



FOR

Maryland Innovation Investment Tax Credit  
Application for Certification for FY 2022  
Form A - Investor

*This application must be submitted online  
in order to participate in the electronic queue registration.*

INFORMATIONAL

Form A

General Information

USE

ONLY

Are you an:  Individual Investor  Corporation Investor (All Kinds Including Sub-Chapter S)  Non Sub-Chapter S Corporation Pass-Through Entities

** 1. Name of Applicant	<input type="text"/>	* 2. Date of Birth (mm-dd-yyyy)	<input type="text"/>
* 3. Email Address	<input type="text"/>	* 4. Social Security Number	<input type="text"/>
* Phone	<input type="text"/>		
* 5. Are you making this investment with your spouse:		<input type="radio"/> Yes <input type="radio"/> No	
* 6. Mailing Address:	<input type="text"/>	* City:	<input type="text"/>
* State:	<input type="text"/>	* Zip:	<input type="text"/>
<small>If the address is in a different country, place the entire address in the Address field, select "Foreign State" in the State field, and 00000 in the zip field</small>			
* Title/Occupation	<input type="text"/>	* Employer Name	<input type="text"/>

MInvestorAApp

Secondary Contact Person

Title

Business Phone

Phone

Email

7. Business Address

City

State

Zip

Business Phone

If the address is in a different country, place the entire address in the Address field, select "Foreign State" in the State field, and 00000 in the zip field

\*8. Investment Amount

\*Your investment will be made in:

Cash  Convertible Note

A qualified investor may not include a founder or current employee if the Technology company has been in active business for more than five years. For the definitions of founder and current employee, review the FAQs located [here](#).

\*9. Are you a founder of the technology company, or related to the founder in a relationship described under [IRC 267\(b\)](#)?

Yes  No

\*10. Are you currently working, or have worked for the past year, for the technology company?

Yes  No

\*11. Are you related to an individual in senior management for the technology company in a relationship described under [IRC 267\(b\)](#)?

Yes  No

\*12. This form may be submitted only if the technology company has submitted the Form B.

Please type the first three letters of the Technology Company, and select the company name from the populated list. If no company name shows up, then please verify the company name and submission of the Form B with the technology company.

Type first 3 letters of the Technology company:

Please Save Often

Save

You are missing a required answer. You can still save, but you will be unable to submit until every field is filled.

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**Additional Information**

- \* 13.1 Has the Applicant, or any partner, director, officer, member, or principal stockholder been convicted of a criminal offense other than a traffic violation?  Yes  No
- \* 13.2 Has the Applicant, or any partner, director, officer, member, or principal stockholder been a debtor in bankruptcy or insolvency proceedings?  Yes  No
- \* 13.3 Has the Applicant, or any partner, director, officer, member, or principal stockholder been a party to any litigation in the past two years?  Yes  No
- \* 13.4 Does the Applicant, or any partner, director, officer, member, or principal stockholder owe any outstanding judgments?  Yes  No
- \* 13.5 Does the Applicant, or any partner, director, officer, member, or principal stockholder owe any delinquent taxes?  Yes  No
- \* Are there any other relevant information or documentation you would like to add to support this application?  Yes  No

\*14. Provide the percentage of ownership in the proposed Qualified Maryland Technology Company.

\*Before the proposed acquisition of ownership

\* After the proposed acquisition of ownership

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**Statistical Information**

This form is for gathering statistical data only. This form will be separated from the application and the information provided in it will not be a part of the application approval process. Furnishing this information is voluntary; failure to do so will have no effect on the approval of the requested financial assistance.

**If the applicant will be providing the requested financial assistance to another recipient (e.g. a facility user or borrower), "Respondent" should be the recipient of the financial assistance.**

Is Respondent the:  Applicant  and/or Recipient (or Facility User)  Respondent does not wish to furnish this information

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

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**Affidavit**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and accurately lists the amount of investments during the tax year. I certify that after making the investment I will be the direct owner of the investment and no portion of the funds used to make the investment were derived, directly or indirectly, from the QMTC/Company or any owner of the QMTC/Company.

\*Signature:  \*Title:   
(Signatory's Email if not the contact: )

You are missing either the affirm box or the signature and Title. You can still save, but you will not be able to submit until all of the required fields are filled properly.

Please Save Often

The Submit button will only become available once all of the required fields are filled properly

Save

Submit

If you need to add additional documents or comments, please add them below:  
If you need to have the application unlocked (which will remove the signature and allow you to edit and resign the application) please contact Lani Sinfield at (410) 767-4041 | [lani.sinfield1@maryland.gov](mailto:lani.sinfield1@maryland.gov)

Additional Comments:

Additional documents:

Insert document

Please Save Often