



ONLINE APPLICATION TEMPLATE

(PLEASE **NOTE** THIS DOCUMENT IS FOR **INFORMATION PURPOSES ONLY**. ALL APPLICATIONS **MUST** BE SUBMITTED ONLINE)
For Terms and Definitions, Click [HERE](#)

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) *

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

Agreement type

Qualified Locations

List of Qualified Locations

Location

Address	Entity	NAICS code	E-verify Number	Unemployment Insurance	Parcel Number	County

Majority of Business Activity

Employment and Investment Levels

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

Performance Estimates

Expected year of qualification.

Expected total new employees in the year of qualification.

Estimated average hourly wage of new employees in the year of qualification.

Expected cumulative investment (net of retirements) in the year of qualification.

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

The application will not be approved and an agreement entered into until base year employment information is submitted. After submitting the application, a confirmation email that contains a ShareFile link will be sent to the email address you provided. You must use that link to submit the base year employment spreadsheet. The 90-day period of time to approve or deny an application will be tolled until the base year employment listing has been provided. For more information about how to submit this information go to imagine.nebraska.gov.

The taxpayer acknowledges that this application will not be approved until the required base year employment information is submitted, and has been reviewed for format and completeness.

Contact Name and Address

Contact Name *

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 from two methods of payment: *

ACH Credit or Paper Check