



INGRID H. MORROY
COMMISSIONER

ARLINGTON COUNTY, VIRGINIA

OFFICE OF COMMISSIONER OF REVENUE
BUSINESS TAX DIVISION
2100 CLARENDON BOULEVARD, SUITE 208
ARLINGTON, VA 22201



ANN BISSON
DEPUTY COMMISSIONER

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

Date of Application: _____

Name of Business: _____

TIN/FEIN (or Social Security Number if proprietorship): _____

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

_____ Files its own return.

_____ Part of a consolidated return.

Name of Company filing consolidated return: _____

Business Location in Arlington (physical address): _____
Arlington, VA _____

Date the business began operating in Arlington: _____

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]

Number of full time employees as of date of application: _____

*The following should be completed **ONLY** by businesses that have been located in Arlington **MORE THAN 18 months** at the time of application. If the business has been located in Arlington for less than 18 months there is no need to complete this section. Proceed to sign the application and provide contact information.*

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).

To be completed by all

Name of person making application [Print]: _____

Title of person making application [Print]: _____

Signature: _____

Contact Information:

Mailing Address: _____

Email: _____

Telephone: _____

Fax (optional): _____

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