

## Pennsylvania DCED Single Online Application Preparation Form for Educational Improvement Tax Credit (EITC = PKSO, SO & EIO) and Opportunity Scholarship Tax Credit (OSTC)

Use this form in preparing for your own application, or complete and have someone else submit it on your behalf. For more information, contact Ellen Horowitz Matz, Director, Education Tax Credit Program, at 215.832.0525 or at ematz@jewishphilly.org.

| 1. H  | lave you registered on the DCED website <a href="dced.pa.gov/eitc">dced.pa.gov/eitc</a> ?                                    | Hit the "Apply" button at the top. |  |  |  |
|-------|--|------------------------------------|--|--|--|
|       | Yes Your User Name No, please register me with a User Name   | Your Password                      |  |  |  |
|       | No, please register me with a User Name  | and Password                       |  |  |  |
| 2. S  | select for which program the application is being made: (EITC  | C for SO, PKSO & EIO) or OSTC      |  |  |  |
| APP   | LICANT INFORMATION PAGE  |                                    |  |  |  |
| 1. C  | Company Entity Type:   |                                    |  |  |  |
|       | Limited Liability Partnership  | ☐ Sole Proprietorship              | □ S Corporation                              |  |  |
|       | ☐ Partnership ☐ Non Profit Corporation   | ☐ Limited Liability Corporation    | ☐ C Corporation                              |  |  |
| 2. A  | pplicant (Company) Name  |                                    |  |  |  |
| 3. Ir | Incorporated in PA□ No □ Yes Registered to do business in PA□ No □ Yes   |                                    |  |  |  |
| 4. N  | I. NAICS Code Use the drop down menu provided on the application to find the code.   |                                    |  |  |  |
| 5. F  | A Revenue Tax Box # <u>leave blank</u>   |                                    |  |  |  |
| 6. F  | EIN or SSN   |                                    |  |  |  |
| 7. C  | DUNS # <u>leave blank</u>  |                                    |  |  |  |
| 8. C  | s. CEO Name CEO Title  |                                    |  |  |  |
| 9. S  | AP Vendor # <i>leave blank</i>   |                                    |  |  |  |
| 10.   | Application Contact Name   | Title                              |  |  |  |
| F     | Phone Fax  | Email                              |  |  |  |
| N     | Mailing Address, City, State, ZIP  |                                    |  |  |  |
| 11. E | Enterprise type  | (see list on application)          |  |  |  |
|       | DEND A PAGE  |                                    |  |  |  |
|       | ose "Statewide Program" from first "County" dropdown menu v<br>u applied for EITC (SO, PKSO or EIO) and the tax credits are  |                                    | noved for OSTC conside                       |  |  |
|       | (If yes, you will lose your place on the EITC wait list.) 🗖 No   | □Yes                               |  |  |  |
| 1. B  | usiness Tax Year End(MM/DD)  |                                    |  |  |  |
| 2. R  | evenue ID Number (If you do not have   | one type "000000000")              |  |  |  |
| 3. V  | Vill the contribution be personal property or services? <b>Select</b>  | NO                                 |  |  |  |
| Jplo  | pad files Do not upload any files  |                                    |  |  |  |
| 4 ^   |  | Sandriib iddia a will ba dhi d f   | ah af tha O                                  |  |  |
|       | pplying for ( <i>check all that apply and put in amounts. Note: C</i><br>I Pre-K EITC (PKSO) amount to be donated per year\$ |                                    | un or the 2 years)                           |  |  |
|       | ☐ K-12 EITC (SO) amount to be donated per year\$   |                                    |  |  |  |
|       | K-12 OSTC (OSTC) amount to be donated per year\$   |                                    | ion is made from a different link on the LOG |  |  |
|       | ⊒ EIO amount to be donated per year <u>s</u>   |                                    |  |  |  |

| This application is for the following commitment  Year 1 of a 1-Year Commitment (75% Tax  Year 1 of a 2-Year Commitment (90% Tax  Year 2 of a 2-Year Commitment (90% Tax   | x Credit) – not preferred<br>x Credit)   |   |  |  |  |
|--|--|---|--|--|--|
| Complete total being donated \$  | _  |   |  |  |  |
| 6. Hit the <u>"Calculate Tax Credit"</u> link  |  |   |  |  |  |
| APPLICATION CERTIFICATION PAGE   |  |   |  |  |  |
| If you or someone else is submitting on your bel submitting.   | half, be sure to check the appropr   | iate boxes and include the name of the person           |  |  |  |
| SAVE BUT DO NOT SUBMIT UNTIL  MAY 15, 2018 (for renewing participants)  JULY 2, 2018 (for brand new/first time applications)  (Note: Since July 1 <sup>st</sup> falls on a Sunday this year, the state has moved the application date to July 2 <sup>nd</sup> . DO NOT submit on the usual July 1 <sup>st</sup> , otherwise the application will be rejected. It is imperative that you wait until July 2 <sup>nd</sup> .)  OTHERWISE YOUR APPLICATON WILL BE DENIED AS THE STATE WILL READ IT AS AN APPLICATION FOR THE PREVIOUS YEARS TAX CREDITS WHICH HAVE ALL BEEN EXPENDED |  |   |  |  |  |
|  |  | oplication on their behalf, please read and sign below: |  |  |  |
| for approved contributions made to Scholarship Organ<br>be made within 60 days of the date on the approval let   | nizations listed by the Department (DC<br>tter and receipts must be forwarded to<br>alse statements to obtain tax credits, I | (company, entity and signer) may be subject to criminal |  |  |  |
| Signature  | Title  |   |  |  |  |
| Printed Name   | Date   |   |  |  |  |