OPPORTUNITY ZONE CERTIFICATION

Please note that the business should complete Part One of this form and then forward to the local Opportunity Zone coordinator. The OZ coordinator will have the information certified in Part Two and forward it to DCA. DCA will acknowledge the Certification and provide copies back to the business, the local OZ coordinator and the Department of Revenue.

The information provided below is intended to validate the location of a business in a currently designated Opportunity Zone (OZ). Please complete all detail requested.

<u>Part One:</u>	
Name of Business:	
Address Location within OZ:	
Census Block Group of OZ Location (12-digit nur	mber):
Parcel Number of OZ location:	
Mailing Address, if different from above:	
	ess location above is within the eligible boundaries of a 5.A. 48-7-40.1(c)(4) and the business intends to claim a me Tax Return.
Signature of Officer	Date
Printed Name of Officer	Phone Number
Title	Email Address
Part Two: Local Opportunit	y Zone Jurisdiction
• • •	I representative of a valid Opportunity Zone jurisdiction is within the currently designated boundaries of the
Signature of Representative	Date
Printed Name of Representative	Title
Departn	nent Use Only
Mailing Address: Job Tax Credit Program Coordinator Georgia Department of Community Affairs	Accepted:
60 Executive Park South, N.E. Atlanta, GA 30329	Date
	By

*** A COPY OF THIS COMPLETED CERTIFICATION FORM MUST BE ATTACHED TO THE TAX RETURN FILED WITH THE DEPARTMENT OF REVENUE WHEN CLAIMING THE TAX CREDIT***