



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: _____

Signature: _____ Date: _____