TAX CREDIT INVOICE

Invoice Date	
Invoice No.	
Certificate No.	

TAXPAYER INFORMATION

Entity Name

Tax ID / FEIN

Address

City, ST, ZIP

AUTHORITY INFORMATION

Program Name

Contact Person

Phone/Email

Statute Ref.

CERTIFICATION & FEE CALCULATION

CREDIT CODE	DESCRIPTION OF CERTIFIED ACTIVITY / INVESTMENT	APPROVED CREDIT	FEE RATE (%)	FEE AMOUNT DUE
	Total Certified Credit		**Total Due**	

I hereby certify under penalty of perjury that the applicant listed above has met the statutory requirements for the specified state tax credit program. The issuance of this invoice and subsequent payment of the certification fee authorizes the final processing of the corresponding tax credit certificate.

AUTHORIZED AGENCY REPRESENTATIVE SIGNATURE

Date

TAXPAYER / AUTHORIZED OFFICER SIGNATURE

Date

Please remit payment and send copy of this invoice to the authorized agency address listed above.