

**EMPIRE STATE DEVELOPMENT**  
**Empire Zones Program**  
**Instructions for 2009 Business Annual Report**

This report is required for all Empire Zone certified businesses pursuant to §11.7 & 11.9 of Title 5 of the New York Code of Rules and Regulations (5 NYCRR 11.7 & 11.9). **Failure to complete and return this document will result in decertification.** Complete the Business Annual Report, **sign, notarize** and mail or fax the form to your local zone administrator, NOT EMPIRE STATE DEVELOPMENT. If you do not know your local zone contact, please visit <http://esd.ny.gov/BusinessPrograms/EmpireZones.html>. NOTE: *if certified in more than one zone, a separate BAR must be completed for the location(s) in each zone.*

**NOTE: Data contained on this Business Annual Report is public information with the exception of the business' Federal Employee Identification Number (FEIN).**

**Additionally, Empire State Development (ESD) will share the data on this Business Annual Report with the NYS Department of Taxation and Finance.**

**A. BUSINESS CERTIFICATION INFORMATION**

Please review the information in Section A for accuracy, making changes as indicated on the form where applicable.

All zone locations may not appear on the BAR form. Please include information on all properties owned or occupied by this business in this Empire Zone.

**B. EMPLOYMENT DATA.** In this section, **provide 2009** employment information.

There are three categories of employment data that must be provided (include leased employees in your calculations).

- 1. Full-Time Jobs:** the number of actual employees that work at least 35 hours per week.
- 2. Part-Time Jobs:** the number of actual employees that work less than 35 hours per week.
- 3. Full-Time Equivalents (FTEs):**
  - Any combination of two or more part-time jobs that, when combined together, constitute the equivalent of a job of at least 35 hours per week.
    - Example 1: two part-time workers each work 20 hours per week. Combined, they work a total of 40 hours per week. Since 40 hours per week is greater than 35 hours per week, this equals 1 FTE.
    - Example 2: three part-time workers each work 10, 10 and 15 hours per week respectively. Combined, they work a total of 35 hours per week, which equals 1 FTE.
    - Example 3: three part-time workers each work 10 hours per week. Combined, they work a total of 30 hours per week. Since 30 hours are less than 35 hours per week, there is no FTE. *(However, these would be counted as 3 jobs in the Part-Time Jobs category.)*

All employment numbers are calculated by taking an average of the employment for each of the four quarters ending on March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup> for all locations within this zone only.

General Executive officers must be excluded from the employment count.

Use the worksheet below to calculate the average employment for **Full-time Jobs, Part-time Jobs and Full-Time Equivalents** (FTE = 2 or more part-time jobs combined to equal at least 35 hours worked per week). Determine the number of positions for each quarter ending on March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>, add together, and divide by four, giving averages for the year.

For businesses that have a short tax year or otherwise do not have employment in all four quarters: determine the number of positions for each quarter (per above), add together, and divide by the number of quarters of actual

employment. Example: A business is only operational for three quarters of the tax year, beginning April 1<sup>st</sup>, at which time the company began hiring. Determine the number of positions for the quarters ending June 30<sup>th</sup>, September 30<sup>th</sup> and December 31<sup>st</sup>, add together and divide by three (3) to determine the average employment.

*NOTE: The average employment for Full-Time and Part-Time Jobs count may result in a fractional number, e.g. (4 + 5 + 4 + 5 = 18) 18 ÷ 4 = 4.5. Please report the average result as it is calculated. However, the number of Full-Time Equivalent employees cannot result in a fraction. For example, 1 employee works 20 hours, 1 employee works 14 hour, 1 employee works 14 hours = 1 FTE, not 1.5 FTE*

	Mar 31 <sup>st</sup>	June 30 <sup>th</sup>	Sept 30 <sup>th</sup>	Dec 31 <sup>st</sup>	Average
<b>Full-Time Jobs</b> (Employees that have 35 or more hours worked per week)					
<b>Part-Time Jobs</b> (Employees that have less than 35 hours worked per week)					
<b>Full-Time Equivalents (FTEs)</b> Of the Part-Time Jobs listed above, calculate FTE = two or more part-time employees which when combined equal at least 35 hours per week					

**Total net new jobs created in the zone during 2009** – Refers to jobs created (less job losses) during calendar year 2009 that remained in place as of 12/31/2009. Only include jobs related to the business operations at this zone location. This job number is a net figure (jobs created minus jobs lost). Therefore, the net new jobs could be negative. When calculating this figure, do not include:

- New jobs created in facilities you may have in other zones.
- Existing jobs that were part of a business acquisition or merger at this location. *NOTE: Although these jobs may be considered new jobs for the purpose of claiming zone benefits, they are not considered new jobs created for purposes of this report.*

**Average starting hourly wage of jobs created** - Include the average starting hourly wage for the new jobs created in the zone during 2009. *NOTE: Although the net new job figure indicated above may be negative (i.e. you had more job losses than jobs created during the year), if there were any new jobs created during the year, the average starting hourly wage for those new jobs should be included.*

**Please report the total number of full-time and part-time covered employees for the third month of each quarter in 2009 as shown on the business’ NYS-45-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Returns filed with the Department of Labor in 2009:** Enter the information as it appears in “Number of Employees” section, Box c. Third Month. See example below:

**Number of employees**

	A. First month	B. Second Month	C. Third Month
Enter the number of full-time and part-time covered employees who	_____	_____	_____

worked during or received pay for the week that includes the 12<sup>th</sup> day of each month.

**Gross annual wages and benefits** - Add the gross totals of the wages and benefits associated with employment figures indicated above for all four quarters ending on March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup> for all locations within this zone only, for all zone locations and for all NYS locations.

### C. CAPITAL INVESTMENTS

Enter the actual capital investments your business has made in all locations within this zone only during the reporting period 1/1/09 through 12/31/09. Do not include investments made in previous reporting years, or investments made in other zones or elsewhere in New York. Also, do not include operating expenses such as office supplies, utilities, rent, and other recurring expenses. Qualifying capital investments include investments in tangible personal property or other tangible property which is depreciable pursuant to section 179 (d) of the United States Internal Revenue Code.

### D. USE OF TAX CREDITS

*(Confer with your tax advisor or accountant in answering the questions in Section D)* Enter this information as it appears on your tax return (refer to the tax form and line numbers indicated). If you have not yet filed your return, do not delay completion of this form. Instead, provide estimates of what you expect to use. The actual or estimated amount is the credit used for the 2009 tax year. If your business entity is certified in more than one zone you must determine the amount of credit taken that can be attributable to all locations within this zone only. Do not include carry-forward amounts.

*Note: The tax forms and line numbers reference credits used by and refunded to the certified entity. If the amount indicated on the line number of the tax form for that certified entity is zero, AND, the entity is structured as a Limited Liability Company, Partnership, or S. Corporation, please estimate the amount of the credit based upon the tax liabilities and tax returns of the individual partners, members, or shareholders or of the parent corporation to whom the tax credits ultimately flow.*

E. **VOLUNTARY DECERTIFICATION:** If you wish to discontinue your participation in Empire Zones Program, please check the box in this section.

F. **SIGNATURE:** All BAR forms must be signed by a Responsible Officer of the Business AND **notarized**.