

Application Number

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For Department Use

20□□ Keystone Opportunity Zone (KOZ) Application

pennsylvania
DEPARTMENT OF COMMUNITY
ECONOMIC DEVELOPMENT

* Indicates required field

1. *Is this application for benefits for a (check all that apply): Real Property Owner Business Resident

2. *Name of Real Property Owner/Business/Resident: _____

3. CEO or President of Business: _____

4. *KOZ Address of Business/Resident/Property Owner: _____

City: _____ State: _____ Zip: _____

5. *Municipality: _____ County: _____ County Code#: _____

School District: _____ School District Code#: _____

6. Property Tax Parcel ID Number(s), if applicable: _____

7. *Mailing Address (where correspondence concerning KOZ issues should be mailed) : _____

City: _____ State: _____ Zip: _____

8. *Contact Name: _____ Telephone #: _____ Fax #: _____

E-mail address: _____

9. SS Number (i.e. property owner, resident or sole proprietorship): _____ - _____ - _____

Spouse's SS Number: _____ - _____ - _____

10. Tax ID Numbers: (MUST be provided, if applicable)

EIN ___ - _____ Sales Tax ___ - _____ Employer Acct. (not EIN) _____

Corporate Box: _____ Utility PURTA : _____ Unemployment Compensation: _____

11. **Business Only:** Indicate how your entity reports to the Internal Revenue Service (Check type of entity):

LLC C Corp S Corp Non-Profit Partnership Trust/Estate

is the LLC a:

Partnership: Form 1065

C Corporation: Form 1120

S Corporation: Form 1120S

Disregarded Entity (Corporate): Form 1120

Disregarded Entity (Sole Proprietorship): Form 1040

Other (please specify type): _____

12a. List the names, addresses, Social Security/EIN numbers, phone number, percent of ownership and sales tax numbers of all shareholders, partners, members, etc. of an S Corp., Partnership or an LLC with a 20% or greater interest in the business.

Name	Address	SSN/EIN	Phone	Ownership %	Sales Tax#
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- A.
- B.
- C.
- D.
- E.

12b. List the names and social security numbers of all persons and the names and EIN numbers of all businesses (except those that are listed in 12.a.) that will receive pass-through income from this business. (attach additional sheets if necessary).

Name	SSN
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- A.
- B.
- C.
- D.
- E.

13. *Job Creation and Investment (This section must be completed. If not applicable enter zero.)

Number of Full Time jobs at KOZ site when you first moved to KOZ: _____

Number of Full Time jobs at KOZ site now: _____

Estimate of public & private capital (including cost or value of land) investment in KOZ site: _____

All applicants must be in full compliance with the KOZ and KOEZ Act, 73 P.S. §§ 820.101 – 820.1309 and with the Keystone Opportunity Zone Guidelines.

*I hereby certify that all the above information is true and correct:

Signature

Date

10 _____
Print Name Title

First Date in Zone