

**2008 BUSINESS ANNUAL REPORT (BAR) PLEASE REFER TO THE INSTRUCTIONS
DUE TO LOCAL ZONE COORDINATOR BY 12-18-09**

A. Business Certification Information: Please fill in blanks or change as necessary

Organization Name & Certification Date:	Organization Name Change: (if applicable)*
Organization Address in the Zone:	In Zone Address Change (if applicable)*
Contact Person: Name: Phone: Fax: E-mail	Contact Person Change: (if applicable) Name: Phone: Fax: E-mail
Mailing Address (if different from Organization Address):	Mailing Address Change: (if applicable)
Federal Employer ID Number (FEIN):	Change of Federal Employer ID Number (FEIN): (if applicable)**

**** A business that has restructured and changed its FEIN may remain certified provided a portion of the original ownership has been retained. Does this apply YES NO See Instructions**

Does a new certificate need to be issued? YES NO

B. Employment Data For the 2008 Reporting Year:

PLEASE REFER TO THE INSTRUCTIONS for definitions of Full-Time, Part-Time and Full-Time Equivalent Jobs.

Calculate the average of the last four quarters ending March 31st, June 30th, September 30st and December 31st **for all locations within this zone only. Use the worksheet provided in the instructions.** (INCLUDE LEASED EMPLOYEES)

Full-Time Jobs: _____ Part-Time Jobs: _____

Of the Part-Time Jobs listed above, calculate the number of Full-Time Equivalents: (REFER TO INSTRUCTIONS) _____

Net new jobs created in the zone during 2008: _____ Average starting hourly wage of jobs created: _____

Report the total number of full-time and part-time covered employees for the third month of each quarter in 2008 as shown on the business' NYS-45-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Returns filed with the Department of Labor in 2008: 1st quarter _____ 2nd quarter _____ 3rd quarter _____ 4th quarter _____

Gross Annual Wages and Benefits: Exclude executive officers. For wages and benefits, add the gross totals for all four quarters ending on March 31st, June 30th, September 30th and December 31st.

For this zone location (s): _____
For all zone locations: _____
For all NYS locations: _____

C. Capital Investments: List investments for all locations within this zone only for the 2008 taxable year. Do not include investments from previous reporting periods. **DO NOT INCLUDE OPERATING EXPENSES.**

Business acquisition	\$ _____	Production Equipment	\$ _____
New Construction	\$ _____	Office Equipment	\$ _____
Renovation	\$ _____	Other (please explain)	\$ _____
Real Property Acquisition	\$ _____	TOTAL INVESTMENTS	\$ _____

