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DEPARTMENT OF COMMERCE

MARYLAND INNOVATION INVESTMENT TAX CREDIT

ADMIN







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.

Form A

General Information

	General				
Are you an: O Individual Investor Corpo	ration Investor (All Kinds Including Sub-Chapter S)	Non Sub-Chapter S Corporation Pass-Through Entities	Sub-Chapter S Corporation Pass-Through Entities		
** 1. Full Legal Name of Organization			*		
*2. Email Address		*3. Federal Tax Identification Number			
*4. Legal Form of Entity	○ LLC ○ LLP ○ Limited Par ○ Trust ○ Other:	tnership General Partnership			
*5. Primary Contact Person		*Title			
*Business Phone		*Phone			
*Email					
6. 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 Add	ress field, select "Foreign State" in the State field, and 00000 in the zi	ip field		
*8. Investment Amount		*Your investment will be made in:	○ Cash	○ Convertible Note
A qualified investor may not include a foun For the definitions of founder and current of	. ,	company has been in active business for more th	an five yea	rs.
*9. Are you a founder of the technology com	pany, or related to the founder in a relation	nship described under <u>IRC 267(b)</u> ?	○ Yes	○ No
*10. Are you currently working, or have work	ed for the past year, for the technology com	npany?	○ Yes	○ No
*11.Are you related to an individual in senior	management for the technology company i	n a relationship described under <u>IRC 267(b)</u> ?	○ Yes	○ No
*12. This form may be submitted only if the to Please type the first three letters of the Techn name and submission of the Form B with the Type first 3 letters of the Technology company	ology Company, and select the company na technology company.	n B. Ime from the populated list. If no company name	shows up,	then please verify the company
	Please	Save Often		

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

Save

must list their full and legal names. The total percentage must equal 100%.

Attachments Additional documents may be uploaded for each question. *A1 A certified copy of organization's articles of incorporation, articles of organization, partnership agreements, declaration of trust, will Click here to attach a file or other organizing documents. Insert additional document *A2 An executed copy of the organization's operating agreement, partnership agreement, or other document designating the managing Click here to attach a file member or managing partner as well as granting the authority to make investments. Insert additional document *A3 A Certificate of Status issued by the Maryland State Department of Assessments and Taxation (SDAT) issued within the last 30 days. Click here to attach a file An SDAT Certificate of Status may be requested here. For foreign entities, a current certificate of status from the state/jurisdiction of Insert additional document organization. *A4 The names and business addresses of all officers, directors, managing members, general partners, or other persons with management U Click here to attach a file authority over the business of the applicant as the case may be. Insert additional document

*A5 The name, address and percentage of ownership of each person or entity who or which holds equity interests in the applicant of any

class or classes. Names of any individual owners of any privately-held entity must be provided. You must disclose all current owners

including the names of any individual owners of any privately-held entity that is a direct or indirect owner of the investor company. You

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You are missing a document. You can save, but you cannot submit until every document is filled.

Click here to attach a file

Insert additional document

Ade	ditional Informat	ion		
* 13.1 Has the Applicant, or any partner, director, officer, member, or principal than a traffic violation?	stockholder been convi	icted of a criminal offense other	○ Yes	○ No
* 13.2 Has the Applicant, or any partner, director, officer, member, or principal proceedings?	stockholder been a deb	otor in bankruptcy or insolvency	○ Yes	○ No
* 13.3 Has the Applicant, or any partner, director, officer, member, or principal years?	stockholder been a par	ty to any litigation in the past two	○ Yes	○ No
* 13.4 Does the Applicant, or any partner, director, officer, member, or principal	al stockholder owe any	outstanding judgments?	○ Yes	○ No
* 13.5 Does the Applicant, or any partner, director, officer, member, or principal	l stockholder owe any	delinquent taxes?	○ Yes	○ No
$\ensuremath{^{\star}}$ Are there any other relevant information or documentation you would like to	add to support this app	plication?	○ Yes	○ No
*14. Provide the percentage of ownership in the proposed Qualified Maryland T *Before the proposed acquisition of ownership * After the proposed acquisition of ownership	Technology Company.			
	Please Save Often			
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You are missing a required answer. You can still save, but you will be unable to submit until every field is filled.

	Statistical	Information	
This form is for gathering statistical data only. This form w Furnishing this information is voluntary; failure to do so w		on and the information provided in it will not be a part of the applic of the requested financial assistance.	cation approval process
	assistance to another recipient (e	.g. a facility user or borrower), "Respondent" should be the recipi	ent of the financial
assistance. Is Respondent the: Applicant and/or Recipient	t (or Facility User) Respond	dent does not wish to furnish this information	
Respondent is:		ndividuals of a particular gender, race, ethnicity, or veteran status.	
		ave Often	
	5	ave	
	Affi	davit	
*Signature: (Signatory's Email if not the contact:	*Title:	t owner of the investment and no portion of the funds used to make by. but you will not be able to submit until all of the required fields are	
The Su		ave Often once all of the required fields are filled properly	
THE SO	Save	Submit Submit	
If you need to add additional documents or comments, plif you need to have the application unlocked (which will relani.sinfield1@maryland.gov Additional Comments:		u to edit and resign the application) please contact Lani Sinfield at (4	410) 767-4041
Additional documents: © Click here to attach a file Insert document			

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☐ Proof Lock	ved Unlock Proof			
☐ Final Approval - Cover: ☐ Click here to attach a file Certificate: ☐ Certificate: ☐ Certificate: ☐ Final approval				
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