

**FORM W-OTTZ-2**

**APPLICATION FOR ANNUAL RECERTIFICATION FOR PROGRAM BENEFITS  
OF THE WINCHESTER TECHNOLOGY ZONE**

Name of firm:

Date of Application:

Mailing Address:

Authorized Representative (Name, Title):

Phone #:

I certify that there have been no changes to the above business since filing Form W-OTTZ-1.

Yes, changes have occurred since filing Form W-OTTZ-1.

***If changes have occurred, please fill in the following information:***

Give any changes of address for you Technology Zone establishments. Include any new establishments as a new address. Give changes since the filing of Form W-OTTZ-1.

Old Address:

New Address(es):

Number of Employees during the past 12 months:

(Full-time)

(Part-time)

Has any qualified investment list on Form W-OTTZ-1 been sold, destroyed, or moved outside the Zone? If yes, list the description, address and date of occurrence in which the property was sold, destroyed or moved.

Have you added any qualified investments within the Zone in the past year? If yes, please answer the following:

- a) Actual cost of the real estate within the Technology Zone 'owned and used by your business:
- b) Actual cost of the personal property within the Technology Zone 'owned and used by your business:
- c) Sum of all payments due from you during the present twerm for leased real estate located within the Technology Zone and used by your business:

***I hereby certify that, to the best of my knowledge, all information presented above is correct.***

\_\_\_\_\_  
Firm's Authorized Representative's Name and Title  
(printed or typed)

\_\_\_\_\_  
Name of Independent Certified Public Accountant

I will make available for review by the Technology Zone Administrator and/or the Winchester Commissioner of Revenue all of the records relevant to information by this form.

\_\_\_\_\_  
Signature of Authorized Representative