

## **Data for Incentives & Benefits Proposal**

COMPANY NAME:		
COMPANY MAILING ADDR	ESS:	
<del></del>		
COMPANY CONTACT:	PHONE #:	
COUNTY IN WHICH PROJECT	T WILL LOCATE:	
TYPE OF BUSINESS:	4-DIGIT SIC CODE:	
PROJECT COSTS:	LAND:	
	NEW BUILDING:	
	BUILDING REHABILITATION:	
	NEW EQUIPMENT:	
	INFRASTRUCTURE:	
	TOTAL COST:	
FUNDING REQUESTE	O THROUGH MBFC:	
COMPANY ESTIMATE	S: NET TAXABLE INCOME:	
	INVENTORY ON HAND 12/31:	
	NET NEW JOBS CREATED:	
	NET NEW PAYROLL:	
EXPANSION PROJECT	S ONLY:	
# OF EXISTING EMP	LOYEES:	
	LUE PER COUNTY TAX ASSESSOR:	
TO BE COMPLETED BY	PROJECT MANAGER:	
COUNTY AD VALOREM TA	K RATE: MILLS	
CITY AD VALOREM TAX RA	TES: MILLS	
SCHOOL PORTION OF TAX	RATES:MILLS	
TOTAL AD VALOREM R	ATES: MILLS	