Supplemental Abatement Application Questionnaire for Tax Year _____

This information is needed so that the taxing units can properly monitor your abatement agreement. Rather than sending you the supplemental questionnaire after you file your initial application, we are including it with the application. Please take the time to provide the answers below.

Owner's Name	Taxing Unit(s) ("All", or individual unit name per copy of this page)

1. Please list taxing units that have agreed to abatement agreement amendments, if any, that are first-effective for this year.
a. _____ **b.** _____ **c.** _____

2. Describe the current construction status for the project.

☐ Construction Has Not Begun (give projected start and completion dates)	Projected Start Date	Projected Completion Date
☐ Construction In Progress (give beginning and projected completion dates)	Date Begun	Projected Completion Date
☐ Construction Complete (give completion date)	Completion Date	

3. Considering only items in the abatement agreement investment budget that were identified as being subject to abatement

3a. What is the total budgeted amount stated in the agreement? ..... $_____

3b. For those items that were constructed or installed, before the end of the construction phase defined in the agreement, what total expenditure was actually made prior to this year?..... $_____

4. Did any of the property, considered in the answer to question 3, receive a Federal, State, or Local non-abatement exemption (pollution control exemption, for example) in the previous and/or current year?..... ☐ Yes ☐ No

4a. If "Yes", attach an additional page to this form that provides a schedule of such property for each tax year involved, showing the exemption amount for each item.

5. Has the facility begun operation?..... ☐ Yes ☐ No If "Yes", operation start date: _____

6. Does your abatement agreement(s) require the annual rendition of all personal property ("PP") in the reinvestment zone (via reference to Texas Tax Code Chapter 22 or an explicit statement)? ..... ☐ Yes ☐ No

6a. If "Yes", specify the applicable appraisal district PP account numbers: _____

7. Job Creation and Retention at the Facility per Abatement Agreement

a. Number of jobs required by agreement for project this year.

	Added	Retained	Total (Added + Retained)	Not Stated ( )
1) Permanent, Full-Time Employees				
2) Part-Time Employees				
3) Contract Workers, Direct				
4) Contractor-Provided Workers				

b. Actual project employee counts on January 1 of this year. (per your Texas Workforce Commission fourth quarter (December month) filing for 2026 for permanent, full-time and part-time employees)

	Added	Retained	Total
1) Permanent, Full-Time Employees			
2) Part-Time Employees			
3) Contract Workers, Direct			
4) Contractor-Provided Workers			

c. If your agreement has additional categories of job retention and/or creation, either at the facility or elsewhere, attach a letter to this form providing 7a. and 7b. information for each additional category.

I certify this information is true and correct.	Signature	Name *(printed)*	Date
	Title	Phone	Fax Number
	E-Mail Address	Company Name *(if different from Owner's Name above)*	