



# QUALIFIED MANUFACTURING INNOVATION AND REINVESTMENT DEDUCTION TAX COMPLIANCE FORM

APPENDIX C

## SECTION I: GENERAL INFORMATION

Enter the applicant's name, as registered under the Federal Employer Identification Number or Social Security Number.

1. CURRENT BUSINESS OR APPLICANT'S NAME:			
2. ADDRESS			
3. CITY:		4. STATE:	5. ZIP:
6. FEDERAL TAXPAYER ID (FEIN) OR SSN:	7. INDICATE TAX NUMBER IN QUESTION 6: <input type="checkbox"/> FEIN <input type="checkbox"/> SSN		8. PA REVENUE #:

## SECTION II: SHAREHOLDER / PARTNER / MEMBER INFORMATION

Name of Entity or Individual	Tax Number	FEIN or SSN	Ownership %	Phone	Email
		<input type="checkbox"/> FEIN <input type="checkbox"/> SSN			
		<input type="checkbox"/> FEIN <input type="checkbox"/> SSN			
		<input type="checkbox"/> FEIN <input type="checkbox"/> SSN			
		<input type="checkbox"/> FEIN <input type="checkbox"/> SSN			
		<input type="checkbox"/> FEIN <input type="checkbox"/> SSN			

**Note:** Ownership must add up to 100%. The entity will be deemed non-compliant if any shareholder, partner or member with a 20% or greater ownership interest fails the clearance for tax compliance.

Name of Entity or Individual	Street Address	City	State	Zip

Due to taxpayer confidentiality, notification of non-compliance for a shareholder, member or partner must be communicated to the non-compliant party.

## SECTION III: AUTHORIZATION

I declare under penalty of perjury that I am the owner, officer or member of the business for which tax clearance is requested and that the information entered is true.

1. NAME:			
2. ADDRESS			
3. CITY:		4. STATE:	5. ZIP:
6. PHONE NUMBER:	7. EMAIL ADDRESS:		