

Notice of Intent to Apply for Apportionment by Sales Factor Form

Date: [DATE]

To: Chief Analyst for Incentives  
Division of Strategic Business Development  
107 East Madison Street, Mail Station 80  
Caldwell Building  
Tallahassee, Florida 32399

From: [LEGAL NAME OF APPLICANT]  
[APPLICANT ADDRESS]  
[CITY, STATE, ZIP CODE]

RE: Notice of Intent to Apply for Apportionment by Sales Factor

This notice is provided to the Division of Strategic Business Development pursuant to section 220.153, Florida Statutes.

[APPLICANT] with the Federal Employer Identification Number, [FEIN], intends to submit an Application to apportion its adjusted federal income in order to commence the two year period for measuring qualified capital expenditures.

Signed by Authorized Applicant Official:

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_