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 **must** be present – 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 any part of the original form

After completing the required information, Fax this form to:

First Advantage Tax Consulting Services

Fax #: 317-844-4577

AUTHORIZED REP INFORMATION:
(WHEN APPLICABLE)

First Advantage Tax Consulting Services
REPRESENTATIVE FIRM NAME

P. O. Box 40974
STREET ADDRESS

Indianapolis, IN 46240-0974
CITY, STATE, ZIP CODE

1-888-488-8533
PHONE NUMBER

1-317-844-4577
FAX NUMBER

E-MAIL ADDRESS

NEW EMPLOYEE INFORMATION

SOCIAL SECURITY #: _____/_____/_____

NAME: _____
FIRST MI LAST

STREET
ADDRESS:_____

_____
CITY ST ZIP CODE

SEX: _____Male _____Female

I hereby certify that:

☐ I RECEIVED **PENNSYLVANIA** CASH ASSISTANCE IN THE GA or TANF CATEGORY WITHIN THE PAST 12 MONTHS; AND/OR

☐ I AM RECEIVING OR HAVE RECEIVED REHABILITATION SERVICES THROUGH A STATE REHABILITATION SERVICES PROGRAM OR THE VETERANS' ADMINISTRATION.

I authorize release of information by the PA Dept. of Public Welfare and/or the state Office of Voc. Rehab. to the Tax Credit Unit to determine if the following employer is eligible to receive a state tax credit for hiring and retaining me as an employee.

_____/_____
Employee Signature Date

EMPLOYER INFORMATION:

EMPLOYER
NAME:_____

STREET
ADDRESS:_____

_____
CITY ZIP CODE

EMPLOYEE START DATE:_____

FEDERAL EMPLOYER IDENTIFICATION # (FEIN):_____

EMPLOYER'S AREA CODE AND PHONE #: (_____)_____

JOB TITLE_____

EMPLOYEE'S STARTING **HOURLY** WAGE $_____

DID THE AVAILABILITY OF THE EIP TAX CREDIT CONTRIBUTE TO THE DECISION TO HIRE THIS PERSON? Yes_____ No_____

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE:

_____
Signature of Employer/Representative

Elizabeth Henricks/ President

_____
Name and Title of Employer/Representative (please print clearly)

REV. 1601(A) (01/06)