## 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 21<sup>st</sup> 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, 13<sup>TH</sup> FLOOR 7<sup>TH</sup> 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	ECURITY #:	//	
NAME:	FIRST	MI	LAST
STREET ADDRESS:		IVII	
CITY		ST	ZIP CODE
SEX:N	MaleFemale		
I hereby cert	ify that:		
		<u>IIA</u> CASH ASSISTANCE IN 12 MONTHS; <u>AND/OR</u>	THE GA or TANF
THROUGH A		RECEIVED REHABILITAT ATION SERVICES PROGR	
Office of Voc.	. Rehab. to the Tax C	by the PA Dept. of Public W Credit Unit to determine if the t for hiring and retaining me	e following employer is
Employee Sig	gnature		_/ Date
	<u>EMPLOY</u>	'ER INFORMATIO	<u> </u>
EMPLOYER NAME:			
STREET ADDRESS:			
CITY		ST	ZIP CODE
EMPLOYEE S	START DATE:		
FEDERAL EN	MPLOYER IDENTIFIC	CATION # (FEIN):	
EMPLOYER'S	S AREA CODE AND	PHONE #: ()	
JOB TITLE			
EMPLOYEE'S	S STARTING <u>HOUR</u>	<b>LY</b> WAGE \$	
	AILABILITY OF THE DISION TO HIRE THI	EIP TAX CREDIT CONTRI S PERSON?	BUTE Yes No
I CERTIFY TI	HAT THE INFORMA	TION I HAVE PROVIDED IS	S ACCURATE:
Signature of E	Employer/Representa	ative	
Name and Tit	tle of Employer/Repre	esentative (please print clea	urly)
			REV. 1601(A) (01/06