



# Project Completion Report Instructions

## ENTERPRISE ZONE & QUALITY JOBS

### SECTION ONE

#### Business Information

- **Company Name:** Name of the company as it appears on the contract
- **Parish of the Project Site:** Provide the name of parish where the project is located
- **Contract Number:** Number assigned by LED to this project
- **Complete Address of the Project Site:** Provide the complete physical address of the project site location
- **Louisiana Department of Revenue (LDR) ID #:** Number assigned by LDR to the company

### SECTION TWO

#### Certification

- **Company Official and Title:** Name of the company official and their title
- **Company Name:** Name of the company as it appears on the contract
- **Project Start Date:** Project beginning date (this is the contract effective date)
- **Project Completion (ending) Date:** Project end date
- **Operation Date (Placed in Service Date):** The date this project became operational or was placed in service (use only if seeking the investment tax credit)
- **Election of Benefit:** Tax benefit the company is seeking (only one tax benefit can be selected)
- **Certification Signature:** Must have legal authority to sign and complete

**Please return \$250 fee and 4 original signed and dated copies of this form to:**

Louisiana Economic Development  
Office of Business Incentive Services  
P.O. Box 94185, Baton Rouge, LA 70804-9185



For Office Use Only	
Deposit Date	
Receipt #	
Check #	
Check Amount	
Initials	

# Project Completion Report

## ENTERPRISE ZONE & QUALITY JOBS

### SECTION 1: BUSINESS INFORMATION

**COMPANY NAME**

**PARISH OF PROJECT SITE**  **CONTRACT NUMBER**

**COMPLETE ADDRESS OF PROJECT SITE**

**CONTRACT TYPE: (SELECT ONE)**  Quality Jobs  Enterprise Zone

**LOUISIANA DEPT OF REVENUE NUMBER**

### SECTION 2: CERTIFICATION

I, \_\_\_\_\_ of \_\_\_\_\_,  
Company Official Printed Name and Title Company Name

certify that the project dates under the said contract are:

**Project Start Date:** \_\_\_\_\_ **Project Completion Date:** \_\_\_\_\_

**And that the operation of the facilities covered by this contract began on:** \_\_\_\_\_  
(Only required if seeking ITC) (Placed in Service Date)

For the purposes of the Enterprise Zone and Quality Jobs programs, the Company elects to receive the following benefit.  
 (Please select only one option):

**State Sales/use Tax Rebate and/or Local Sales Tax**  **1.5% Investment Tax Credit**  **None**

I hereby certify that the project identified in this PCR with the above referenced contract number meets all constitutional or statutory requirements and applicable regulations. I hereby certify that the information provided in this PCR is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records (R.S. 14:133) and/or forfeiture of any tax credits/rebates or exemptions approved under this program. I understand that information submitted shall not be returnable to the applicant.

By: \_\_\_\_\_  
Official Signature Official Printed Name and Title Date

Approved this \_\_\_\_\_, 20\_\_\_\_. By: \_\_\_\_\_  
Board of Commerce & Industry Authorized Representative

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