



## STATE OPPORTUNITY ZONE CERTIFICATION

Please note that the business should complete Part One and forward to the appropriate State Opportunity Zone (OZ) local contact. The State OZ local contact will complete Part Two and forward the form to DCA. DCA will acknowledge the Certification and provide copies back to the business and the State OZ local contact. It is the business' responsibility to attach the correspondence received with the acknowledged Certification to any tax return in which the Job Tax Credit is being claimed.

The information provided below is intended to validate the location of a business in a currently designated State Opportunity Zone. Please complete all details 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 State 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 its Georgia Income Tax Return.

\_\_\_\_\_  
Signature of Officer for above-named Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Officer

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Email Address

### **Part Two:**

#### *Local State Opportunity Zone Jurisdiction*

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

For efilers requiring County Code and Census Tract Numbers - GA State Code = 1<sup>st</sup> 2 digits = 13, County Code = next 3 digits, Census Tract = next 6-digits (made up of; 4-digit, dot, 2-digits after decimal point – e.g. 0104.02), Block Group Number = last digit

Jurisdiction and Name of State Opportunity Zone Area \_\_\_\_\_

Expiration of State Opportunity Zone December 31, \_\_\_\_\_

Parcel Number of OZ location: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Local Jurisdiction Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Title

#### *Department Use Only*

#### **Mailing Address:**

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

#### **Or via email to:**

[tricia.depadro@dca.ga.gov](mailto:tricia.depadro@dca.ga.gov)

#### **Acknowledged:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
By