## **Qualified Facility Tax Credit Program**

## **INITIAL QUESTIONNAIRE**

| Your Name                                |  |
|------------------------------------------|--|
|                                          |  |
| Your Email                               |  |
|                                          |  |
| Organization Name                        |  |
|                                          |  |
| Entity Type                              |  |
|                                          |  |
| Annual Revenue                           |  |
|                                          |  |
| Are you in good standing with the        |  |
| Arizona Dept of Revenue?                 |  |
| Do you participate in the E-Verify       |  |
| program?                                 |  |
| program:                                 |  |
| Do you cover at least 65% of health      |  |
| insurance for new employees?             |  |
| . ,                                      |  |
| Was your investment to build a new       |  |
| facility or expand a facility that       |  |
| previously existed?                      |  |
|                                          |  |
| Enter the total number of new            |  |
| jobs/positions created within the last 3 |  |
| years due to new facility/expansion      |  |
| Were at least 51% of the new jobs        |  |
| created an annual wage of \$44,595 or    |  |
| higher?                                  |  |
| g                                        |  |
| Enter the total invested in the new      |  |
| facility/expansion in the past 3 years   |  |