



INGRID H. MORROY
COMMISSIONER

ARLINGTON COUNTY, VIRGINIA

OFFICE OF COMMISSIONER OF REVENUE
2100 CLARENDON BOULEVARD, SUITE 200
ARLINGTON, VA 22201



WILLIAM J. BURGESS
LEGAL COUNSEL

Application To Be Considered a "Qualified Technology Business" (Chapter 66 of the Arlington County Code)

Date of Application: _____

Name of Business: _____

Business Location in Arlington (physical address):

TIN/FEIN (or SSN#, if proprietorship): _____

Date the business began operating in Arlington: _____

Describe the legal structure of the business (proprietorship, general partnership, limited partnership, LLC, corporation, etc.): _____

Does the business file its own federal and/or state tax return or are the gross receipts included in a consolidated return filed by a parent entity?

Files own return. _____ Part of a consolidated return. _____

If a consolidated return is utilized, what is the name of the entity filing the consolidated return?

Contact Information:

Name of person making application [Please Print]: _____

Title of person making application [Please print]: _____

Mailing Address: _____

Email: _____

Telephone: _____ Fax (optional): _____

e-mail: business@arlingtonva.us phone: 703-228-3060 fax: 703-228-7048

Visit us on the Web at www.arlingtonva.us/cor

**Application To Be Considered a “Qualified Technology Business”
Page 2**

Describe the nature of the business activities that are asserted to involve “*the creation, design, and/or research and development of technology hardware or software*”. Do Not use marketing jargon or statements of goals such as “*provide solutions*” or “*seek to enhance customer security*.” The Commissioner of Revenue will need a statement in lay (non- technical) terms about the specific nature of the business conducted and how it relates to “*the creation, design, and/or research and development of technology hardware or software*”. [Attach a separate page if desired or necessary]

*The following should be completed **ONLY** by businesses which have been located in Arlington for more than 18 months at the time of application. If the business has been located in Arlington for less than 18 months, proceed to provide contact information and sign the application.*

Expansion Technology Business Questions

Lowest number of full time employees reporting to the Arlington location(s) during the preceding 12 months from the date of application. (Do not count temporary fluctuations due to vacancies that were or will be filled): _____

Number of full time employees reporting to the Arlington location(s) as of the date of this application:

Attach the past four reports to the Virginia Employment Commission (VEC) with your application.

Signature: _____

If you have questions or need assistance with this application, please contact **Peter Peschke** at Ppeschke@arlingtonva.us, or 703-228-3006.