



**Pennsylvania DCED Single Online Application Preparation Form for Educational Improvement Tax Credit**

Use this form in preparing your own application, or complete and have AIM Academy submit on your behalf. For more information, contact Joy Antonoplos, Associate Director of Institutional Advancement, 215-948-9335, [jantonoplos@aimpa.org](mailto:jantonoplos@aimpa.org).

First-time applicants submit applications on July 2, 2018.

Applications received prior to July 2 **will not** be accepted by the State.

1. Have you registered on the DCED website [newpa.com/eitc](http://newpa.com/eitc). Hit the “Apply” button at the top

Yes..... Your User Name \_\_\_\_\_ Password \_\_\_\_\_

No, register me with a User Name \_\_\_\_\_ Password \_\_\_\_\_

2. Company Entity Type:

Limited Liability Partnership

Government

Sole Proprietorship

S Corporation

Partnership

Non-Profit Corporation

Limited Liability Corporation

C Corporation

3. Applicant (Company) Name \_\_\_\_\_

4. Incorporated in PA  No  Yes Registered to do business in PA:  No  Yes

5. NAICS Code \_\_\_\_\_ North American Industry Classification System – use drop down menu on application or <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017>

6. PA Revenue Tax Box #: **leave blank**

7. FEIN or SSN \_\_\_\_\_

8. CEO Name \_\_\_\_\_ CEO Title \_\_\_\_\_

9. SAP Vendor #: **leave blank**

10. Company/Entity Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

11. Are you applying for  EITC  OSTC

EITC amount to be donated per year: \_\_\_\_\_

OSTC amount to be donated per year: \_\_\_\_\_

12. Enterprise Type: Check the appropriate box(es) below to indicate the types of enterprises that describe your organization.

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

13. Business Tax Year-End (mm/day): \_\_\_\_\_

14. Revenue ID Number \_\_\_\_\_ (If you do not have one, write: 0000-000)

15. This application is for the following commitment

- Year 1 of a one-year commitment (75% tax credit)
- Year 1 of a two-year commitment (90% tax credit)
- Year 2 of a two-year commitment (90% tax credit)

I hereby certify that all information contained herein is true and correct to the best of my knowledge. I acknowledge that tax credits will be awarded only for approved contributions made to Scholarship Organizations listed by the Department (DCED) at [newpa.com/eitc](http://newpa.com/eitc). I am aware that contributions must be made within 60 days of the date on the approval letter and receipts must be forwarded to DCED by the business within 90 days of approval. Furthermore, I acknowledge that if I knowingly make false statements to obtain tax credits, I (company, entity and signer) may be subject to criminal prosecution. I am authorizing my completion of this application to the PA DCED by a third party.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_