



SALES / ASSIGNMENT APPLICATION

	Date Received <i>(To be filled in by DCED)</i>	Application Number: <i>(To be filled in by DCED)</i>
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SECTION I	
SELLER NAME:	
ADDRESS:	
PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS:	KEYSTONE INNOVATION ZONE IN WHICH THE COMPANY IS LOCATED:
STATE SENATORIAL DISTRICT #:	STATE REPRESENTATIVE DISTRICT #:
<i>Please use the name and address on record with the Pennsylvania Department of Revenue unless that information has been changed and is no longer valid. Please also be aware that approval or rejection notification will be sent via the US Postal Service to the address listed above. Notification of issues related to the application while in process will be emailed to the address above.</i>	
TAXPAYER IDENTIFICATION (SSN, FEIN OR BOX NUMBER) OF SELLER:	
DATE OF ISSUE OR APPROVAL OF KIZ TAX CREDITS TO BE SOLD: 12/15/20	Attach a copy of the KIZ Tax Credit certificate to this application
TOTAL AMOUNT OF ORIGINAL AWARD: .00	Please use separate applications if tax credits issued on different dates are to be sold or credits from a single award are to be sold to multiple buyers.
Has any portion of the approved KIZ Tax Credit been used against a tax liability of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$.00	
Has any portion of the approved KIZ Tax Credit previously been sold? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$.00	
AMOUNT OF UNUSED APPROVED KIZ TAX CREDIT FROM THE LISTED ISSUE OR APPROVAL DATE: .00	
Is this the amount to be sold or passed-through under this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how much is to be sold or passed-through? \$.00	TOTAL AMOUNT OF KIZ TAX CREDIT TO BE SOLD: \$.00
<p>Note: Pennsylvania's Department of Revenue (DOR) will not approve the transfer of KIZ Tax Credits until the applicant has filed all required State tax reports and returns for all taxable years and paid any balance of State tax due as determined by the Department of Revenue.</p> <p><input type="checkbox"/> By checking this box, I confirm that the applicant is in compliance with the requirements detailed in the paragraph above (including, having filed the tax returns for the year that the KIZ Tax Credit was issued). The box must be checked by the applicant or its representative in order for DCED to process application.</p> <p>Do Not Send A Copy of the Applicant's Filed Tax Returns.</p>	
<i>I, the undersigned, do hereby declare and certify that I am a corporate officer, general partner or limited liability company member of the above named KIZ Tax Credit Seller and that I have authority to bind the above named KIZ Tax Credit Seller.</i>	
Signature of Company Official	Date
Whenever possible, the signature above should be the same person that was named on the award certificate	
Printed Name <i>(Please note this is the individual that the approval letter will be sent to.)</i>	
Printed Title or Affiliation to the KIZ Company	Phone

Round figures to the nearest whole dollar amount.

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SECTION III	
KIZ TAX CREDIT BUYER NAME:	
ADDRESS:	
PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS:	
STATE SENATORIAL DISTRICT #:	STATE REPRESENTATIVE DISTRICT #:
<p><i>Please use the name and address on record with the Pennsylvania Department of Revenue unless that information has been changed and is no longer valid. Please also be aware that approval or rejection notification will be sent via the US Postal Service to the address listed above. Notification of issues related to the application while in process will be emailed to the address above.</i></p>	
TAXPAYER IDENTIFICATION (SSN, FEIN OR BOX NUMBER) OF BUYER:	
DOLLAR AMOUNT AGREED UPON TO COMPLETE THE SALE: \$.00	Were the services of any agent(s) or facilitator(s) used to arrange this prospective KIZ Tax Credit sale? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF THE SERVICES OF ANY AGENT(S) OR FACILITATOR(S) WERE USED, PLEASE IDENTIFY THE AGENT(S) OR FACILITATOR(S) AND PROVIDE THEIR CONTACT INFORMATION:	
WHAT, IF ANY, FEE OR COMMISSION WAS, OR IS, BEING PAID TO EACH AGENT(S) OR FACILITATOR(S) LISTED ABOVE? Agent #1 \$ _____ .00 Agent #2 \$ _____ .00 Total Fee \$ _____ .00	
Signature of Buyer	Date
Printed Name	
Printed Title or Affiliation to the Business	Phone

Round figures to the nearest whole dollar.

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SECTION IV

If you would like to allow the Technology Investment Office to release information concerning the progress of the transfer of your tax credit to the agent(s) or facilitator(s) listed in section III above please sign and date the "Consent to Release Information" below. Executing the "Consent to Release Information" will serve as your consent to release the tax credit transfer information to the party listed above.

Disclaimer: Third party agents/facilitators are entirely independent of the Department of Community and Economic Development and the Commonwealth of Pennsylvania. Neither the Department of Community and Economic Development nor the Commonwealth of Pennsylvania are affiliated with or endorse or recommend any third party agents/facilitators or the products or services of any third party agents/facilitators. Nor, do the Department of Community and Economic Development and the Commonwealth of Pennsylvania warrant or assume any legal liability or responsibility for the accuracy, completeness or usefulness of any information or service provided by any third party agents/facilitators. Engagement of any third party agents/facilitators is solely between the applicant and the third party agents/facilitators.

Seller/Assignor Consent to Release Information

I, _____, on behalf of _____ (the "Seller" or "Assignor")
(name) (company)

do hereby consent to and authorize the Pennsylvania Department of Community and Economic Development Technology Investment Office to disclose to the agent(s) or facilitator(s) listed above in part "III. Information on the KIZ Tax Credit Sale" any and all information, including tax information, concerning the sale or assignment of Seller's or Assignor's Keystone Innovation Zone Tax Credits for the sole purpose of facilitating the completion of the assignment or sale of the tax credits.

In providing such information, neither the Department of Community and Economic Development nor the Commonwealth of Pennsylvania shall be deemed liable for any act of commission or omission, excluding willful misconduct or gross negligence, nor for any error of judgment or mistake of fact or law.

I fully understand the nature of this consent and authorization, and understand that signing it is not a condition of my eligibility for assignment or sale of the tax credits and that my authorization shall remain effective from the date of my signature until the completion of the assignment or sale of the tax credits at which time it will automatically expire. I understand that I may revoke this consent and authorization at any time by written, dated communication except to the extent the person making the disclosure has acted in reliance on it.

I, the undersigned, do hereby declare and certify that I am a corporate officer, general partner or limited liability company member of the above named prospective KIZ Tax Credit Seller and that I have authority to bind the above named prospective KIZ Tax Credit Seller.

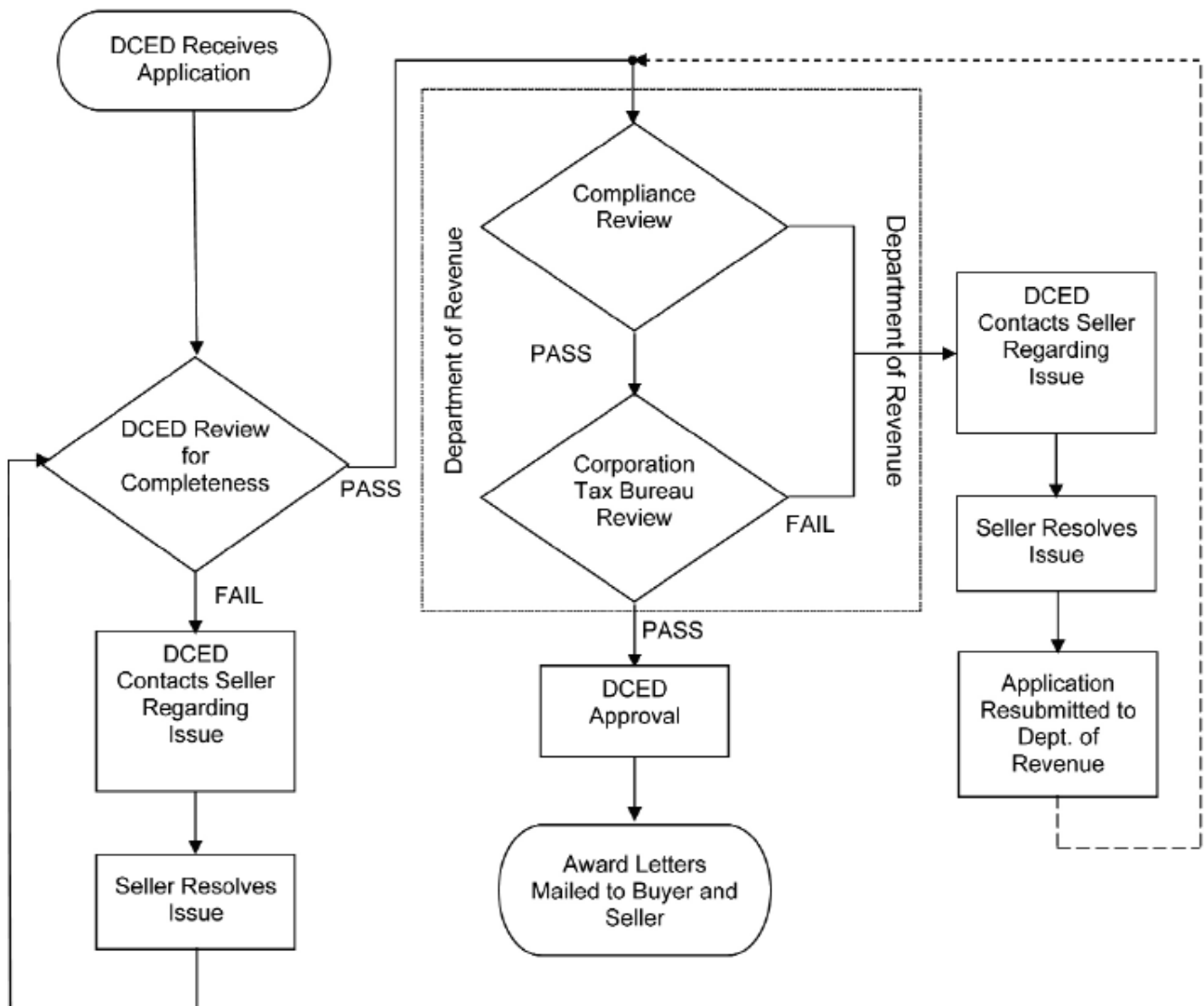
The undersigned has executed this Consent and Authorization to Release Information this _____ day of _____, 20____.

Seller or Assignor Company		Date
Signature of Company Official		
Printed Name		
Printed Title or Affiliation to the KIZ Company		Phone

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<p>Buyer/Assignee Consent to Release Information</p> <p>I, _____, on behalf of _____ (the "Buyer" or "Assignee") <small>(name) (company)</small></p> <p>do hereby consent to and authorize the Pennsylvania Department of Community and Economic Development Technology Investment Office to disclose to the agent(s) or facilitator(s) listed above in part "III. Information on the KIZ Tax Credit Sale" any and all information, including tax information, concerning the sale or assignment of Buyer's or Assignee's Keystone Innovation Zone Tax Credits for the sole purpose of facilitating the completion of the assignment or sale of the tax credits.</p> <p>In providing such information, neither the Department of Community and Economic Development nor the Commonwealth of Pennsylvania shall be deemed liable for any act of commission or omission, excluding willful misconduct or gross negligence, nor for any error of judgment or mistake of fact or law.</p> <p>I fully understand the nature of this consent and authorization, and understand that signing it is not a condition of my eligibility for assignment or sale of the tax credits and that my authorization shall remain effective from the date of my signature until the completion of the assignment or sale of the tax credits at which time it will automatically expire. I understand that I may revoke this consent and authorization at any time by written, dated communication except to the extent the person making the disclosure has acted in reliance on it.</p>	
<p>I, the undersigned, do hereby declare and certify that I am the prospective KIZ Tax Credit Buyer or if applicable the corporate officer, general partner or limited liability company member of the above named prospective KIZ Tax Credit Buyer and that I have authority to bind the above named prospective KIZ Tax Credit Buyer.</p> <p>The undersigned has executed this Consent and Authorization to Release Information this _____ day of _____, 20____.</p>	
<p>Buyer or Assignee</p>	<p>Date</p>
<p>Signature of Company Official / Buyer / Assignee</p>	
<p>Printed Name</p>	
<p>Printed Title or Affiliation to Buyer / Assignee</p>	<p>Phone</p>

KIZ Tax Credit Sale Process Flow Chart



Additional Information

- > A reasonable expectation for turnaround time for an application to complete this process is **60 Days**. Problems with applications will increase the anticipated processing time.
- > All KIZ Tax Credit inquiries should be emailed to RA-TechInvTaxCredit@state.pa.us.
- > Approval letters will be mailed via the US Postal Service to the Buyer and Sellers **only**.