

EITC APPLICATION REGISTRATION INFORMATION

Application Contact First Name _____ Last Name _____

Application Contact Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

User Name (No symbols) _____

Password (At least 1 upper case, lower case, number & symbol (min. 8)) _____

Security Question _____

Answer _____

Corporation Type

<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Partnership	<input type="radio"/> Sole Proprietorship
<input type="radio"/> Limited Liability Company	<input type="radio"/> S Corporation	<input type="radio"/> C Corporation

EIN / SSN _____

Company Name _____

Incorporated in PA? _____ Registered to do business in PA? _____

CEO _____ CEO Title _____

Business Tax Year End month and day (MM/DD) _____

Company PA Revenue ID Number _____

Dollar Amount to be Donated _____

Check one: SO Year 1 Commitment (75% Tax Credit) _____
SO Year 1 of 2 Year Commitment (90% Tax Credit) _____