



# Application for Credit or Refund of Sales or Use Tax – Qualified Empire Zone Enterprise (QEZE)

# AU-12

(12/09)

Read Form AU-12-I, *Instructions for Form AU-12*, before completing this application.

### Applicant information *(Please print or type)*

Legal name of business		Federal employer identification number (EIN)	
DBA <i>(if different than above)</i>		Telephone number (      )	
Address of empire zone (EZ) location where items and/or services are used <i>(if you have more than one EZ location, attach a list of all EZ locations included in this claim)</i>			
Number and street		City	State      ZIP code
Mailing address <i>(if different from address above)</i>			
c/o name		Number and street	City      State      ZIP code
Representative's name <i>(if any)</i>		Telephone number (      )	Period covered by claim/date(s) of purchase*
Representative's mailing address <i>(number and street or rural route)</i>		Refund claimed \$	
City	State	ZIP code	Credit claimed \$
*Note: This form may only be filed once each sales tax quarter.			If credit shown above has already been claimed on a sales tax return, enter the period covered by the quarterly or annual return  Period _____ through _____

### Basis for claim *(Mark an X in boxes that apply.)*

- A** Tangible personal property or services (other than consumer utility services and motor vehicles). The property or services are used or consumed directly and predominantly (at least 50%) by the QEZE in an EZ in which the QEZE has qualified for benefits.
- B** Consumer utility services (other than telephony and telegraphy, telephone and telegraph services, and telephone answering services). The services are used or consumed directly and exclusively (100%) by the QEZE in an EZ in which the QEZE has qualified for benefits.
- C** Telephony and telegraphy, telephone and telegraph services, and telephone answering services. The services are delivered and billed to the QEZE at an address in an EZ in which the QEZE has qualified for benefits.
- D** Motor vehicle used predominantly (at least 50%) in an EZ in which the QEZE has qualified for benefits.
- E** Tangible personal property related to a qualifying motor vehicle (as described in D above).

### Employment test *(Mark an X in the box next to the applicable employment test and attach the appropriate form to the application.)*

- AU-12.1, *Employment Test for Businesses Certified by Empire State Development (ESD) Before April 1, 2005*
- AU-12.2, *Employment Test for Businesses Certified by Empire State Development (ESD) On or After April 1, 2005, and Before April 1, 2009*
- AU-12.3, *Employment Test for Businesses Certified by Empire State Development (ESD) On or After April 1, 2009*

**Note:** Claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claimant or to the designated representative.

**Certification:** I, \_\_\_\_\_, the claimant named above, or partner, officer, or other authorized representative of such claimant, do hereby make application for refund and/or credit of tax, pursuant to the New York State Tax Law, and certify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously credited or refunded to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under Tax Law section 1817 and Penal Law section 210.45, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.

Claimant's signature	Claimant's title	Date
Representative's signature <i>(if any)</i>	Claimant's EIN or social security number	Date