

ENTERPRISE ZONE RETRAINING PROGRAM 2017 ANNUAL REPORT

Page 1 of 2

Enterprise Zone Participating Company:

Legal Name: _____

Name on EZone Retraining Application Agreement (Doing Business As): _____

Project Number TR: _____

Federal Tax ID: _____

(Found on approved Training Plan)

SC Withholding Tax ID: _____

Company Payroll Tax Manager* Contact Information:

Name: _____

Phone Number: _____ Email: _____

Company Training Manager Contact Information:

Name: _____

Phone Number: _____ Email: _____

EZone Retraining Credits Claimed by Company Claimed During 2017 Reporting Period

**Unless an amendment is needed; dollar amount should reflect credits claimed on EZA quarterly payroll tax returns during 2017 reporting period*

Year	Quarter	Original Amount Claimed by Company	Final Amount Claimed by Company <i>(including amendments)</i>	Date Amended	Reason(s) for Amendment
2017	1	\$	\$		
2017	2	\$	\$		
2017	3	\$	\$		
2017	4	\$	\$		
Total:		\$	\$		

Total cost of eligible retraining courses: _____ (approved courses found on Training Plan)

Total number of eligible employees retrained: _____

In all material respects and to the best of our knowledge and belief, the information contained herein is accurate and complete, as indicated by our signature below.

Payroll Tax Manager Printed Name: _____ Title: _____

Payroll Tax Manager Signature: _____ Date: _____