

**STATE OF ARKANSAS**

**CONSOLIDATED INCENTIVE ACT OF 2003  
CREATE REBATE PROGRAM**

**NEW FULL TIME PERMANENT EMPLOYEE PAYROLL CERTIFICATION**

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Principal Office) (Business Name)

certify to the department of Finance and Administration that the company has met the minimum annual payroll threshold of \$2,000,000 as of \_\_\_\_\_, in compliance with the financial incentive agreement dated \_\_\_\_\_ between Arkansas Economic Development Commission and \_\_\_\_\_.  
(Month, Day, Year) (Business Name)

To receive the initial payment, as well as future incentive payments, the number of new full time permanent employees must be reported on this form and sent to the Department of Finance and Administration each tax year that the company is eligible for the incentives.

For the period \_\_\_\_\_ thru \_\_\_\_\_, I certify that the number of new full time permanent employees is \_\_\_\_\_ and their annual payroll is \$\_\_\_\_\_ for project #\_\_\_\_\_.

(As evidenced by the attached New Full Time Permanent Employee Worksheet)

\_\_\_\_\_  
(Signature/Title) (Date)

\_\_\_\_\_  
(Contact Person) (Contact's Telephone Number)

Send the completed certification and new full time permanent employee worksheet to:  
Department of Finance and Administration  
Tax Credits/Special Refunds Section  
P.O. Box 8054  
Little Rock, AR 72203

**ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION**

**CONSOLIDATED INCENTIVE ACT OF 2003  
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NEW FULL TIME PERMANENT EMPLOYEE WORKSHEET**

Business Name \_\_\_\_\_ Plan Agreement Date \_\_\_\_\_

Payroll Period \_\_\_\_\_ thru \_\_\_\_\_ Tax Year \_\_\_\_\_

Employee Name	Position Number	Social Security Number	Hire Date	Discharge Date	Annual Taxable Wage
Page Total					

**IMPORTANT:** List only those jobs or positions filled by an employee for an average of at least 30 hours per week for at least 26 consecutive weeks during the tax year. Include qualified jobs created last year that did not meet the 26 consecutive week/30 hour requirement until this year.

**STATE OF ARKANSAS  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
TAX CREDITS/SPECIAL REFUNDS SECTION**

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GENERAL INSTRUCTIONS-PAYROLL REBATE INCENTIVES

1) Eligible participants must have entered into a financial incentive agreement with the Arkansas Economic Development Commission (AEDC) in order to receive payroll rebate payments. To receive these payments, the following forms must be submitted. (Copies are included for your use)

**a) NEW FULL TIME PERMANENT EMPLOYEE PAYROLL CERTIFICATION**

This form shall be used to certify to the Department of Finance and Administration (DFA) that the business has reached the requisite payroll for the new full-time permanent employees. To receive annual payments, this form shall also be submitted each subsequent year during the term of the agreement to certify the payroll of the new full-time permanent employees. To be counted as a new full-time permanent employee, the new position or job must be filled by one or more employees for at least twenty-six (26) weeks with an average of at least thirty (30) hours per week. In order to qualify for the provisions of this act, a contractual employee must be offered a benefits package comparable to a direct employee of the business. Jobs created prior to the agreement date shall not be eligible.

**b) NEW FULL TIME PERMANENT EMPLOYEE WORKSHEETS**

*For convenience, the business is encouraged to use computer-generated spreadsheets that contain the required information.*

These worksheets shall substantiate the number of new full time permanent employees and the annual payroll shown on the certification form described in the above item "a". This worksheet must include only those jobs filled by an employee for an average of at least 30 hours per week for at least 26 consecutive weeks. If more than one employee works in the same position, list them in the order of their respective hire dates.

2) The above items should be completed at the end of each tax year that the business is entitled to receive payments. In order to receive a timely incentive, this information should be mailed within 30 days from the end of the tax year to the following address:

Department of Finance and Administration  
Tax Credits/Special Refunds Section  
P.O. Box 8054 Little Rock, AR 72203-8054

3) Upon receipt of the above items, the information will be forwarded to a tax auditor for review. The contact person shown on the payroll certification form will be notified of the review and arrangements will be made to meet at a mutually convenient time. Note: Failure to submit the required documents in a timely manner or as requested, will cause a delay in incentive payments.

4) AEDC will issue the incentive payment to the business based on the amount authorized by DFA.

5) In addition to the above instructions, the business must comply with all provisions within the Arkansas Consolidated Incentive Act of 2003, and all such promulgated rules and regulations.

Should you have any questions regarding these procedures, please contact this office at (501) 682-7106.