

**AFFIDAVIT TO SUPPORT THE SAN FRANCISCO
ENTERPRISE ZONE TAX CREDIT**

San Francisco Municipal Code, Article 12-A, Section 906A.

Tax Year:	
Name of Business:	
Business Address:	, San Francisco, CA 941__
Business Phone:	

I, _____, am authorized to file this affidavit in support of claiming the San Francisco Enterprise Zone tax credit for the above referenced tax calendar year. I declare that the above referenced is located within the San Francisco Enterprise Zone (EZ) as designated within the time period. I further declare that I am entitled to the San Francisco Enterprise Zone tax credit due to Part A and/or Part B, as initialed with supporting worksheet(s) attached.

<p>Part A</p> <hr/> <p>(initial here if applicable)</p>	<p>For employees hired between January 1, 1992 and July 29, 2008, I qualify for the following reasons:</p> <ol style="list-style-type: none"> 1. The new jobs created are within the San Francisco Enterprise Zone area. 2. The employees so claimed were hired to fill such newly created jobs. 3. All of the claimed employees qualify as having participated in one of the following programs: <ul style="list-style-type: none"> <input type="checkbox"/> Workforce Investment Act (WIA) (formerly Federal Job Training Partnership Act) <input type="checkbox"/> Greater Avenues for Independence (GAIN) Program <input type="checkbox"/> Work Opportunity Tax Credit (WOTC) <input type="checkbox"/> County Adult Assistance Program (CAAP) (formerly known as General Assistance)
<p>Part B</p> <hr/> <p>(initial here if applicable)</p>	<p>For employees hired on or after July 30, 2008, I qualify for the following reasons:</p> <ol style="list-style-type: none"> 1. All employees claimed are San Francisco residents. 2. At least 90% of their services are <u>directly related</u> to my trade or business within the EZ area. 3. At least 50% of their services performed during this year were <u>within the EZ area</u>. 4. All employees claimed qualify under SF Municipal Code, Article 12-A, §906A(f)(4) as either: (please check) <ul style="list-style-type: none"> <input type="checkbox"/> Workforce Investment Act (WIA) (formerly Federal Job Training Partnership Act) <input type="checkbox"/> Greater Avenues for Independence (GAIN) Program <input type="checkbox"/> Economically disadvantaged and at least 14 years of age <input type="checkbox"/> Dislocated worker <input type="checkbox"/> Disabled individual <input type="checkbox"/> Veteran <input type="checkbox"/> Ex-offender <input type="checkbox"/> Recipient of Federal Supplemental Security Income benefits, Aid to Families with Dependent Children, food stamps, or general assistance. <input type="checkbox"/> Native American descent <input type="checkbox"/> Member of a targeted group under Internal Revenue Code, §51(d).

I understand that additional documentation may be requested by the San Francisco Tax Collector in order to complete its independent review, and that failure to submit such requested documents in a timely manner will result in denial of the San Francisco Enterprise Zone tax credit.

I understand that the facts supporting my application for the Enterprise Zone Tax Credit, as set forth on this Affidavit and on the attached worksheet(s), may be processed and initially applied, but such claim is still subject to audit by the San Francisco Tax Collector pursuant to the Business & Tax Regulations Code.

Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that it is true, correct, and complete to the best of my knowledge and belief.

Signed: _____ Dated: ____/____/20____
 Print Name: _____
 Title: _____ Email Addr: _____@_____