TAX CREDIT CERTIFICATION REQUEST FORM

PENNSYLVANIA EMPLOYMENT INCENTIVE PAYMENT (EIP) PROGRAM

INSTRUCTIONS

ENTRIES ON THIS FORM MUST BE CLEAR AND LEGIBLE. Other than signatures, entries must be hand-printed or typed.

ADDITIONAL INSTRUCTIONS FOR EMPLOYER OR AUTHORIZED REP ONLY:

All items must be completed and both signatures $\underline{\text{must}}$ be present – $\underline{\text{failure to complete the form is reason for}}$ rejection.

To be considered for EIP certification processing, the completed form must be MAILED on or before the 21st day following the date that the employee began work. Forms not meeting this standard will be rejected.

Certification letters will be issued to the employer by the Pennsylvania Department of Labor and Industry. The employer is responsible for maintaining the certification form. When filing for the EIP Tax Credit, the employer is required to submit a legible copy of the certification form with a completed PA Schedule W.

Rejection letters will be issued to the employer by the Pennsylvania Department of Labor and Industry and will indicate the reason for rejection.

Rejections may be appealed only if the reason for rejection was not:

- Failure to meet the timeliness standard
- Missing identification information or signature(s)
- Alteration, defacing, or omission of <u>any part</u> of the original form

After completing the required information, $\underline{\textbf{MAIL}}$ this form to:

TAX CREDIT COORDINATION SERVICES LABOR & INDUSTRY BUILDING, 13TH FLOOR 7TH AND FORSTER STREETS HARRISBURG, PA 17120 PHONE #: 800-345-2555

<u>AUTHORIZED REP INFORMATION:</u> (WHEN APPLICABLE)

REPRESENTATIVE FIRM NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	

NEW EMPLOYEE INFORMATION

SOCIAL S	SECURITY #:	//	
NAME:	FIRST	MI	LAST
STREET ADDRESS:_		IVII	LAST
CITY		ST	ZIP CODE
SEX:	MaleFemale		
I hereby cer	rtify that:		
I RECE	EIVED <u>PENNSYLVA</u> WITHIN THE PAST	NIA CASH ASSISTANCE I 12 MONTHS; <u>AND/OR</u>	N THE GA or TANF
THKOUGH.		E RECEIVED REHABILITA TATION SERVICES PROG	
Office of Voc	c. Rehab. to the Tax	by the PA Dept. of Public \Credit Unit to determine if the dit for hiring and retaining m	he following employer is
Employee S	ignature		/Date
	<u>EMPLO</u>	YER INFORMATION	<u>ON:</u>
EMPLOYER NAME:			
STREET ADDRESS:_			
CITY		ST	ZIP CODE
EMPLOYEE	START DATE:		_
FEDERAL E	MPLOYER IDENTIF	TICATION # (FEIN):	
EMPLOYER	'S AREA CODE ANI	O PHONE #: ()	
JOB TITLE_			
EMPLOYEE	SS STARTING HOU	RLY WAGE \$	
	AILABILITY OF THE CISION TO HIRE TH	E EIP TAX CREDIT CONTR IIS PERSON?	RIBUTE Yes No
I CERTIFY 1	THAT THE INFORMA	ATION I HAVE PROVIDED	IS ACCURATE:
Signature of	Employer/Represen	tative	
Name and T	itle of Employer/Rep	resentative (please print cle	early)
			REV. 1601(A) (01/06