

**Notice of Intent
For
Georgia Jobs Tax Credit**

1. Name of Company: _____
2. Address of Company: _____
3. Address of Business Establishment Creating Jobs: _____

4. Name of County in which Jobs will be Created: _____
5. Number of New, Full-time Jobs to be Created: _____
6. Year(s) in which Jobs will be Created: _____

7. Type of Business Establishment (list SIC code): _____

Whereas the aforementioned company has abided by and will abide by all Job Tax Credit Program rules and regulations, application is hereby made to the Georgia Department of Community Affairs for certification that the herein proposed new, full-time job creation will qualify as new, full-time jobs in a tier _____ County (or in the _____ Less Developed Census Tract Area) whether or not _____ County (the _____ Less Developed Census Tract Area) retains its current tier/less developed census tract designation.

Date

Signature of Officer

Print Officer's Name

Title

Phone Number

Department Use Only

Mailing Address:
Job Tax Credit Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

Accepted:

Date

By