

Revenue Clearance Form for Tax Credit and Economic Development Programs

All applicants are required to complete the electronic Tax Compliance Form for Tax Credits on the Department of Revenue website via the link below. The Tax Compliance Form previously submitted via paper submission to DCED will no longer be accepted.

<https://expressforms.pa.gov/apps/pa/revenue/Tax-Credit-Economic-Development-Clearance>




By proving the information below you are allowing Lebanon Christian Academy to submit this pre-application on your behalf

Additional Information The Educational Tax Credits program contains two sections of which credits may be awarded for applicants within the program.

The Educational Improvement Tax Credit (EITC) is available to eligible businesses that contribute to scholarship organizations (including pre-kindergarten) and educational improvement organizations, in order to promote expanded educational opportunities for students in Pennsylvania. The Program Guidelines provide more information. For more information on EITC review the [Program Guidelines](#).

The Opportunity Scholarship Tax Credit (OSTC) is available to eligible businesses that contribute to IRC 501C opportunity scholarship organizations approved by the Department of Community and Economic Development. Opportunity Scholarship Organizations can provide scholarships to eligible students living within the boundary of the lowest-achieving 15 percent of elementary and lowest-achieving 15 percent of secondary schools as published by the Department of Education. For more information on OSTC review the [Program Guidelines](#).

To speak with a representative of the program, please contact the Department of Community and Economic Development at 1-800-379-7448. Tax questions may be directed to the Department of Revenue at 717-772-3896 or ra-btftrevkoz@pa.gov.

To make an irrevocable election to pass-through an EITC to partners, members or shareholders, a business must complete form:  [REV-1123](#). The completed REV-1123 may be emailed to the Department of Revenue at REV1123@pa.gov. A separate election must be completed for each year the credit is awarded and not used in whole or in part

Section I: General Information

Program name: Educational Tax Program (EITC and OSTC)

Business name: _____

Business Entity Type: _____ (Sole Proprietorship, C-Corporation, S-Corporation, Single Member LLC, Multi Member LLC, Non-Profit Organization, Individua, Other)

First Name: _____

Last Name: _____

Tax Number Type: _____ (EIN or SSN)

Tax Number: _____

PA Revenue Number: _____ (The Revenue ID is a unique 10-digit number assigned by the department to a taxpayer, separate from any federally issued identification number(s) or Pennsylvania license number(s). The Revenue ID will be included on all corporation tax correspondence you receive from the Pennsylvania Department of Revenue)

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone Number: _____ - _____ - _____ **Extension:** _____

Email Address: _____

Application ID: _____ (?)

Section II: Shareholder/Partner/Member Information

How many shareholders/Partners/Member information entries are you providing? _____
(you can select 1-5).

Note: The entity will be deemed non-compliant if any shareholder, partner or member with a 20% or greater ownership interest fails the clearance for tax compliance. Incomplete or missing tax information will result in application non-compliance. Provide first and last names if ENTITY TYPE is a Sole Proprietor or Individual. **"OWNERSHIP %" must be 20% or greater.** Numbers only.

Entity Type: _____ (Sole Proprietorship, C-Corporation, S-Corporation, Single Member LLC, Multi Member LLC, Non-Profit Organization, Individua, Other)

Entity Name: _____

First Name: _____

Last Name: _____

Tax Number Type: _____ (EIN or SSN)

Ownership %: _____

Address: _____

City: _____ **State:** _____ **Postal Code:** _____

International Calling Code: _____

Phone Number: _____ - _____ - _____ **Extension:** _____

Due to taxpayer confidentiality, notification of non-compliance for a shareholder, member or partner must be communicated to the non-compliant party

Entity Type: _____ (Sole Proprietorship, C-Corporation, S-Corporation, Single Member LLC, Multi Member LLC, Non-Profit Organization, Individua, Other)
Entity Name: _____
First Name: _____
Last Name: _____
Tax Number Type: _____ (EIN or SSN)
Ownership % _____
Address: _____
City: _____ **State:** _____ **Postal Code:** _____
International Calling Code _____
Phone Number: _____ - _____ - _____ **Extension** _____

Entity Type: _____ (Sole Proprietorship, C-Corporation, S-Corporation, Single Member LLC, Multi Member LLC, Non-Profit Organization, Individua, Other)
Entity Name: _____
First Name: _____
Last Name: _____
Tax Number Type: _____ (EIN or SSN)
Ownership % _____
Address: _____
City: _____ **State:** _____ **Postal Code:** _____
International Calling Code _____
Phone Number: _____ - _____ - _____ **Extension** _____

Entity Type: _____ (Sole Proprietorship, C-Corporation, S-Corporation, Single Member LLC, Multi Member LLC, Non-Profit Organization, Individua, Other)
Entity Name: _____
First Name: _____
Last Name: _____
Tax Number Type: _____ (EIN or SSN)
Ownership % _____
Address: _____
City: _____ **State:** _____ **Postal Code:** _____
International Calling Code _____
Phone Number: _____ - _____ - _____ **Extension** _____

Entity Type: _____ (Sole Proprietorship, C-Corporation, S-Corporation, Single Member LLC, Multi Member LLC, Non-Profit Organization, Individua, Other)
Entity Name: _____
First Name: _____
Last Name: _____
Tax Number Type: _____ (EIN or SSN)
Ownership % _____
Address: _____
City: _____ **State:** _____ **Postal Code:** _____
International Calling Code _____
Phone Number: _____ - _____ - _____ **Extension** _____

Due to taxpayer confidentiality, notification of non-compliance for a shareholder, member or partner must be communicated to the non-compliant party

Section III: Authorization

_____ I declare under penalty of perjury that I am the owner, officer or member of the business for which tax clearance is requested and that the information is true.

First Name_____

Last Name_____

Address_____

City_____ State_____ Postal code_____

Country_____ International calling code_____

Phone number_____ - _____ - _____ Extention_____

Email address:_____

e-Signature

I agree that by checking the "I Accept" box below, I am certifying that I am the owner, officer, or member of the business for which tax clearance is requested. I hereby warrant the information I am requesting is for lawful purposes and certify all statements made herein are true to the best of my knowledge and subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Further, I understand, agree, and acknowledge that by checking the "I Accept" box below I am signing this form electronically and consenting to this request being governed by Pennsylvania's Electronic Transactions Act, 73 P.S. § 2260.101, et seq. By completing this action, I understand and agree that the checked "I Accept" box constitutes my Electronic Signature (e-Signature), and my e-Signature is the legal equivalent of my handwritten signature.

I Accept *

Please Sign Here to indicate that you allow a representative of Lebanon Christian Academy to submit this pre-application on your behalf