



# MINNESOTA • REVENUE

## JOBZ Motor Vehicle Purchase Report

M500A

Use this form as a supplement to Form M500, *JOBZ Tax Benefit Report*, to report additional purchases of motor vehicles that are principally garaged in the JOBZ zone and primarily used to carry out zone operations.

**Print or type**

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Name of qualified business \_\_\_\_\_ Taxpayer name (if different from JOBZ business) \_\_\_\_\_ JOBZ ID number \_\_\_\_\_

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Business address in the zone \_\_\_\_\_ FEIN \_\_\_\_\_ Minnesota tax ID \_\_\_\_\_

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City \_\_\_\_\_ State **MN** Zip code \_\_\_\_\_ County \_\_\_\_\_ Primary parcel ID \_\_\_\_\_

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Taxpayer:  C-Corporation  S-Corporation  Partnership  Individual  Fiduciary  Other \_\_\_\_\_

**Additional motor vehicles**

VIN _____	\$ _____	VIN _____	\$ _____
VIN _____	\$ _____	VIN _____	\$ _____
VIN _____	\$ _____	VIN _____	\$ _____
VIN _____	\$ _____	VIN _____	\$ _____
VIN _____	\$ _____	VIN _____	\$ _____
VIN _____	\$ _____	VIN _____	\$ _____
VIN _____	\$ _____	VIN _____	\$ _____
VIN _____	\$ _____	VIN _____	\$ _____

*I declare that this report is correct and complete to the best of my knowledge and belief.*

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Signature of authorized representative of qualified business \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone \_\_\_\_\_

**Sign here**

**Include this form with Form M500 and mail to:**  
 Minnesota Revenue  
 Mail Station 9901  
 St. Paul, MN 55146-9901  
 Phone: 651-556-6836  
 (For email/fax instructions, call the number listed above.)