

Cellulosic Ethanol Technology Research and Development Tax Credit

Application for Certification for TY 2015 (Or For Fiscal Year Taxpayers, TY _____)

Applications must be submitted by September 15, 2016.

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General Information about the Applicant

1) Business Name: _____	
2) Business Address: _____ _____	
3(a) FEIN: _____	3(b) Unemployment Insurance #: _____
4) Type of Entity (corp., LLC, etc.) _____	
5) Business NAICS Code: _____	
6) Beginning and End Date of Tax Year: _____	
7) If you are a partial or short-year taxpayer, provide the proportion of the year for which credits are being claimed, as a percentage.	_____ %

Calculating the Tax Credit

8) Maryland Qualified R&D Expenses		9) 10% of Maryland Qualified R&D Expenses	
TY 2015 or * _____	\$ _____	TY 2015 or * _____	\$ _____

Additional Information

Please attach the following information to your application.

- 10) Attach proof from the State Department of Assessment and Taxation that the business is in Good Standing in the State.
- 11) Facility address where research is conducted (if there are multiple facilities, please list all addresses).
- 12) If R&D is conducted by 3rd party vendors, list the names and addresses of the vendors. Attach copies of contracts or agreements.
- 13) Provide a narrative description of the business to demonstrate that it is actively engaged in cellulosic ethanol technology R&D activities or had caused R&D activities to be performed by a third party vendor. The description should include the following:
 - a. Detailed description of the cellulosic ethanol technology R&D activities carried out by the business entity or by 3rd party vendors and at what facility the R&D was conducted if you have multiple facilities.
 - b. Description of the nature, sources and suppliers of materials and supplies used in connection with the cellulosic ethanol technology R&D activities during the tax year and at what facility they were used if you have multiple facilities.
 - c. Number of full-time and part-time employees and titles or duties

Please complete Exhibit A, attached to the application.

Exhibit A (Collection of Statistical Data About the Applicant)

This form is for gathering statistical data only. The information provided in this form has no bearing on the Applicant's eligibility for the tax credit applied for and will not be a part of the application approval process. Furnishing of this information is voluntary; failure to do so will have no effect on the approval of the tax credit application.

Respondent does not wish to furnish this information

If Respondent is a business organization:

If Respondent is a business owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Veteran

Is the Respondent a State/Federal/Other certified Minority Business Enterprise?

Yes No

If yes, please provide your:

State MBE certification number:

Federal 8(a)/SDB certification number:

Identify who the other issuer is and the other certification number:

Respondent is a publicly held entity or other organization not classifiable as owned by individuals of a particular gender, race, ethnicity, or veteran status.

If the Respondent is an individual:

Is the Respondent Female? Yes No

Is the Respondent of Hispanic or Latino origin? Yes No

Is the Respondent a Veteran? Yes No

Which of the following categories describes the Respondent (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

FOR DEPARTMENT USE ONLY:

Respondent Name: _____

Date: _____