LOUISIANA
DEPARTMENT *of* REVENUE

**Quality Jobs Project Facility
Expense Rebate Claim**

Louisiana Revised Statute 51:2456(B)(1)(b)

Mail both pages to:
Taxpayer Compliance Division – SSEW
Economic Development Unit
P. O. Box 66362
Baton Rouge, LA 70896-6362
Phone: 225.219.2270
Email: *LDR.TaxIncentives@LA.gov*

Date of Claim *(mm/dd/yyyy)*

PLEASE PRINT OR TYPE

LA Revenue Account Number	Project Contract No.
Legal Name of Business	Trade Name of Business
Mailing Address	Project Location Address

City	State	ZIP	City	State	ZIP

Project Completion Date (Date Indicated on Project Completion Report)	Date Project Completion Report Signed by Board of Commerce and Industry

Total Qualified Expenditures From Page 2

1	Amounts from total column line 1, page 2	1	
2	PLUS: Amounts from total column line 2, page 2	2	
3	LESS: Amounts from total column line 3, page 2	3	
4	PLUS: Amounts from total column line 4, page 2	4	
5	Amounts from total column line 5, page 2	5	
6	Applicable percentage	6	**X .015**
7	REFUNDABLE PROJECT FACILITY EXPENSE REBATE – Multiply Line 5 by Line 6. This amount will be reduced by rebates previously issued.	7	

This claim may be filed only after the project completion report is signed by the Board of Commerce and Industry. Complete page 2 with the total qualified expenditures for each year. Add totals and report on lines 1-7 above. Attach schedules that detail the qualified expenditure amounts reported on Lines 1, 2, 3, and 4 and copies of the fully executed Project Completion Report and the Quality Jobs contract.

Has the company met minimum program job and payroll requirements in the third fiscal filing and maintained these requirements for every filing year thereafter included in this rebate claim? (Please note that for any year after the third fiscal filing in which the company does not maintain minimum program requirements, no benefits are allowed). Mark one: YES   NO
If the answer is no, please identify the filing years in which the company did not meet minimum program requirements below.

Declaration

I declare that to the best of my knowledge of all available information, this rebate claim is true and complete and complies with all statutes, rules and regulations, and any other policy pronouncements related to the Quality Jobs program.

Signature of Officer, Owner or Other (for Other, attach Power of Attorney)	Date *(mm/dd/yyyy)*
Name	Title
Email Address	Telephone Number *((xxx) xxx-xxxx)*

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LA Revenue Account Number	Project Contract No.	Date of Claim *(mm/dd/yyyy)*

		Five Year Expenditures					
	Description of Expenditure	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total with Line 1-5**
1	Amounts classified as capital expenditures for federal income tax purposes that are related to the contract project and are placed in service from the beginning of construction until the date of project completion (Other related capitalized intangible expenditures such as architectural and engineering costs prior to construction are includible.)						
2	PLUS: Amounts that would have been capitalized but for exclusions from capitalization as provided in IRC §263(a)(1)(A) – (L)						
3	LESS: The capitalized cost of land, land leases, interest, purchase of an existing building (except any properly capitalized costs of rehabilitation) and manufacturing machinery and equipment (to the extent the capitalized manufacturing machinery and equipment costs are excluded from sales and use tax under R.S. 47:301(3))						
4	PLUS: The capitalized basis of qualified expenditures properly reduced by claiming a federal credit						
5	Total qualified expenditures						

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