



BORDER CITY ENTERPRISE ZONE PROGRAM
Workers Compensation Tax Credit
APPLICATION GUIDE TO ONLINE SUBMISSION FORM

Online Portal: [Link to Application](#)

User Email: _____

Password: _____

(Keep this information for your records)



Step 1 – Complete Online Application & Upload Audit Statement

INFORMATION TAB

Business Information

Business Legal Name: _____

Doing Business As: _____

MN State ID Number: _____

Federal ID Number: _____

Business Street Address: _____

Parcel ID Number (primary): _____

Lookup: <https://www.moorheadproperty.org/>

Audit Statement & Attachments:

Upload your Workers Comp Audit Statement and/or other verification documents.

DETAILS TAB

Contacts

Business Owner Name: _____

Business Owner Title: _____

Business Owner Phone: _____

Business Owner Email: _____

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

Mailing Address (if different): _____

Mailing City: _____

Mailing State: _____

Mailing Zip Code: _____

Insurance Information

Local Agent's Name: _____

Agent Company: _____

Agent Phone Number: _____

Workers Comp Insurance Company Name: _____

Policy Effective Date (Start): _____

Policy Effective Date (End): _____

Audited MN Workers Comp Expense: _____

Border City Enterprise Zone Program

Workers Comp Tax Credit

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Employee Information

Fulltime - Employees are considered fulltime who work **at least 40 hours per week, 52 weeks per year (2,080 hours)**

Part-time - Employees are considered part-time who work **less than 40 hours per week or are seasonal employees working less than 2,080 hours in a 12-month period.**

Number of Fulltime Employees: _____

Number of Hours for Part-time Employees: _____

Step 2 – Review & Submit Online Application

SUBMIT TAB

Information Sharing Authorization – Review and check box authorizing the Minnesota Department of Revenue (DOR) to disclose limited information to staff at the City of Moorhead and/or Minnesota Department of Employment and Economic Development (DEED) for the purpose of administering the Enterprise Zone Credits. You are not required to grant this permission but failure to do so will result in the inability to determine your eligibility for the program. The date is considered private or non-public and will not be further shared without your permission except as allow by state or federal law or as required by a court order.

Electronic Signature – Certify that the electronic signature will the same legal authority as a manually executed signature.

Submit Application – Select “Yes” to submit your application for review and processing.

Step 3 – Review by Local and State Officials

Step 4 – Distribute Enterprise Zone Credit Form

QUESTIONS?

Contact: City of Moorhead – Economic Development

Amy Thorpe, Program Administrator

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Phone: 218.299.5441