

OPPORTUNITY ZONE CERTIFICATION

Please note that the business should complete Part One of this form and then forward to the local Opportunity Zone coordinator. The OZ coordinator will have the information certified in Part Two and forward it to DCA. DCA will acknowledge the Certification and provide copies back to the business, the local OZ coordinator and the Department of Revenue.

The information provided below is intended to validate the location of a business in a currently designated Opportunity Zone (OZ). Please complete all detail requested.

Part One:

Name of Business: _____

Address Location within OZ: _____

Mailing Address, if different from above: _____

By signing below, I hereby certify that the business location above is within the eligible boundaries of a designated Opportunity Zone as defined in O.C.G.A. 48-7-40.1(c)(4) and the business intends to claim a job tax credit for this location on it's Georgia Income Tax Return.

Signature of Officer

Date

Printed Name of Officer

Phone Number

Title

Email Address

Part Two:

Local Opportunity Zone Jurisdiction

Census Block Group of OZ Location (12-digit number): _____

Jurisdiction and Name of Opportunity Zone Area _____

Parcel Number of OZ location: _____

By signing below, I certify that I am an authorized representative of a valid Opportunity Zone jurisdiction and that the business location detailed above is within the currently designated boundaries of the Opportunity Zone.

Signature of Representative

Date

Printed Name of Representative

Title

Department Use Only

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

Accepted:

Date

By

***** A COPY OF THIS COMPLETED CERTIFICATION FORM MUST BE ATTACHED TO THE TAX RETURN FILED WITH THE DEPARTMENT OF REVENUE WHEN CLAIMING THE TAX CREDIT*****