children's scholarship fund PHILADELPHIA

Single Application for PA Educational Tax Credits: Opportunity Scholarship Tax Credit (OSTC) and Educational Improvement Tax Credit (EITC)

Returning Applicants (www.newpa.com log in)

Username: _____

Password: _____

New Applicants (Choose a unique entry* or we can do that for you)

Username: _____

Password: _____

*Minimum 8 characters. Include uppercase and lowercase letter, number and symbol.

Main Contact Information

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Company CEO: _____

Company Entity Information

Company Entity Name (for tax purposes): _____

Business Address: _____

_____

State: _____ County: _____ Municipality: _____

Company Type: ☐ C Corporation ☐ S Corporation ☐ Partnership (LP) ☐ Partnership (LLP)

☐ Limited Liability Corporation (LLC) ☐ NOTE: Sole Proprietorships cannot apply for tax credits (we could form a special purpose LLC for the owner to apply)

Federal Employers Identification Number (FEIN) or SSN:_____

Type of Enterprise: _____

Business Tax Year End (mo/day): ____/____

PA Corporate Tax Account ID Number (if you have one): _____

Tax Credit Information

Is this a one year (75% tax credit) or two year (90% tax credit) commitment? _____

Amount you have determined you will donate to Children's Scholarship Fund Philadelphia:

_____ EITC _____ OSTC [credit equals either 75% or 90% of your donation per year] _____ Either

I hereby certify that all information contained herein is true and correct to the best of my knowledge. I acknowledge that tax credits will be awarded only for approved contributions made to Scholarship Organizations listed by the DCED at newpa.com. I am aware that contributions must be made within 60 days of the date on the approval letter and receipts must be forwarded to DCED by the business within 90 days of approval. Furthermore, I acknowledge that if I knowingly make false statement to obtain tax credits, I (company, entity, and signer) may be subject to criminal prosecution. I authorize CSFP to submit my application to DCED.

Signature: _____ Date: _____

Print Name: _____