



KEYSTONE INNOVATION ZONE TAX CREDIT TAX COMPLIANCE FORM

APPENDIX B

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:

8. PA REVENUE #:

 FEIN SSN

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: