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| **Print or Type All Information - Read Rules on Page 2** | | | |
| 1. Applicant’s Name: | | TxC Parcel ID: | County: |
| TxC ROW Project ID: | ROW CSJ: |
| 2. Applicant’s Address:    Telephone No.: | | 1. Name and Address of Business, Farm or Nonprofit Organization: | |
| 4. Occupancy of Property Acquired by State | |  | |
| From (Date): | To (Date Required to Move): | Owner Occupied  Tenant Occupied | |
| 5. Type Operation | |  | |
| Business  Farm  Nonprofit | | Will Business, Farm, or Nonprofit be: Yes No  a. Discontinued?  b. Continued at a new location?  c. If a business or nonprofit organization, is it part  of an enterprise having not more than three (3)  other establishments being acquired by the State,  and which is engaged in the same or similar activity? | |
| Type of Business, Farm or Nonprofit Organization | |
| Dates of Operation | |  | |
| From: | To: |
| 6. Determination of entitlement for payment in lieu of moving expense and the amount to which the business, farm or nonprofit organization named above may be entitled to, if any, is requested for the reason(s) outlined in the attached statement. I understand this request and the attached documents shall become part of any claim for payment; and that other records needed for determination of eligibility shall be made available on request of the State. I certify that all information attached hereto or included herein is true and correct.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant  ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Request Title or Position (Owner, Manager, Etc.) | | | |
| **Space Below to be Completed by State** | | | |
| I certify that I have examined the records made available by the above applicant(s) and have found the earnings to be as follows:       , $     ;       , $     ; Average Annual Net Earnings: $  Year Year  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Right of Way Agent | | | |
| I certify that I have examined this request for Determination of Entitlement and supporting documentation and:  Recommend a payment of $      .  Find that payment cannot be authorized because  (List reasons payment cannot be authorized. Use extra page if necessary)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Right of Way Manager | | | |

**Rules**

1. If applicant is not sole owner of the business or farm operation listed in Block No.3, his or her title or position with the firm must be shown following his or her name in Block No. 6 (i.e., partner, president, general manager, etc.).

2. The applicant herein does not have to claim payment in lieu of actual moving expense if determined to be eligible, he or she may still claim actual moving, but not both.

3. This request is not a claim for payment. Claims for payment based on income in lieu of actual moving expense shall be accepted only when it has been determined that the applicant herein is eligible for such payment and the amount of such payment has been determined by the State Department of Highways and Public Transportation.

4. Businesses, farm operations and nonprofit organizations that are part of an enterprise having not more than three (3) other establishments not being acquired by the State must attach the name(s) and address(es) of the other establishment(s) in their enterprise and describe the product, commodity or service provided.

5. A business which operates under a franchise, or as a consignee, or which operates one or more similar establishments must attach a statement giving the name and address of the franchisor or consignor, stating the nature of the business relationship.

6. Business and farm operators **must attach** copies of their **Federal Income Tax Returns** obtained from the **Internal Revenue Service Files** for the two taxable years immediately preceding the taxable year in which the displaced business or farm will be relocated. If the amount claimed does not exceed $1,000, the business or farm owners may provide verifiable records (in lieu of their Income Tax Returns) to support the operational existence and earnings of their displaced businesses or farms. The tax returns and financial records must be sufficient to show the source of income and earnings of the displaced business or farm operation as follows:

a. The displaced activity:

(1) had average annual gross receipts of at least $5,000; or

(2) had average annual net earnings of at least $1,000; or

(3) contributed at least 33‑1/3 percent of the owner's or operator's average annual gross income from all sources.

b. If individually owned, the compensation paid to the owner, his or her spouse, and dependents by the business or farm operation.

c. If a partnership, the compensation paid to the partners, their spouses, and dependents by the business or farm operation.

d. If a corporation, the corporate income tax returns and the income tax returns of the majority stockholder (if there is a majority stockholder), including any compensation paid to his spouse and dependents by the business or farm operation. Stock held by a husband or wife, his or her spouse and their dependent children shall be treated as one unit.

7. **Nonprofit** organizations **must attach** proof of their nonprofit status and of their operational existence.