



EITC/OSTC Application Assistance Form

Company Information

Company Name: \_\_\_\_\_

Type of legal entity : \_\_\_\_\_

("C" corp, Partnership, LLC, etc.)

Federal Employers Id Number \_\_\_\_\_

NAICS Code \_\_\_\_\_

PA Revenue Tax Box # \_\_\_\_\_

Is the entity incorporated in PA? Yes  No

Is the entity registered to do business in PA? Yes  No

CEO: \_\_\_\_\_

Municipality : \_\_\_\_\_

County: \_\_\_\_\_

Donor's Fiscal Year End: \_\_\_\_\_

Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Program Selection: EITC  OSTC

Apply for alternate funding if tax credits are depleted in my program selection?

Yes  No

Commitment Selection: Year 1 of 1  Year 1 of 2  Year 2 of 2

Requested Amount of Donation: \_\_\_\_\_

Designation: \_\_\_\_\_