

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. Have you registered on the D	OCED website dced.pa.gov/eitc?	Hit the "Apply" button at the top.		
☐ Yes Your User Name ☐ No, please register me wit	h a User Name	Your Passwordand Password		
2. Select for which program the	application is being made: (EITC	C for SO, PKSO & EIO) or OSTC		
APPLICANT INFORMATION PA	AGE			
 Company Entity Type: Limited Liability Partnershi Partnership 	p ☐ Government ☐ Non Profit Corporation			
2. Applicant (Company) Name				
3. Incorporated in PA□ N	o ☐ Yes Registered to	do business in PA ☐ No ☐ Ye	es :	
4. NAICS Code	Code Use the drop down menu provided on the application to find the code.			
5. PA Revenue Tax Box # <i>leave</i>	<u>s blank</u>			
6. FEIN or SSN				
7. DUNS # <u>leave blank</u>				
8. UEI# <u>leave blank</u>				
9. CEO Name	CEO Title			
10.SAP Vendor # <u>leave blank</u>				
11.Application Contact Name _		Title		
Phone	Fax	Email		
Mailing Address, City, State,	ZIP			
12.Enterprise type		(see list on application)		
ADDEND A PAGE				
Choose "Statewide Program" fro If you applied for EITC (SO, PK	om first "County" dropdown menu v SO or EIO) and the tax credits are	which initiates easy autofill. e taken, should your application be n	noved for OSTC co	
(If yes, you will lose your pla	ce on the EITC wait list.) ☐ No	☐ Yes		
Business Tax Year End	(MM/DD)			
2. Revenue ID Number	(If you do not have one type "000000000")			
3. Will the contribution be perso	nal property or services? Select	NO		

Upload files Do not upload any files

4. Applying for (<i>check all that apply and put in am</i> ☐ Pre-K EITC (PKSO) amount to be donated		
☐ K-12 EITC (SO) amount to be donated per		
		(reminder: application is made from a different link on the LOGIN page)
		the Foundation for Jewish Day Schools first
= 2.10 difficulty to 50 defiation per year		
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 (Credit)	
5. 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 behasubmitting.	alf, be sure to check the a	opropriate boxes and include the name of the person
SAN	VE BUT DO NOT SUI	BMIT UNTIL
MAY 1	5, 2024 (for renewin	g participants)
JULY 1, 202	24 (for brand new/firs	st time applications)
		D AS THE STATE WILL READ IT AS AN DITS WHICH HAVE ALL BEEN EXPENDED
For those requesting that the Foundation for Jew	ish Day Schools complete	the application on their behalf, please read and sign below:
for approved contributions made to Scholarship Organiz be made within 60 days of the date on the approval lette	zations listed by the Departme er and receipts must be forwa Ise statements to obtain tax cr	my knowledge. I acknowledge that tax credits will be awarded only ent (DCED) at dced.pa.gov/eitc. I am aware that contributions must rded to DCED by the business within 90 days of approval. redits, I (company, entity and signer) may be subject to criminal third party.
Signature	Title	
Printed Name	Date	