

Summary**Summary of Application****Application Number:****Submission time:****I want to designate an application date that is later than the date I am submitting the online application. *****Application Name****Enter a descriptive name for this application. ***

This description will help distinguish between applications if more than one application is submitted.

Applicant Name and Mailing Address**Legal Entity Name *****DBA Name****Address Line 1 *****Address Line 2****Address Line 3****City *****State *****Zip Code *****ID Numbers for Applicant**

If a Nebraska State ID number begins with two digits followed by a dash, only enter the numbers that come after the dash.

Select Entity Type ***Nebraska Income Tax ID *****Federal Employer Identification Number (FEIN) *****E-verify Number ***

Unemployment Insurance ID ***Nebraska Sales or Use Tax ID ***

Applied for

Nebraska Withholding Tax ID *

Applied for or qualified employee leasing company

Additional Information

Affirm that the applicant is neither a political subdivision nor an IRC 501(a) organization. *

Is the applicant a Benefit Corporation? *

Taxpayer Entities

The required information is: Entity Name, Federal ID number, Nebraska Corporation Income Tax or Partnership ID number, Nebraska Sales/Use Tax ID number, and Nebraska Withholding ID number.

The entity information is not required in order to submit the application, which will establish the Application Date, but the information is required before the application can be approved.

If you are unable to provide complete information about the entities when you submit your application, you should provide the information as soon as possible by submitting an Entity Information form using this [ShareFile](#). For more information about how to submit this information go to imagine.nebraska.gov

Your application will not be approved until entity information is provided.

Other than the Applicant, are there other entities that meet the definition of taxpayer who are doing business at a qualified location? *

Agreement Type**Qualified Locations**

Location 1 **Business Activities****Extremely Blighted Area****Economic Redevelopment Area****Majority of Business Activity**

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Location Addresses

Address	City	State	Zip	County	Parcel

Employment and Investment Levels

Choose the required levels of employment and investment that will govern your agreement. This selection may be amended before the first December 31st following the end of the ramp-up period. *

Performance Estimates**The definition for the year of qualification.**

Expected year of qualification. *

Expected total new employees over the course of the agreement. *

Estimated average hourly wage of new employees. *

Expected cumulative investment (net of retirements) over the course of the agreement. *

Acknowledgements

The taxpayer understands that it is required to offer health coverage to new employees and to report the value of such coverage annually. *

The taxpayer affirms that it does not violate any state or federal laws against discrimination. *

The taxpayer understands it is required to offer new employees with a sufficient package of benefits. *

The taxpayer agrees to electronically verify (using E-Verify) the work eligibility status of all newly hired employees employed in Nebraska within ninety days after the date of hire. *

Base Year

Base year employment information is required before an application can be approved or an agreement issued. After submitting an online application , applicants must upload a [base year submission checklist](#) using [Sharefile](#). The 90-day period to approve or deny an application will be tolled until base year information has been received.

The taxpayer acknowledges that this application will not be approved until the required base year information is submitted and has been reviewed by DOR. *

Contact Name and Address

Contact Name *

Title *

Address Line 1 *

Address Line 2

Address Line 3

City *

State *

Zip Code *

Phone Number *

Email *

Please indicate where the confirmation email should be sent. *

Application Fee

Choose method of payment: *

Authorized Signature

This application must be signed by the owner/taxpayer, partner, member, corporate officer, or other individual authorized to sign by a power of attorney on file with DED

If the person who electronically signs this application is authorized to sign by a POA that is not yet on file with DED, provide the POA now using this [Sharefile link \(https://imagine.nebraska.gov/documentation/\)](https://imagine.nebraska.gov/documentation/).

Name *

Title *

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.

Agree