Tax Subsidy Self-Reporting Form

In accordance with Bill #160015, approved by Philadelphia City Council and signed by Mayor Kenney on September 15, 2016, the Department of Commerce has developed the following self-reporting form to collect economic development data from Philadelphia businesses subject to the aforementioned legislation.

This bill requires reporting by businesses that: 1) receive \$50,000 or more in financial assistance or subsidy (in the previous calendar year) originating from public dollars through the approval of the City as defined within the legislation with certain terms and conditions, to self-report information about economic outcomes and job creation; or 2) are located in a KOZ and have \$2 million or more in gross revenues.

The following is a link to the legislation: <u>Bill #160015</u>. The deadline for reporting is May 1st.

Your business is completing this form because it is (please check one box):

Located in a KOZ and has \$2 million or more in gross revenues.

Received a subsidy of \$50,000 or more in the previous calendar year.

Primary Business Contact Information

1) Please provide the primary contact information of the business, located in the City of Philadelphia, which received a subsidy of \$50,000 or more during the previous calendar year.

Business Name:	
Business Address:	
Business Phone	
Number:	
Business Contact Name:	
Business Contact Title:	
Business Contact Email:	
Business Contact Phone	
Number:	

2) Information regarding specific tax benefits that your business received in the previous calendar year, is no longer needed for the purposes of this reporting requirement. Please proceed to the next question.

Not Applicable	
Not Applicable	
Not Applicable	

3) Please indicate, the type(s) and amount of Financial Assistance (subsidy) of \$50,000 or more that your business has received from any government source through the approval of the City in the previous calendar year. (*Please check all that apply*).

Туре	Amount
Forgivable Loan provided with city funds.	
Acquisition or lease of real property from a government source at less than fair market value	
TIF (Tax Increment Financing)	
Empowerment Zone grant	
Neighborhood Economic Development (NED) grant	
Other grant or financial subsidy	

4) Please provide specific type of financial assistance, amount, and date awarded.

Now that you have identified the types of financial assistance that your business has received during the previous calendar year, please provide specific details on any additional subsidies of ANY amount originating from public dollars that your company received in the same year. Examples include: Storefront Improvement Program (SIP) Grant; HUD 108 loan; below market rate loan (i.e. capital project loan, or subordinate term loan); Sustainable Business Tax Credit); Job Training grant through Philadelphia Works, etc.

Please provide specific type of financial assistance, amount, and date awarded. (For below market rate loans, please provide loan amount).

Name of Subsidy/Loan	Amount Awarded	Date Awarded

5) Number of jobs created in Philadelphia between January 1st and December 31st in the preceding calendar year:

Total as of January 1st	Total as of December 31	Net Gain or Loss

6) Please account for the number of Independent Contractors utilized (number of 1099s filed in the preceding calendar year):

7) Please account for the number of workers on site, who are employed through a third party (e.g. temp agency).

8) Identification and Description of ANY jobs created in Philadelphia during the previous calendar year.

Please provide the number of (Full-time, Part-time, & Temporary) jobs created within the following wage/salary ranges during the previous calendar year. And please indicate with a Yes/No whether <u>Health</u> or <u>Retirements Benefits</u> are provided for those jobs.

Wage or Salary	Number of <u>Full Time</u> jobs created		Number of <u>Part Time</u> jobs created		Number of <u>Temporary</u> jobs created	
	Health & Retirement Benefits (Yes/No)		Health & Retirement Benefits (Yes/No)		Health & Retirement Benefits (Yes/No)	
Wage: \$12.50 per hour or less;	# F/T:	Health (Y/N):	# P/T:	Health (Y/N):	# Temp:	Health (Y/N):
Salary: \$24,999 or less		Retirement (Y/N):		Retirement (Y/N):		Retirement (Y/N):
Wage: \$12.51/hr to \$24.99/hr	# F/T:	Health (Y/N):	# P/T:	Health (Y/N):	# Temp:	Health (Y/N):
Salary: \$25,000 to \$49,999		Retirement (Y/N):		Retirement (Y/N):		Retirement (Y/N):
Wage: \$25.00/hr to \$37.50/hr	# F/T:	Health (Y/N):	# P/T:	Health (Y/N):	# Temp:	Health (Y/N):
Salary: \$50,000 to \$74,999		Retirement (Y/N):		Retirement (Y/N):		Retirement (Y/N):
Wage: \$37.51/hr to \$49.99/hr	# F/T:	Health (Y/N):	# P/T:	Health (Y/N):	# Temp:	Health (Y/N):
Salary: \$75,000 to \$99,999		Retirement (Y/N):		Retirement (Y/N):		Retirement (Y/N):
Wage: \$50.00/hr	# F/T:	Health (Y/N):	# P/T:	Health (Y/N):	# Temp:	Health (Y/N):
Salary: \$100,000 or more		Retirement (Y/N):		Retirement (Y/N):		Retirement (Y/N):

9) In the previous calendar, did your company violate any Federal, State, or local laws in any of the following areas: 1) labor laws (i.e. wage theft, OSHA) 2) environmental laws 3) civil rights 4) fraud (false claims act) or 5) other?

YES: _____

NO: _____

If yes, please explain:

OPTIONAL:

10) In the previous calendar year, did your company have any special programs or employee benefits they would like to highlight, such as numbers on Philadelphia residents or 'returning citizens' (ex-offenders) hired.

Number of Philadelphia	Number of Philadelphia			
Residents Hired	Returning Citizens Hired			

11) In the previous calendar year, did your company have any other special job creation programs or employee benefits that you would like to highlight?

<u>Certification:</u>

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance.

Signed _____

Date _____