



WAGE AND EMPLOYMENT INFORMATION (CONTINUED)

For the following three wage calculations please include on an attachment the four most recent quarters of data for each wage calculation. Show the average and the 110% calculation. Include documentation from TWC website. The final actual statutory minimum annual wage requirement for the applicant for each qualifying job — which may differ slightly from this estimate — will be based on information from the four quarterly periods for which data were available at the time of the application review start date (date of a completed application). See TAC §9.1051(7).

Table with 2 columns: Description of wage calculation and Amount. Rows include 110% of county average weekly wage for all jobs (\$1,584.55), 110% for manufacturing jobs (NA), and 110% for manufacturing jobs in the region (\$885.28).

Please identify which Tax Code section you are using to estimate the wage standard required for this project:

- Checkboxes for tax code sections: §313.021(5)(A), §313.021(5)(B), §313.021(3)(E)(ii), and §313.051(b) (checked).

What is the estimated minimum required annual wage for each qualifying job based on the qualified property? \$46,035.00

What is the estimated minimum required annual wage you are committing to pay for each of the qualifying jobs you create on the qualified property? \$50,000.00

Will 80% of all new jobs created by the owner be qualifying jobs as defined by 313.021(3)? [checked] Yes [] No

Will each qualifying job require at least 1,600 of work a year? [checked] Yes [] No

Will any of the qualifying jobs be jobs transferred from one area of the state to another? [] Yes [checked] No

Will any of the qualifying jobs be retained jobs? [] Yes [checked] No

Will any of the qualifying jobs be created to replace a previous employee? [] Yes [checked] No

Will any required qualifying jobs be filled by employees of contractors? [checked] Yes [] No

If yes, what percent? Up to 70%

Does the applicant or contractor of the applicant offer to pay at least 80% of the employee's health insurance premium for each qualifying job? [checked] Yes [] No

Describe each type of benefits to be offered to qualifying jobholders. (Use attachments as necessary.)

Please see Checklist Item 15.

ECONOMIC IMPACT

Is an Economic Impact Analysis attached (If supplied by other than the Comptroller's office)? [] Yes [checked] No

Is Schedule A completed and signed for all years and attached? [checked] Yes [] No

Is Schedule B completed and signed for all years and attached? [checked] Yes [] No

Is Schedule C (Application) completed and signed for all years and attached? [checked] Yes [] No

Is Schedule D completed and signed for all years and attached? [checked] Yes [] No

Note: Excel spreadsheet versions of schedules are available for download and printing at URL listed below.

If there are any other payments made in the state or economic information that you believe should be included in the economic analysis, please attach a separate schedule showing the amount for each year affected, including an explanation.