

**PayCertify, Inc.**

59 N Santa Cruz Ave, Suite Q, Las Gatos, CA 95030

Chase Harmer, Chief Executive Officer

**Date:** March 31, 2021**Application Facts:**

Industry **Fintech - HQ and Service**  
 NAICS **522320**  
 Type of App **New**  
 Location **Washoe County**  
 RDA EDawn, Stan Thomas

**Company Profile**

PayCertify, Inc. (PayCertify) plans to establish a Business Headquarters, data housing center, and customer service facility in Reno and hire and train employees from the local Reno area. The company is a California based e-commerce payments platform and fin-tech innovator that delivers end-to-end payment and fraud solutions to e-commerce merchants. PayCertify has built a solution that does more than just payment processing. It helps merchants increase their order acceptance while keeping fraud under control without a lot of added cost. Providing years of value to the airline, hospitality and e-commerce industries has positioned PayCertify to be the merchant services provider of choice for thousands of merchants in hundreds of industries across the globe.  
 Source: PayCertify, Inc.

**Tax Abatement Requirements:**

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	50	<b>65</b>	<b>Yes</b>
Average Wage	\$24.16	<b>\$29.31</b>	<b>Yes</b>
Equipment Capex (SU & MBT)	\$1,000,000	<b>\$2,318,894</b>	<b>Yes</b>
Equipment Capex (PP)			

**Additional Requirements:**

Health Insurance	65%	<b>80%</b>	<b>Yes</b>
Revenues generated outside NV	51%	<b>60%</b>	<b>Yes</b>
Business License	<input type="checkbox"/> Current	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Will comply

**Total Tax Liability** (without tax abatements)**\$5,823,152****Tax Abatements****Contract Terms****Estimated Tax Abatement**

Sales Tax Abmt.	2% for 2 years	\$145,279
Modified Business Tax Abmt.	50% for 4 years	\$113,430
Personal Property Tax Abmt.	50% for 10 years	\$38,496

**Total Estimated Tax Abatement over 10 yrs.****\$297,205****Net New Tax Revenues****Direct****Indirect****Taxes after Abatements****Local Taxes**

Property	\$351,244	\$1,947,747	\$2,298,991
Sales	\$0	\$1,390,549	\$1,390,549
Lodging	\$0	\$73,771	\$73,771

**State Taxes**

Property	\$17,109	\$115,703	\$132,812
Sales	\$46,378	\$541,354	\$587,732
Modified Business	\$756,825	\$260,677	\$1,017,502
Lodging	\$0	\$24,590	\$24,590

**Total Estimated New Tax Revenue over 10 yrs.****\$820,312****\$4,705,635****\$5,525,947****Economic Impact over 10 yrs.****Total****Construction****Total**

Total Jobs Supported	141	0	141
Total Payroll Supported	\$87,315,144	\$0	\$87,315,144
Total Economic Value	\$211,817,656	\$0	\$211,817,656

**IMPORTANT TERMS & INFORMATION**

**Tax Abatements are reduction or discount of tax liability and companies do not receive any form of payment.**

**Total Estimated Tax Abatement** is a tax reduction estimate. This estimated amount will be discounted from total tax liability.

**Estimated New Tax Revenue** is amount of tax revenues local and state government will collect after the abatement was given to applying company.

**Economic Impact** is economic effect or benefits that this company and it's operations will have on the community and state economy measured by total number of jobs, payroll and created output.

**ECONOMIC DEVELOPMENT**

**Incentive Application**

Company is an / a: (check one)

- New location in Nevada
- Expansion of a Nevada company

Company Name: PayCertify Inc

Date of Application: January 18, 2021

**Section 1 - Type of Incentives**

Please check all that the company is applying for on this application:

- Sales & Use Tax Abatement
- Modified Business Tax Abatement
- Personal Property Tax Abatement
- Sales & Use Tax Deferral
- Recycling Real Property Tax Abatement
- Other: Data Center Abatement

**Section 2 - Corporate Information**

COMPANY NAME (Legal name under which business will be transacted in Nevada) <u>PayCertify Inc.</u>			FEDERAL TAX ID # <u>471373049</u>
CORPORATE ADDRESS <u>59 N Santa Cruz Ave Suite Q</u>	CITY / TOWN <u>Los Gatos</u>	STATE / PROVINCE <u>CA</u>	ZIP <u>95030</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above) <u>748 S Meadow</u>	CITY / TOWN <u>Reno</u>	STATE / PROVINCE <u>NV</u>	ZIP <u>89521</u>
TELEPHONE NUMBER <u>408-857-7759</u>	WEBSITE <u><a href="http://www.paycertify.com">www.paycertify.com</a></u>		
COMPANY CONTACT NAME <u>Chase Harmer</u>	COMPANY CONTACT TITLE <u>CEO</u>		
E-MAIL ADDRESS <u><a href="mailto:chase@paycertify.com">chase@paycertify.com</a></u>	PREFERRED PHONE NUMBER <u>408-857-7759</u>		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development?  Yes  No

If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

**Section 3 - Program Requirements**

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- In urban areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly in rural areas, the average hourly wage will equal or exceed the lesser of the county-wide average hourly wage or statewide average hourly wage.

Note: Criteria is different depending on whether the business is in a county where the population is 100,000 or more or a city where the population is 60,000 or more "urban" area), or if the business is in a county where the population is less than 100,000 or a city where the population is less than 60,000 (i.e., "rural" area).

**Section 4 - Nevada Facility**

Type of Facility:

- Headquarters
- Technology
- Back Office Operations
- Research & Development / Intellectual Property
- Service Provider
- Distribution / Fulfillment
- Manufacturing
- Other: Data Center

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA <u>60%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Apr-2021</u>		
NAICS CODE / SIC <u>522320</u>	INDUSTRY TYPE <u>Fintech</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Customer Service and Client Success Growth Departments- Business Headquarters and Data Housing Center</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>707 W Pleasant Oak Trail</u>	CITY / TOWN <u>Reno</u>	COUNTY <u>Washoe County</u>	ZIP <u>89509</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>None</u>			

**Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)**

Check the applicable box when form has been completed.

- 5 (A)  Equipment List
- 5 (B)  Employment Schedule
- 5 (C)  Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.
- 5 (D)  Company Information Form

**Section 6 - Real Estate & Construction (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up - Plans Over the Next <u>Ten</u> Years	Expansions - Plans Over the Next <u>10</u> Years
<p>Part 1. Are you currently/planning on leasing space in Nevada? <u>Yes</u></p> <p><b>If No, skip to Part 2. If Yes, continue below:</b></p> <p>What year(s)? <u>2021-TBD</u></p> <p>How much space (sq. ft.)? <u>10,000</u></p> <p>Annual lease cost of space: <u>\$150,000.00</u></p> <p>Do you plan on making building tenant improvements? <u>Yes</u></p> <p><b>If No, skip to Part 2. If Yes *, continue below:</b></p> <p>When to make improvements (month, year)? <u>Feb-2022</u></p> <hr/> <p>Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? <u>Yes</u></p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p>Purchase date, if buying (month, year):</p> <p>How much space (sq. ft.)? <u>TBD</u></p> <p>Do you plan on making building improvements? <u>Yes</u></p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p>When to make improvements (month, year)? <u>Feb-2022</u></p> <hr/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>Yes</u></p> <p><b>If Yes *, continue below:</b></p> <p>When to break ground, if building (month, year)? <u>Feb-2022</u></p> <p>Estimated completion date, if building (month, year): <u>Feb-2023</u></p> <p>How much space (sq. ft.)? <u>15,000</u></p>	<p>Part 1. Are you currently leasing space in Nevada? _____</p> <p><b>If No, skip to Part 2. If Yes, continue below:</b></p> <p>What year(s)? _____</p> <p>How much space (sq. ft.)? _____</p> <p>Annual lease cost at current space: _____</p> <p>Due to expansion, will you lease additional space? _____</p> <p><b>If No, skip to Part 3. If Yes, continue below:</b></p> <p>Expanding at the current facility or a new facility? _____</p> <p>What year(s)? _____</p> <p>How much expanded space (sq. ft.)? _____</p> <p>Annual lease cost of expanded space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p>When to make improvements (month, year)? _____</p> <hr/> <p>Part 2. Are you currently operating at an owner occupied building in Nevada? _____</p> <p><b>If No, skip to Part 3. If Yes, continue below:</b></p> <p>How much space (sq. ft.)? _____</p> <p>Current assessed value of real property? _____</p> <p>Due to expansion, will you be making building improvements? _____</p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p>When to make improvements (month, year)? _____</p> <hr/> <p>Part 3. Do you plan on building or buying a new facility in Nevada? _____</p> <p><b>If Yes *, continue below:</b></p> <p>Purchase date, if buying (month, year): _____</p> <p>When to break ground, if building (month, year)? _____</p> <p>Estimated completion date, if building (month, year): _____</p> <p>How much space (sq. ft.)? _____</p>
<p><b>* Please complete Section 7 - Capital Investment for New Operations / Startup.</b></p>	<p><b>* Please complete Section 7 - Capital Investment for Expansions below.</b></p>

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

**Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): <u>\$2,000,000</u>	Building Purchase (if buying): _____
Building Costs (if building / making improvements): <u>TBD</u>	Building Costs (if building / making improvements): _____
Land: <u>\$250,000</u>	Land: _____
Equipment Cost: <u>\$2,318,894</u>	Equipment Cost: _____
<b>Total: <u>\$4,568,894</u></b>	<b>Total: _____</b>
	Is the equipment purchase for replacement of existing equipment? _____
	Current assessed value of personal property in NV: _____
	(Must <b>attach</b> the most recent assessment from the County Assessor's Office.)

**Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: <u>65</u>	How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of expanded operations?: _____
Average hourly wage of these <u>new</u> employees: <u>\$29.31</u>	Average hourly wage of these <u>new</u> employees: _____
	How many FTE employees prior to expansion?: _____
	Average hourly wage of these <u>existing</u> employees: _____
	Total number of employees after expansion: _____

\* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- Overtime                       Merit increases                       Tuition assistance                       Bonus  
 PTO / Sick / Vacation                       COLA adjustments                       Retirement Plan / Profit Sharing / 401(k)                       Other: \_\_\_\_\_

BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):

After 90 days, employees pick their plan and are offered enrollment into the program

**Section 9 - Employee Health Insurance Benefit Program**

Is health insurance for employees and is an option for dependents offered?:     Yes (attach health plan and quote or invoice)     No

Package includes (check all that apply):

- Medical                       Vision                       Dental                       Other: \_\_\_\_\_

Qualified after (check one):

- Upon employment                       Three months after hire date                       Six months after hire date                       Other: \_\_\_\_\_

Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: <u>PPO Employee Choice</u>	
Employer Contribution (annual premium per employee): <u>\$ 5,798</u>	Company: <u>80%</u>
Employee Contribution (annual premium per employee): <u>\$ 1,450</u>	Employee: <u>20%</u>
<b>Total Annual Premium:</b> <u>\$ 7,248</u>	

[SIGNATURE PAGE FOLLOWS]

**Section 10 - Certification**

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

Chase Harmer  
\_\_\_\_\_  
Name of person authorized for signature

*Chase Harmer*  
\_\_\_\_\_  
Signature

CEO  
\_\_\_\_\_  
Title

January 18, 2021  
\_\_\_\_\_  
Date

**Nevada Governor's Office of Economic Development**  
555 E. Washington Ave., Ste 5400 • Las Vegas, Nevada 89101 • 702.486.2700 • (Fax) 702.486.2701 • [www.diversifynevada.com](http://www.diversifynevada.com)

## Site Selection Factors

Company Name: PayCertify Inc.

County: Washoe County

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### Section I - Site Selection Ratings

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Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

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Availability of qualified workforce:	<u>5</u>	Transportation infrastructure:	<u>1</u>
Labor costs:	<u>4</u>	Transportation costs:	<u>1</u>
Real estate availability:	<u>3</u>	State and local tax structure:	<u>5</u>
Real estate costs:	<u>5</u>	State and local incentives:	<u>5</u>
Utility infrastructure:	<u>3</u>	Business permitting & regulatory structure:	<u>5</u>
Utility costs:	<u>3</u>	Access to higher education resources:	<u>4</u>

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Please summarize the importance of the abatement program to your decision (please include at least a paragraph summary):



## 5(B) Employment Schedule

Company Name: PayCertify, Inc.

County: Washoe County

### Section I - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application. A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

Please use the Bureau of Labor Statistics Standard Occupational Classification System (SOC) link to populate section (b): [https://www.bls.gov/soc/2018/major\\_groups.htm#11-0000](https://www.bls.gov/soc/2018/major_groups.htm#11-0000)

(a) New Hire Position Title/Description	(b) Position SOC Code	(c) Number of Positions	(d) Average Hourly Wage	(e) US Bureau of Labor Statistics Average Hourly Wage - Washoe County	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
General and Operations Managers	11-1021	5	\$45.00	\$59.17	40	\$93,600.00	\$468,000.00
Compensation and Benefits Managers	11-3111	2	\$30.00	U	40	\$62,400.00	\$124,800.00
Sales Managers	11-2022	2	\$35.00	\$70.73	40	\$72,800.00	\$145,600.00
Compliance Officers	13-1041	3	\$50.00	\$34.61	40	\$104,000.00	\$312,000.00
Lawyers	23-1011	1	\$45.00	\$61.20	40	\$93,600.00	\$93,600.00
Education Administrators, All Other	11-9039	40	\$25.00	\$35.66	40	\$52,000.00	\$2,080,000.00
Bill and Account Collectors	43-3011	5	\$25.00	\$25.00	40	\$52,000.00	\$260,000.00
Advertising and Promotions Managers	11-2011	2	\$25.00	U	40	\$52,000.00	\$104,000.00
Market Research Analysts and Marketing Specialists	13-1161	2	\$30.00	\$25.45	40	\$62,400.00	\$124,800.00
Administrative Services Managers	11-3011	3	\$40.00	\$44.65	40	\$83,200.00	\$249,600.00
<b>TOTAL</b>		<b>65</b>	<b>\$29.31</b>				<b>\$3,962,400.00</b>

### Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete columns (b) and (c). These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment. **Please enter the estimated new full time employees on a year by year basis (not cumulative)**

(a) Year	(b) Number of New FTE(s)	(c) Average Hourly Wage	(d) Payroll
3-Year	65	\$40.00	\$5,408,000.00
4-Year	80	\$40.00	\$6,656,000.00
5-Year	100	\$40.00	\$8,320,000.00

\* Column (e) determines if wage is commensurate to current wage ranges in the region the company plans to locate/is located. For these purposes the mean average hourly wage for the location has been used.

U = Unknown / data set for region is not currently available.

Source: [US Bureau of Labor Statistics](#)



## 5(C) Evaluation of Health Plans Offered by Companies

Company Name: PayCertify Inc. County: Washoe County

Total Number of Full-Time Employees: 65  
 Average Hourly Wage per Employee \$29.31  
 Average Annual Wage per Employee (implied) \$60,960.00

### COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$7,248.00  
 Percentage of Premium Covered by:  
 Company 80%  
 Employee 20%

### HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:	PPO 700
Deductible - per employee	\$ 700
Coinsurance	(company) 100% / 00% (employee)
Out-of-Pocket Maximum per employee	\$ 4,000

Additional Health Insurance Plan*:	Health Insurance Plan
Deductible - per employee	\$ -
Coinsurance	0% / 0%
Out-of-Pocket Maximum per employee	\$ -

Additional Health Insurance Plan*:	Health Insurance Plan
Deductible - per employee	\$ -
Coinsurance	n.a
Out-of-Pocket Maximum per employee	n/a

\*Note: **Please list only "In Network" for deductible and out of the pocket amounts .**

### Generalized Criteria for Essential Health Benefits (EHB)

[following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022]

Covered employee's premium not to exceed 9.5% of annual wage	3.0%	MMQ
Annual Out-of-Pocket Maximum not to exceed \$8,550 (2021)	\$4,000	MMQ

Minimum essential health benefits covered (Company offers PPO):

- (A) Ambulatory patient services
- (B) Emergency services
- (C) Hospitalization
- (D) Maternity and newborn care
- (E) Mental health/substance use disorder/behavioral health treatment
- (F) Prescription drugs
- (G) Rehabilitative and habilitative services and devices
- (H) Laboratory services
- (I) Preventive and wellness services and chronic disease management
- (J) Pediatric services, including oral and vision care

No Annual Limits on Essential Health Benefits

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached a qualified plan with information highlighting where our plan reflects meeting the 65% minimum threshold for the employee paid portion of the plan for GOED to independently confirm the same.

Chase Harmer

*Chase Harmer*

Name of person authorized for signature

Signature

CEO

3/15/.21

Title

Date

## 5(D) Company Information

Company Name: PayCertify Inc.

County: Washoe County

### Section I - Company Interest List

Directions: Please provide a detailed list of owners and/or members of the company. *The Governor's Office of Economic Development strives to maintain the highest standards of integrity, and it is vital that the public be confident of our commitment. Accordingly, any conflict or appearance of a conflict must be avoided. To maintain our integrity and credibility, the applicant is required to provide a detailed list of owners, members, equity holders and Board members of the company.*

(a) Name	(b) Title
Chase Harmer	CEO
Jayesh Patel	Director
Steve Mays	CTO
Brian Reyes	CMO
Mike	CFO

### Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No  Yes

**If Yes, continue below:**

Directions: In order to include affiliates/subsidiaries, under the exemption letter, they must to be added to the Contract. Per standard practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the below table to show the exact relationships between the companies and include:

1. The names as they would read on the tax exemption letter.
2. Which entity(ies) will do the hiring?
3. Which entity(ies) will be purchasing the equipment?

Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship

Please include any additional details below: