



## Sales Tax Exemption – Project Completion Report

Project Name: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Rockford, IL \_\_\_\_\_

☐ Enterprise Zone 1    ☐ I-90 Enterprise Zone    ☐ River Edge

### BUSINESS INFORMATION

Legal business name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Business FEIN: \_\_\_\_\_

Unemployment Insurance Number (UIN): \_\_\_\_\_

Business contact name: \_\_\_\_\_

Business contact e-mail: \_\_\_\_\_

### PROJECT INFORMATION

Building permit issue date: \_\_\_\_\_

FTE covered employees at project initiation: \_\_\_\_\_

### PROJECT ESTIMATES

Estimated project completion date: \_\_\_\_\_

Estimated building material cost: \_\_\_\_\_

Estimated labor cost: \_\_\_\_\_

Estimated FTE (Full Time Equivalent) employees at project conclusion: \_\_\_\_\_

### PROJECT ACTUAL

Actual project completion date: \_\_\_\_\_

Actual building material cost: \_\_\_\_\_

Actual labor cost: \_\_\_\_\_

Actual FTE covered employees at project conclusion: \_\_\_\_\_

Please submit the Project Completion Report to City of Rockford; 425 E. State Street, 2<sup>nd</sup> Floor; Rockford, IL 61104  
Or by email to [rea.sarker@rockfordil.gov](mailto:rea.sarker@rockfordil.gov)

Printed Name of Person Completing report                      Signature                      Date