Choose 1 Chosen No the donation does not comply with both a commitment to a donation amount of 30000000 and a donation amount of 50000000. When you select the box above, you can no longer change the donation amount you will need to click on the box. A donation amount of 30000000 is a minimum amount.

If yes, please upload a document that describes the property or service and appropriate information establishing the value of the contribution.

1. Will the contribution be personal property or services?
   No
   Yes

2. Please write the property description (if your company description does not have one, please enter zeros (0000000000)).

3/23/1

4. Please enter the business year end month and day (MM/DD).

In order to be considered for the Program, the application will be voted on and will now be considered in application under the Opportunity Stipends. The Credit Program.

By clicking the box applicants understand that they do not receive their preferred choice of tax credit. The department is authorized to consider their application in the interest of the applicant.

Designated Area:
P A.
PA Senate:
PA House:
County:
State:
6. Tax Credit Amount

$250

- Please enter the dollar amount to be donated per year through the Educational Improvement Tax Credit Program.

- The maximum deduction for Tax Year 1 or 2 Year Commitment (90% Tax Credit) is $250.

SO = K-12 Student Organization
PK-12 = PK-12 Student Organization
EIO = Educational Improvement Organization

- Please indicate your organization type.

The tax credit amount: $250 does not include the basic commitment. Please enter the dollar amount you wish to contribute in the box below. The tax credit amount may not exceed $250.

Choose from the list:
- Yes
- No

If Yes, please specify the amount that you wish to contribute.
The maximum deduction for Tax Year 1 or 2 Year Commitment (90% Tax Credit) is $250.

If No, please enter the dollar amount of your contribution (90% eligible expenses).

$00000000000
### Program Requirements

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Application Certification

If the information on this application has been completed, if you have reviewed the application, you may submit it for processing. After submitting, you will no longer be able to make changes.

Program: [Program Name] (Fiscal Year: [Year])
Department: [Department Name]
Office of [Office Name]

Signature:
Date:

Please ensure all information is accurate and complete. Inaccurate or incomplete information may affect the processing of your application.