

Sharing the cost of education

Application for Pennsylvania Tax Credits

Business Name: _____ FEIN: _____

Address: _____ City/ST/ZIP: _____

County: _____ Municipality: _____

NAICS Code: _____ Entity Type: Partnership LLC S Corporation
 C Corporation LLP

Business is incorporated in PA: Yes No Business is registered to do business in PA: Yes No

Enterprise Type (select all that apply):

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Agri-Processor	<input type="checkbox"/> Agri-Producer	<input type="checkbox"/> Authority	<input type="checkbox"/> Biotech/Life Sciences
<input type="checkbox"/> Business Financial Svcs	<input type="checkbox"/> Call Center	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Commercial	<input type="checkbox"/> Community Dev. Provider
<input type="checkbox"/> Computer & Clerical	<input type="checkbox"/> Defense Related	<input type="checkbox"/> Economic Dev. Provider	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Emergency Responder
<input type="checkbox"/> Exempt Facility	<input type="checkbox"/> Export Manufacturing	<input type="checkbox"/> Export Service	<input type="checkbox"/> Food Processing	<input type="checkbox"/> Government
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Recycling	<input type="checkbox"/> Regional & National Headquarters	<input type="checkbox"/> Research & Development	
<input type="checkbox"/> Retail	<input type="checkbox"/> Social Services provider	<input type="checkbox"/> Tourism Promotion	<input type="checkbox"/> Warehouse & Terminal	<input type="checkbox"/> Other

CEO Name: _____ CEO Title: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Fax (Opt): _____

Contact Email Address: _____

Tax Year End (Month/Day): _____ / _____ PA Corporate Tax Account ID #: _____

This application is for the following commitment:

- Year 1 of a 1 Year Commitment (75% Tax Credit)
- Year 1 of a 2 Year Commitment (90% Tax Credit)
- Year 2 of a 2 Year Commitment (90% Tax Credit)

Amount to be contributed: \$ _____

This application is for the following program:

- EITC Grades K-12 ***NEW***(first-time applicants only) If EITC is full, convert my application to OSTC Yes No
- OSTC 1-year EITC Pre-Kindergarten ***NEW*** 2-year EITC Pre-Kindergarten

I hereby certify that all information contained herein is true and correct to the best of my knowledge. I am aware that contributions must be made within 60 days of the date on the approval letter and receipts must be forwarded to the DCED within 90 days of approval. I hereby authorize Faith Builders Scholarship Services to apply electronically for these tax credits on my behalf using the information contained in this application.

Signature: _____ Date: _____

Print Name: _____ Title: _____

