TAX CREDIT INVOICE

Invoice No:
Date:
Tax Year:

CLAIMANT / BUSINESS INFORMATION

Company Name:
EIN / Tax ID:
Address:

Contact:

PREPARED FOR / AUTHORITY

Agency Name:
Department:
Address:

Reference No:

Tax Credit Program:

Certificate Number:

Eligibility Period:

ACTIVITY DATE	DESCRIPTION OF ELIGIBLE EXPENSE / ACTIVITY	GROSS AMOUNT	CREDIT %	CREDIT CLAIMED

Total Eligible Expenses:

Average Credit Rate:

Total Tax Credit:

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE: _____

REVIEWER / TAX OFFICER SIGNATURE

DATE: _____