

INDIANA ENTERPRISE ZONE PROGRAM

PETITION FOR BUSINESS REINSTATEMENT

PLEASE REFER TO IC 5-28-15-7(e)

Please complete each section entirely, and remit the \$100 civil penalty, payable to the Indiana Enterprise Zone Program:

Indiana Economic Development Corporation
Indiana Enterprise Zone Program
One North Capitol, Suite 700
Indianapolis, IN 46204

_____, _____ of _____
(Name of person submitting petition) (Title) (Name of Company)

being first duly sworn, upon his oath alleges and makes the following petition for the reinstatement of _____
(Name of Company)

in the enterprise zone program pursuant to IC 5-28-15:

GENERAL INFORMATION:

Name of Business: _____

Business Type: _____ "C" _____ "S" _____ "SP" _____ Other (specify)

Address: _____

City, State: _____ Zip: _____

Phone: _____

Zone Location Address: _____

Zone City: _____ Zip: _____

Contact Person: _____ Title: _____

Number of Years Participating in Program: _____

EMPLOYEE INFORMATION

Number of Employees: _____

Number of Employees who are Zone Residents: _____

REINVESTMENT

Briefly describe how your business has reinvested the tax savings received either in your property, your employees, or in increased inventory.

SAVINGS INFORMATION

	Disqualified Year	Previous Year to Disqualified Year
Total Inventory Tax Savings:	_____	_____
Total Gross Income Tax Exemption:	_____	_____
Total Employment Expense Credit:	_____	_____
Total Loan Interest Credit:	_____	_____
Total Savings:	_____	_____
Property Taxes:	_____	_____

