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) | Col. F * 20%     |
| <b>a</b> Depreciable Asset Purchases  |                               |                         |                            |                            |                            |                   |                  |
| <b>b</b> Repairs and Maintenance  |                               |                         |                            |                            |                            |                   |                  |
| <b>c</b> Advertising  |                               |                         |                            |                            |                            |                   |                  |
| <b>d</b> Legal and Professional Fees  |                               |                         |                            |                            |                            |                   |                  |
| <b>e</b> Net Lease Increase   |                               |                         |                            |                            |                            |                   |                  |
| <b>f Total Investment</b> (a + b + c + d + e)   |                               |                         |                            |                            |                            |                   |                  |
| <b>g</b> Compensation   |                               |                         |                            |                            |                            |                   |                  |
| <b>h</b> Employer Health Insurance Contribution   |                               |                         |                            |                            |                            |                   |                  |
| <b>i Total Compensation</b> (g + h)   |                               |                         |                            |                            |                            |                   |                  |
| <b>j Estimated Credit.</b> (Column G, line f + line i) This amount cannot exceed \$20,000 .....   |                               |                         |                            |                            |                            |                   | <b>j</b>         |
| <b>k Prior Authorized Credit.</b> Enter the amount of microenterprise tax credit reserved or claimed by prior approved applications for the applicant or related parties on line 12 ..... |                               |                         |                            |                            |                            |                   | <b>k</b>         |
| <b>l Available Credit.</b> Enter the possible remaining microenterprise tax credit (\$20,000 - line k).....   |                               |                         |                            |                            |                            |                   | <b>l</b>         |
| <b>m Requested Credit.</b> Enter the lesser of line j and line l.....   |                               |                         |                            |                            |                            |                   | <b>m</b>         |

**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 [Nebraska Advantage Microenterprise Tax Credit Act 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 in the year of application 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 the application date, or first week of the calendar year for the year of application 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 operator, 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 Address. I acknowledge that if an email address is listed and I did not check the "Opt-Out" box, I am allowing DOR to contact me by email. DOR will send all confidential information by secure email or State of Nebraska secure file sharing system. If you do not wish to exchange confidential information by email, check the box labeled "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

Opt-Out

Street or Other Mailing Address

City, State, Zip Code

Contact Person (If different than Authorized Person)

( )

Phone Number

Contact Person's Email Address

Opt-Out

Contact Person's Street or Other Mailing Address

Contact Person's City, State, Zip Code

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.