



BOARD OF COUNTY COMMISSIONERS
Frank Abbate, County Manager

County Manager's Office
2725 Judge Fran Jamieson Way
Building C, Room 301
Viera, Florida 32940

January 8, 2024

Mr. William P. Kelly, CFO
BK Technologies, Inc.
7100 Technology Dr
W. Melbourne, FL 32904

Via: Certified Mail # 70201810000131789644

RE: Ad Valorem Tax Abatement Annual Report for Year 2023 for BK Technologies, Inc. located at 7100 Technology Dr, W. Melbourne, FL 32904, Brevard County Ordinance 2019-10.

Dear Mr. Kelly,

Brevard County's Economic Development Ad Valorem Tax Abatement Program requires participating companies to submit an Annual Report to the County. The Annual Report qualifies the company to receive an ad valorem tax abatement and provides the necessary information to determine the company's continued performance under Division 3 of Brevard County Code of Ordinances, the ordinance granting the exemption and the representations made in the application process. Section 102-189, Brevard County Code of Ordinances, provides:

Should any new business or expansion of an existing business fail to file the annual report or any report required by section 102-185(g), Brevard County Code of Ordinances, or fail to continue to meet the definition of a new business or an expansion of an existing business, and/or fail to fulfill any other representation made to the Board of County Commissioners (Board) during the application process, the Board may adopt an ordinance revoking the ad valorem tax exemption. An ordinance revoking the ad valorem tax exemption may provide that the Board recover any taxes waived during the exemption period. Nothing herein shall prohibit a business from reapplying for an ad valorem tax exemption pursuant to State of Florida law.

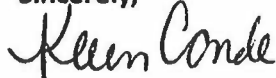
Enclosed is a 2023 Annual Report DR-418 form and the 2023 Internal Revenue Service 941 form for employee and wage verification. Please submit your company's 2023 Annual Report with the employment and wage verification documentation for the company granted the Ad Valorem Tax Abatement, BK Technologies, Inc.

The employment and wage verification information must identify the number of full-time, permanent workers employed at the location which your company receives an ad valorem tax abatement for the last quarter of calendar year 2023. If your company received ad valorem tax abatement and is still in the construction and/or expansion phase of your plans, please complete the annual report and indicate this on the form. If your company has not started the business or expanded an existing business, an annual report still must be provided.

Please submit the 2023 Annual Report DR-418 form and the 2023 IRS 941 form prior to March 1, 2024 to the following address: Karen Conde, Assistant to the County Manager, County Manager's Office, 2725 Judge Fran Jamieson Way, Building C, Room 301, Viera, Florida 32940.

Thank you for your continued participation; should you have any questions, please contact me at (321) 350-9192 or Karen.Conde@brevardfl.gov.

Sincerely,



Karen Conde

Assistant to the County Manager

cc: Mr. Frank Abbate, County Manager
Cathy Lively, Agenda Coordinator

Attachments (2)

ECONOMIC DEVELOPMENT AD VALOREM PROPERTY TAX EXEMPTION
Chapter 196.1995, Florida Statutes

DR-418
R. 12/99

To be filed with the Board of County Commissioners, the governing boards of the municipality, or both,
no later than March 1 of the year the exemption is desired to take effect.

| | |
|--|--|
| 1 Business name | Mailing address |
| 2 Please give name and telephone number of owner or person in charge of this business. Name | Telephone number |
| 3 Exact Location (Legal Description and Street Address) of Property for which this return is filed | 4 Date you began, or will begin, business at this facility |
| 5 Description of the improvements to real property for which this exemption is requested | Date of commencement of construction of improvements |

| 6 Description of the tangible personal property for which this exemption is requested and date when property was, or is to be purchased | | | | | | APPRaiser'S USE ONLY | |
|---|-----|------------------|------------------------|-------|------------------|----------------------|----|
| Class or Item | Age | Date of Purchase | Taxpayer's Estimate of | | | Cond* | |
| | | | Original Cost | Cond* | Fair Market Rent | | |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |
| | | | \$ | | \$ | | \$ |

Average value of inventory on hand: _____ *Condition: good, avg (average), or poor

Any additional personal property not listed above for which an exemption is claimed must be returned on form DR-405 (Tangible Personal Property Tax Return) and a copy attached to this form.

| | |
|--|---|
| 7 Do you desire exemption as a <input type="checkbox"/> new business or <input type="checkbox"/> expansion of an existing business | 9 Trade levels (check as many as apply) |
| 8 Describe type or nature of your business | <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional |
| | <input type="checkbox"/> Service <input type="checkbox"/> Office <input type="checkbox"/> Other, specify: _____ |

10 Number of full-time employees to be employed in Florida _____

| | | | | |
|--|----------------------------|---|---|---|
| If an expansion of an existing business: | Net increase in employment | % | Increase in productive output resulting from this expansion | % |
|--|----------------------------|---|---|---|

11 Sales factor for the facility requesting exemption:

| | | | | |
|---|------------|---|---|---|
| Total sales in Florida from this facility-one (1) location only | divided by | Total sales everywhere from this facility-one (1) location only | = | % |
|---|------------|---|---|---|

| | | |
|--|----------------------------------|--|
| 12 For office space owned and used by a corporation newly domiciled in Florida | Date of incorporation in Florida | Number of full-time employees at this location |
|--|----------------------------------|--|

I hereby request the adoption of an ordinance granting an exemption from ad valorem taxation on the above property pursuant to Section 196.1995, Florida Statutes. I agree to furnish such other reasonable information as the Board of County Commissioners, the governing authority of the municipality, or the Property Appraiser may request in regard to the exemption requested herein. I hereby certify that the information and valuation stated above by me is true, correct, and complete to the best of my knowledge and belief. (If prepared by someone other than the taxpayer, his declaration is based on all information of which he has any knowledge.)

| | | |
|---------------------------|--|-----------------------------------|
| Date | | Signature, preparer _____ |
| Signature, taxpayer _____ | | Preparer's address _____ |
| Title | | Preparer's telephone number _____ |

| Property Appraiser's Use Only | | |
|-------------------------------|---|----|
| I | Total revenue available to the county or municipality for the current fiscal year from ad valorem tax sources | \$ |
| II | Revenue lost to the county or municipality for the current fiscal year by virtue of exemptions previously granted under this section | \$ |
| III | Estimate of the revenue which would be lost to the county or municipality during the current fiscal year if the exemption applied for were granted and the property for which the exemption is requested would otherwise have been subject to taxation | \$ |
| IV | Estimate of the taxable value lost to the county or municipality if the exemption applied for was granted Improvements to real property \$ _____ Personal property \$ _____ | |
| V | I have determined that the property listed above meets the definition, as defined by Section 196.012(15) or (16), Florida Statutes, as a <input type="checkbox"/> new business <input type="checkbox"/> expansion of an existing business <input type="checkbox"/> neither | |
| VI | Last year for which exemption may be applied <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

Application to be filed not later than March 1 _____ Date _____ Signature, Property Appraiser _____

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**
 (Rev. March 2023) Department of the Treasury — Internal Revenue Service

950122
 OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Trade name (if any)

Address
 Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2023
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

| | | | |
|----------------|---|--------------------------|--------------------------------|
| 1 | Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) | 1 | <input type="text"/> |
| 2 | Wages, tips, and other compensation | 2 | <input type="text"/> |
| 3 | Federal income tax withheld from wages, tips, and other compensation | 3 | <input type="text"/> |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | <input type="checkbox"/> | Check and go to line 6. |
| | | Column 1 | Column 2 |
| 5a | Taxable social security wages* | <input type="text"/> | <input type="text"/> |
| | | $\times 0.124 =$ | <input type="text"/> |
| 5a (i) | Qualified sick leave wages* | <input type="text"/> | <input type="text"/> |
| | | $\times 0.062 =$ | <input type="text"/> |
| 5a (ii) | Qualified family leave wages* | <input type="text"/> | <input type="text"/> |
| | | $\times 0.062 =$ | <input type="text"/> |
| 5b | Taxable social security tips | <input type="text"/> | <input type="text"/> |
| | | $\times 0.124 =$ | <input type="text"/> |
| 5c | Taxable Medicare wages & tips | <input type="text"/> | <input type="text"/> |
| | | $\times 0.029 =$ | <input type="text"/> |
| 5d | Taxable wages & tips subject to Additional Medicare Tax withholding | <input type="text"/> | <input type="text"/> |
| | | $\times 0.009 =$ | <input type="text"/> |
| 5e | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d | 5e | <input type="text"/> |
| 5f | Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) | 5f | <input type="text"/> |
| 6 | Total taxes before adjustments. Add lines 3, 5e, and 5f | 6 | <input type="text"/> |
| 7 | Current quarter's adjustment for fractions of cents | 7 | <input type="text"/> |
| 8 | Current quarter's adjustment for sick pay | 8 | <input type="text"/> |
| 9 | Current quarter's adjustments for tips and group-term life insurance | 9 | <input type="text"/> |
| 10 | Total taxes after adjustments. Combine lines 6 through 9 | 10 | <input type="text"/> |
| 11a | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | 11a | <input type="text"/> |
| 11b | Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 | 11b | <input type="text"/> |
| 11c | Reserved for future use | 11c | <input type="text"/> |

*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

Name (not your trade name)

Employer identification number (EIN)

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages [/ /]; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19 [] .

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20 [] .

21 Reserved for future use 21 [] .

22 Reserved for future use 22 [] .

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23 [] .

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24 [] .

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25 [] .

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26 [] .

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27 [] .

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28 [] .

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number [] []

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [] [] [] [] []

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here []

Print your name here []

Print your title here []

Date [/ /]

Best daytime phone []

Paid Preparer Use Only

Check if you're self-employed

Preparer's name []

PTIN []

Preparer's signature []

Date [/ /]

Firm's name (or yours if self-employed) []

EIN []

Address []

Phone []

City []

State []

ZIP code []