

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 Programs, at 215.832.0525 or at ematz@jewishphilly.org.

1. Have you registered on the DCED website dced.pa.gov/eitc? Hit the "Apply" button at the top.

- Yes Your User Name _____ Your Password _____
 No, please register me with a User Name _____ and Password _____

2. Select for which program the application is being made: (EITC for SO, PKSO & EIO) or OSTC

APPLICANT INFORMATION PAGE

1. Company Entity Type:

- Limited Liability Partnership Government Sole Proprietorship S Corporation
 Partnership Non Profit Corporation Limited Liability Corporation C Corporation

2. Applicant (Company) Name _____

3. Incorporated in PA..... No Yes Registered to do business in PA..... No Yes

4. NAICS Code _____ Use the drop down menu provided on the application to find the code.

5. PA Revenue Tax Box # **leave blank**

6. FEIN or SSN _____

7. DUNS # **leave blank**

8. CEO Name _____ CEO Title _____

9. SAP Vendor # **leave blank**

10. Application Contact Name _____ Title _____

Phone _____ Fax _____ Email _____

Mailing Address, City, State, ZIP _____

11. Enterprise type _____ (see list on application)

ADDEND A PAGE

Choose "Statewide Program" from first "County" dropdown menu which initiates easy autofill.

If you applied for EITC (SO, PKSO or EIO) and the tax credits are taken, should your application be moved for OSTC consideration?

(If yes, you will lose your place on the EITC wait list.) No Yes

1. Business Tax Year End _____ (MM/DD)

2. Revenue ID Number _____ (If you do not have one type "0000000000")

3. Will the contribution be personal property or services? **Select NO**

Upload files **Do not upload any files**

4. Applying for (check all that apply and put in amounts. Note: Contribution will be this amount for each of the 2 years)

- Pre-K EITC (PKSO) amount to be donated per year\$ _____
 K-12 EITC (SO) amount to be donated per year\$ _____
 K-12 OSTC (OSTC) amount to be donated per year.....\$ _____ (reminder: application is made from a different link on the LOGIN page)
 EIO amount to be donated per year **speak with the Foundation for Jewish Day Schools first**

This application is for the following commitment

- Year 1 of a 1-Year Commitment (75% Tax Credit) – not preferred
- Year 1 of a 2-Year Commitment (90% Tax Credit)
- Year 2 of a 2-Year Commitment (90% Tax Credit)

5. Complete total being donated \$ _____

6. Hit the "[Calculate Tax Credit](#)" link

APPLICATION CERTIFICATION PAGE

If you or someone else is submitting on your behalf, be sure to check the appropriate boxes and include the name of the person submitting.

**SAVE BUT DO NOT SUBMIT UNTIL
MAY 15, 2019 (for renewing participants)
JULY 1, 2019 (for brand new/first time applications)**

Due to the extremely high demand for this program, the best chance for approval of your application is if it is submitted on July 1st, not before and not after. OTHERWISE, YOUR APPLICATION WILL BE DENIED AS THE STATE WILL READ IT AS AN APPLICATION FOR THE PREVIOUS YEARS TAX CREDITS WHICH HAVE ALL BEEN EXPENDED

For those requesting that the Foundation for Jewish Day Schools complete the application on their behalf, please read and sign below:

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 dced.pa.gov/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 _____