

Assistive Device Tax Credit Application Instructions

Iowa small businesses can reduce their taxes by buying or renting products or equipment, or by making physical changes to the workplace to help employees with disabilities get or keep a job. To qualify for the Assistive Device Tax Credit, a business must be located in Iowa and employ 14 or fewer full-time employees OR have \$3 million dollars or less in gross annual receipts. The credit applies to expenditures made on or after January 1, 2000, and equals one-half of the first \$5,000 in qualifying expenses each tax year. Excess credits can be refunded or carried over to the next tax year. To receive the tax credit:

1. **Apply:** Submit an application on forms available from the Department of Economic Development (or Revenue and Finance). Mail the complete form, along with the required supporting documentation, to the Assistive Device Tax Credit Program, Division of Business Development, Iowa Department of Economic Development, 200 East Grand Avenue, Des Moines, Iowa 50309. Contact Wynona Bohemann at 515/242-4793 for information, assistance or copies of materials in alternative formats.
2. **Receive a Certificate of Entitlement:** The IDED will review the application and issue a Certificate of Entitlement or a letter that explains why the application was not approved. Certificates will be numbered and have information about the taxpayer, devices, modifications, credit amounts and tax year.
3. **File The Certificate With Your Tax Return:** Attach the Certificate of Entitlement to your Iowa personal or business tax returns.

Information about Assistive Devices and Workplace Modifications: An Assistive device is any item, piece of equipment or product system that is used to increase, maintain or improve the functional capabilities of an individual with a disability in the workplace or on the job. Workplace modifications are physical alterations to the work environment. To learn more about how to accommodate employees with disabilities, contact these programs: The Job Accommodation Network, (JAN) 800-526-7234 (voice/TTY), or at <http://janweb.icdi.wvu.edu>; The Iowa Program for Assistive Technology (IPAT), 800-331-3027 (voice/TTY), or 319/356-0550 (voice/TTY), infortech@uiowa.edu (e-mail), or at <http://www.uiowa.edu/infortech>; The Great Plains Disability Technical Assistance Center (DBTAC), 800/949-4232, hamburg1@missouri.edu (e-mail), or at <http://www.adaproject.org>.

Laws and Regulations: 2000 Iowa Acts House File 2560, Iowa Code Sections 422.11E, 422.33.8A and 261 IAC 66 (IDED), 701 IAC 42.14 and 52.17 (IDRF).

**IOWA DEPARTMENT OF ECONOMIC DEVELOPMENT
ASSISTIVE DEVICE TAX CREDIT PROGRAM APPLICATION**

Business name: _____
 Business address: _____
 City _____ County _____
 State _____ ZIP Code _____

Taxpayer I.D. Number/SSN _____
 Business Contact Person _____
 Title _____
 Contact Person phone _____ fax _____

SECTION 1: Business and Employment Information:

Check the category of your business:

- Corporation Limited Liability Company Partnership Sole Proprietorship

To claim the tax credit, a business must either have employed 14 or fewer full time employees in the preceding tax year -- **OR** -- had gross receipts of three million dollars or less in the preceding tax year. Check the categories that apply to your business.

- The business employed 14 or fewer full time employees.
 The business had gross annual receipts of three million dollars or less.

To qualify for the credit, the assistive device or workplace modification must be used to hire, retain or accommodate a worker with a disability. Please check all categories that apply to your business.

The business expenditures were used to:

- Hire new employee(s) Date hired _____
 Accommodate new employee(s)
 Accommodate current employee(s)
 Retain current employee(s)

The employee has the following type of disability:

- | | |
|-----------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental Retardation/Developmental Disability |
| <input type="checkbox"/> Mobility/Movement | <input type="checkbox"/> Neurological/Cognitive |
| <input type="checkbox"/> Other physical _____ | <input type="checkbox"/> Other (describe) _____ |

SECTION 2: Assistive Device Expenditures:

Businesses claiming the tax credit for buying, renting or modifying assistive devices must complete this section. Check all categories that apply:

The Assistive Device was:

- Purchased Rented or leased Modified

Check all categories that describe the Assistive Device:

Computer Equipment

- Hardware
- Software
- Accessories
- Adaptive Equipment
- Internet-related
- Other (describe)_____

Work equipment and office furniture

- Chairs
- Postural supports
- Lights or lighting devices
- Other furniture
- Other office equipment (describe)_____
- Other adaptations (describe)_____

Vision-related Devices

- Braille readers
- Audio signals or alarms
- Magnification devices
- Other (describe)_____

Communication Device

- Telephone or telecommunications
- TTY/TDD
- Adaptive Equipment
- Other (describe) _____

Hearing-related Devices

- Captioning devices
- Signals and alarms
- Other (describe)_____

Other items, product systems, and equipment

- _____
- _____
- _____

Attach invoices, billing statements or receipts that describe the device and include the purchase price or lease terms and labor charges or other fees.

Briefly describe how the assistive device is used to hire, retain, or accommodate the employee.

SECTION 3: Workplace Modifications: Businesses claiming the tax credit for making physical changes to the workplace must complete this section. Check all categories that apply:

- | | | | |
|-----------------------------------|---------------------------------------------------------------|------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Exterior | <input type="checkbox"/> Interior | <input type="checkbox"/> Parking Area | <input type="checkbox"/> Entryway |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration | |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> Workstation | <input type="checkbox"/> Cafeteria/Canteen/Food Area | |
| <input type="checkbox"/> Ramps | <input type="checkbox"/> Lift or elevator | <input type="checkbox"/> Drinking Fountain | |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Signs | <input type="checkbox"/> Other (describe)_____ | |
| <input type="checkbox"/> Doors? | <input type="checkbox"/> Other physical barrier removal _____ | | |

Attach invoices, billing statements or receipts that describe the workplace modification and include the cost of labor and materials, the date the work was completed and the address of the workplace.

Briefly describe how the workplace modification was used to hire, retain, or accommodate the employee.

SECTION 4: Information about Disability-Related Tax Incentives

The assistive device or workplace modification benefited the business in the following additional way(s):

- Increased worker productivity
- Improved employee morale
- Increased customer base
- Made the business accessible to others
- No benefit other than hiring, retaining or accommodating employee
- Improved customer relations
- Good publicity or advertising
- Increased sales
- Other (describe) _____

How did you learn about the Assistive Device Tax Credit? Check all that apply:

- Accountant
- Business Organization
- Employee
- Friend
- Disability Organization
- Educational institution
- Attorney
- Chamber of Commerce
- Employment agency
- Tax preparer
- Government agency
- Other _____
- Radio
- Television
- Newspaper
- Website
- E-mail listserve
- Word of mouth

Before completing this application, did you know about or apply for any of these tax programs?

Knew about	Applied for	Tax Incentive Program
<input type="checkbox"/>	<input type="checkbox"/>	Federal Disabled Access Credit
<input type="checkbox"/>	<input type="checkbox"/>	Federal Architectural and Transportation Barrier Removal Deduction
<input type="checkbox"/>	<input type="checkbox"/>	Federal Work Opportunity Tax Credit
<input type="checkbox"/>	<input type="checkbox"/>	Iowa Small Business Income Tax Deduction
<input type="checkbox"/>	<input type="checkbox"/>	Iowa Assistive Device Tax Credit

Have you provided assistive devices or made workplace accommodations for employees with disabilities without receiving any tax deduction or credit?

- Yes
- No

I certify that all information provided is true, correct, and complete. I understand that the Department of Economic Development or the Department of Revenue and Finance may require additional information.

Signature _____ Date _____

The IDED and the University of Iowa are trying to find out if businesses hire or accommodate employees with disabilities because of the assistive device tax credit. We also want to know your thoughts about the tax credit application process. Your business will be contacted and asked to provide follow-up information. If you choose to participate, the interview will be brief and confidential. No information that identifies a specific business or employee will be made public. The interview will not affect your application or eligibility for the tax credit or any other IDED or IDRF program.

IDED Certificate Number _____

**IOWA DEPARTMENT OF ECONOMIC DEVELOPMENT
ASSISTIVE DEVICE TAX CREDIT VERIFICATION OF DISABILITY FORM**

Small businesses applying for the Assistive Device Tax Credit must document the disability of the employee or prospective employee. The employee's disability can be verified using this Verification of Disability Form, or forms provided by the Iowa Division of Vocational Rehabilitation Services or the Iowa Department of the Blind. A licensed medical physician must complete the Physician's Statement that appears on this form. The doctor must certify that the employee named is disabled in accordance with the following definition:

"Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "Disability" does not include any of the following:

- 1) *Homosexuality or bisexuality.*
- 2) *Transvestitism, transexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders.*
- 3) *Compulsive gambling, kleptomania, or pyromania.*
- 4) *Psychoactive substance abuse disorders resulting from current illegal use of drugs.*
- 5) *Alcoholism.*

PHYSICIAN'S STATEMENT

Individual's Name: _____

Social Security Number: _____ Date of Birth: _____

Employer's Business name: _____ Business address: _____

City _____ County _____ State _____ ZIP Code _____

Disability: _____

Type of disability:

- | | |
|-----------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental Retardation /Developmental Disability |
| <input type="checkbox"/> Movement/Mobility | <input type="checkbox"/> Neurological/Cognitive |
| <input type="checkbox"/> Other Physical _____ | <input type="checkbox"/> Other (Explain) _____ |

Functional Limitation (Check all appropriate):

- | | |
|------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Working |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Performing Manual Task |
| <input type="checkbox"/> Self-Care | <input type="checkbox"/> Other (Explain) _____ |

Signature of Certifying Physician: _____

Professional Medical License Number: _____ State: _____

All information shall be kept confidential. This form may be attached to the application for the assistive device tax credit or the form may be returned to: Iowa Department of Economic Development, Assistive Device Tax Credit Program, 200 East Grand Avenue, Des Moines, IA 50309

**IOWA DEPARTMENT OF ECONOMIC DEVELOPMENT
ASSISTIVE DEVICE TAX CREDIT PROGRAM**

DOCUMENT LIST

This is a list of the documents that may be used to establish the existence and good standing of your business, its gross annual receipts, the number of persons employed by the business, and other information needed to claim the tax credit. The list is organized by business type. It is not an exhaustive list. Other documents may be acceptable. Please supply the documents appropriate to your business. You should attach a copy of the documents to the completed application. **DO NOT** send us originals, they will not be returned to you. If any documentation is omitted please explain why (e.g. pending, applied for, not available, etc.), and provide equivalent information, if possible.

□ **ALL APPLICANTS**

Signed payroll for prior two months or other documents that verify the number of employees in the business

Certificate of Existence, Good Standing, or Negative Standing

□ **CORPORATION**

Articles of Incorporation or Application for Certificate of Authority

Corporate income tax forms for last year (federal and state)

Personal income tax forms for each owner for last three year (federal and state) [If corporate taxes are not available]

□ **LIMITED LIABILITY COMPANY**

Articles of Organization or Application for Certificate of Registration

Operating agreement

Business tax forms for last year (federal and state)

Personal income tax forms for last year for each partner (federal and state) [If corporate taxes are not available]

□ **PARTNERSHIP**

Application for Registration or Certificate of Limited Partnership

Partnership Agreement

Business tax forms for last year (federal and state)

Personal income tax forms for last year for each partner (federal and state) [If business taxes are not available]

□ **SOLE PROPRIETERSHIP**

Registration of business name (county recorder's office)

Business tax forms for last year (federal and state)

Personal income tax forms for last year (federal and state) [If business taxes are not available]