

Return all reports and attachments to:  
 Solar Energy Tax Credit Program  
 Attn: Blanca Carrillo  
 Arizona Commerce Authority  
 333 North Central Avenue | Suite 1900  
 Phoenix, AZ 85004

Questions regarding Solar Energy Tax Credits can be directed to [BlancaC@azcommerce.com](mailto:BlancaC@azcommerce.com)

**Arizona Commerce Authority  
 Commercial/Industrial Solar Energy Tax Credit Program**

**COMPLETION REPORT FOR A SOLAR ENERGY TAX  
 CREDIT CERTIFICATE**  
 (For tax credits under A.R.S. §§41-1510.01, 43-1085 & 43-1164)

To receive a credit certificate, when a device is operational the business must submit a completion report for each certified device. If program eligibility is met, the Arizona Commerce Authority (Commerce) will issue a credit certificate to the business or the third party financier. The entity identified on the credit certificate may use the tax credits to offset Arizona tax liability for the tax year in which the completion report is received by Commerce. **If a business doesn't meet the program requirements a credit certificate will not be issued and Commerce will notify the Arizona Department of Revenue of the business's ineligibility.**

**Section A. Business Information**

Business Name	_____	FEI Number	_____
Mailing Address	_____	City, State & Zip	_____
Contact Name	_____	Contact Phone	_____
Contact Mailing Address	_____	City, State & Zip	_____
Email Address	_____	Contact Fax	_____
Installation Address	_____	City, State & Zip	_____
Tax year end date:	_____		

**Section B. Certified Device Information**

- **Attach the records of expenditures from the person who provided or installed the device including an accounting of the costs and the make and/or model number for the device.**
- **Attach evidence of the purchase of the certified device (copy of cancelled check, wire transfer, etc.).**
- **If you haven't done so already, attach documentation that the business is registered with and is participating in the E-Verify program pursuant to A.R.S. §23-214(B).**

Unique identifying number previously assigned by Commerce for this device?  
 (Found on the Letter of Certification issued by Commerce.) \_\_\_\_\_

Type of device installed? \_\_\_\_\_

Device make and/or model number. \_\_\_\_\_

Date installation began? (Month, Day, Year) \_\_\_\_\_

Date installation was finished? (Month, Day, Year) \_\_\_\_\_

Date the device became operational? (Month, Day, Year) \_\_\_\_\_

Commerce Use Only	
Unique Identifying #	_____
Priority Placement #	_____



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**Section C. Solar Energy Tax Credits**

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**Tax Credits Previously Received By The Applicant**

1. Total amount of credits previously certified by Commerce for all locations for this tax year? (Do not include the device for which this report is submitted) \$ \_\_\_\_\_
2. Amounts of credits the applicant has received from another business for acting as a third party financier. \$ \_\_\_\_\_
3. Add line 1 to line 2 and enter result. \$ \_\_\_\_\_
4. Enter the smaller of line 3 or \$50,000, which is the total credit accumulated by the applicant in this tax year. \$ \_\_\_\_\_
5. Subtract line 4 from \$50,000, which is the remaining amount the business may accumulate this tax year. (Does not include this device) \$ \_\_\_\_\_

**Tax Credits Generated By The Installed Device Identified In Section B**

6. Total installed cost of the device excluding financing costs? \$ \_\_\_\_\_
7. Tax credit generated by this device? (10% X total installed cost) \$ \_\_\_\_\_
8. Enter the smaller of line 7 or \$25,000, which limits the amount to \$25,000 per building per tax year. \$ \_\_\_\_\_
9. Total credits previously certified by Commerce for this location for this tax year? \$ \_\_\_\_\_
10. Subtract line 9 from \$25,000 and enter result, which is the remaining tax credit amount allowable for this location for this tax year. (Does not include this device) \$ \_\_\_\_\_
11. Enter the smaller of line 8 or line 10. \$ \_\_\_\_\_
12. Enter the smaller of line 5 or line 11, which is the portion of the credit the applicant can claim or pass through to a third party financier for the device. \$ \_\_\_\_\_
13. The business is making an **irrevocable election** to:
- Claim the credit identified on line 12 (If checked do not complete Section D) **OR**
- Allow a third party financier to claim the credit identified on line 12 (If checked complete Section D)

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

14. Provide the priority placement numbers for each tax credit allocation identified in line 1, line 2 and line 9.
- \_\_\_\_\_

**Tax Credits Available For Other Devices Installed During This Tax Year**

15. Subtract line 12 from line 5, which is the remaining amount the applicant can accumulate for other installed devices for this tax year. (Includes this device) \$ \_\_\_\_\_
16. Subtract line 12 from line 10, which is the remaining amount the applicant can accumulate at this location for this tax year. (Includes this device) \$ \_\_\_\_\_



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**Section D. Third Party Financier**

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A business may elect to pass all the tax credits generated by a device to a third party financier instead of using them to offset the business' Arizona tax liability. Requests to pass part of an allocation of tax credits for a solar energy device will not be certified. A business that opts to pass all the tax credits generated by a device on to a third party financier is making an irrevocable election. No substitutions or revisions will be allowed once the business makes this election.

Third Party Financier Name	_____	FEI Number	_____
Mailing Address	_____	City, State & Zip	_____
Contact Name	_____	Contact Phone	_____
Email Address	_____	Contact Fax	_____

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**Section E. Other Solar Energy Incentives**

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Please indicate which of the following incentives the business has received or intends to pursue.

1. Transaction privilege tax exemption on:
    - a. The total sales price of the device sold by retailers registered with the Arizona Department of Revenue?  Yes  No
    - b. Gross income from contracts of to provide and install the device by a prime contractor registered with the Arizona Department of Revenue?  Yes  No
  2. Personal property tax exemption?  Yes  No
  3. Rebate or refund from a utility company or other source?  Yes  No
- If yes, from whom? \_\_\_\_\_
- If yes, amount of rebate? \$ \_\_\_\_\_

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**Section F. Program Evaluation**

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How important a factor was the Solar Energy Tax Credit Program in the decision to install a solar energy device?

Very Important  Important  Not Important

Would the business consider installing another solar energy device because of the Solar Energy Tax Credit Program?

Yes  No

Please share comments regarding your experience with the Solar Energy Tax Credit Program:

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**Section G. Affidavit**

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As an officer of the business, I certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts and that the business:

- Installed a solar energy device as described in A.R.S. §41-1510.01;
- Attests the device is completely installed and operational at the time of this report;
- Has attached to this report an accounting of costs obtained from the person who provided or installed the device;
- Understands that in allocating tax credits Commerce will adhere to the limitations provided in A.R.S. §§41-1510.01, 43-1085 & 43-1164;
- Understands that applications are confidential and not subject to disclosure under Title 39 for eighteen months after the date of receipt of an application;
- Understands that Commerce will transmit initial certification and credit information to Revenue;
- Shall allow inspections and audits by Commerce as are reasonably necessary to verify the accuracy of the submitted information;
- Authorizes Revenue to adjust, terminate or recapture all or part of the tax incentives for noncompliance with program requirements;
- Acknowledges that tax credits are available only upon receipt of a credit certificate from Commerce; and
- Acknowledges that the election to use all or pass through all tax credits is irrevocable.
- In order for an application to be considered complete, the applicant shall provide proof that it is registered with and is participating in the E-Verify program pursuant to ARS § 23-214(B) <http://www.uscis.gov/portal/site/uscis>
- Hereby certifies that the applicant does not have scrutinized business operations in Iran, in accordance with A.R.S. § 35-393 et seq; and
- Hereby certifies that the applicant does not have scrutinized business operations in Sudan, in accordance with A.R.S. § 35-391 et seq.

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Signature of Authorized Officer

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Title

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Print Name

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Date

Before submitting this application, ensure that the application is completed in its entirety and includes all required exhibits listed below.

1. A completed Application form.
2. Records of expenditures from the person who provided or installed the device such as invoices.
3. Evidence of the purchase of the certified device (copy of cancelled check, wire transfers, etc.)
4. Copy of any rebate or refund from utility company or other source.
5. A copy of E-verify. (see bullet 11 above for additional information)

Send your application and all required items to:

Attn: Blanca Carrillo  
Arizona Commerce Authority  
333 N. Central Ave. Ste. 1900  
Phoenix, AZ 85004

**For Questions Contact:**

Blanca Carrillo  
Phone: 602-845-1235



*e-mail:*

[BlancaC@azcommerce.com](mailto:BlancaC@azcommerce.com)

