

EXHIBIT C

CITY OF TARPON SPRINGS AD VALOREM TAX EXEMPTION ANNUAL REPORT

CITY OF TARPON SPRINGS



The recipient of an economic development ad valorem tax exemption shall complete and submit this report to each governmental entity from whom you have been granted an exemption on or before March 1 of each year for which the exemption is in effect.

The recipient of an economic development ad valorem tax exemption shall complete and submit this report to the City of Tarpon Springs on or before March 1 of each year for which the exemption is in effect to:

City of Tarpon Springs
Economic Development Manager
324 East Pine Street
Tarpon Springs, FL 34689

OFFICIAL USE ONLY

Report #: _____

Date Received: _____

FOR EXEMPTION PERIOD: January 1, _____ to December 31, _____

SECTION 1 – BUSINESS NAME AND MAILING ADDRESS

Business Mailing Address:

Phone:

Fax:

SECTION 2 – PROPERTY OWNER

Full Legal Name of the Owner of this Business:

Title:

Phone:

Fax:

Email Address:

SECTION 3 – EXACT LOCATION OF BUSINESS

Property Parcel Identification Number(s):

Tangible Personal Property Identification Number(s):

Street Address of this property:

SECTION 4 – COMMENCEMENT OF OPERATIONS

Date you began business activities at this facility:

SECTION 5 – REAL PROPERTY

Description of improvements to real property for which exemption was received:

Date of commencement of construction of improvements:

SECTION 6 – TANGIBLE PERSONAL PROPERTY

Provide a description of tangible personal property for which an exemption was received and date when property was purchased.

DESCRIPTION OF ITEM	AGE	DATE OF PURCHASE	INSTALLATION DATE	ORIGINAL INSTALLED COST	TAXPAYER'S ESTIMATE OF CONDITION			TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	APPRAISER'S USE ONLY	
					GOOD	AVG	POOR		CONDITION	

Please provide the average value of inventory on hand as of January 1: \$

SECTION 7 – NEW OR EXPANSION OF EXISTING BUSINESS

Have you maintained the description of: a New Business or the Expansion of an Existing Business: Yes: _____ No: _____

SECTION 8 – TYPE OF BUSINESS

Describe the type or nature of your business:

SECTION 9 – TRADE LEVEL

Check as many as apply below. Identify industry cluster (if applicable):

- Wholesale: Manufacturing: Professional:
- Other (explain):

Include NAICS code:

Service: Office:

SECTION 10 – JOBS AND AVERAGE ANNUAL WAGES

Please complete the table below:
 You are required to attach a current payroll roster as of January 1 to include employee payroll for January 1 through December 31 of prior year. Omit names and social security numbers of employees.

Original "Existing Jobs" (Prior to Exemption):	FULL-TIME JOBS				SEASONAL JOBS	
	# of Mgmt. Jobs	Avg. Annual Wage	# of Non-mgmt. Jobs	Avg. Annual Wage	# of Jobs	Avg. Annual Wage
List "New Jobs" Below (Created since Exemption and distinguish between Mgmt. and Non-Mgmt.):	Mgmt. Hire Date	Avg. Annual Wage	Non-mgmt. Hire Date	Avg. Annual Wage	Hire Date	Avg. Annual Wage

Net increase in full-time employees since exemption was granted: management _____ non-management _____
 Percentage increase in full-time employees since exemption was granted: management _____ %; non-management _____ %
 Net increase in seasonal employees since exemption was granted: _____
 Percentage increase in seasonal employees since exemption was granted: _____ %

SECTION 11 – SALES FACTOR

Total sales in the Metropolitan Statistical Area ending December 31 of prior year from this facility: \$
 Total sales everywhere for this facility: \$
 Sales factor for the facility receiving exemption: _____ %
 Percentage increase in productive output resulting from this expansion since year exemption was granted:

SECTION 12 – CITY OFFICE SPACE – for use by corporation newly located in the City

The date of location in City:

Number of full-time employees at the time of the application:

Number of current full-time employees at this location:

SECTION 13 – DATE OF ANNUAL REPORT

I agree to furnish such other information as the City of Tarpon Springs or Pinellas County Property Appraiser may request related to the Economic Development Ad Valorem Tax Exemption granted. I hereby certify that the information and valuation stated above by me is true, correct and complete to the best of my knowledge and belief, including any attached statements, schedules, etc. (If prepared by someone other than the owner, his declaration is based on all information of which he has any knowledge.)

Owner Name and Title:

Signature:

Type or Print Name:

Date:

PREPARER/AUTHORIZED AGENT – Name and Address:

Telephone:

Fax:

E-mail:

Signature:

Type or Print Name:

Date:

State of Florida

County of Pinellas

On this, the _____day of _____, 20____, before me a notary public, the undersigned officer, personally appeared_____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposed therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

(Stamp/Seal)