



# TAX COMPLIANCE FORM

## Keystone Innovation Zone Tax Credit

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 CODE:
6. FEDERAL TAXPAYER ID (FEIN) OR SSN:	7. QUESTION 6 IS AN EIN OR SSN?		8. PA REVENUE #:	

### SECTION II: SHAREHOLDER / PARTNER / MEMBER INFORMATION

**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. Incomplete or missing tax ID numbers will result in application non-compliance.

If Entity: Name	If Individual:		Tax Number	EIN or SSN	Ownership %
	Last Name	First Name			
<b>Total Ownership:</b>					%

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

Name of Entity or Individual	Street Address	City	State	Zip Code

### 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 CODE:
6. PHONE NUMBER:	7. EMAIL ADDRESS:			