



Maryland Hire Our Veterans Tax Credit

Application for Certification for TY _____

(PLEASE READ INSTRUCTIONS BEFORE COMPLETING FORMS)

PAGE 1 OF 2 (FORM A)

FORM A (EMPLOYER INFORMATION)				
(1) Employer Company:				
(2) Type of Organization (please check one)				
Corporation	S-Corp, LLC	Partnership	Individual	LP, LLP
(3) Business Address:				
(4) FEIN:			(5) UI Number:	
(6) NAICS Code:			(7) Total Number of Full-time Employee(s):	
(8) Tax Year Credit will be claimed: _____ Beginning and End of Tax Year From _____ To _____				
(9) Total Number of Qualified Veteran Employees (s):				
(10) Total Amounts of Tax Credit (Copy the Total of Column F Amounts from Form B)				\$ _____

Collection of Personal Information: In accordance with Executive Order 01.01.1983.18, the Department of Commerce (“COMMERCE”) advises you as follows: Certain personal information requested by the Department is necessary in determining your eligibility. Failure to disclose this information may result in the denial of one of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, General Provisions Act, Section 4-101 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department and other public officials for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Publicity: The applicant agrees that COMMERCE may issue press releases and otherwise publicize information about the applicant’s qualification for the Hire Our Veterans Tax Credit.

Consent: I give consent to Department of Labor, Licensing and Regulation to release the information that our company provides on the BLS 3023 form and the BLS 3020 form to COMMERCE, solely for the purpose of evaluating the effectiveness of COMMERCE economic development programs and their impact on our company’s employment level.

Revocation of Tax Credit: The applicant agrees that COMMERCE may notify the Comptroller of Maryland to revoke the tax credit at any time, which can include a demand for repayment of the tax credit, if COMMERCE discovers any material mistake, misrepresentation, or fabrication during the verification process of qualified employer, qualified veteran, and eligibility, including a failure of DLLR to verify information in the Qualified Veteran’s Self-Certification Form.

Affidavit: I solemnly affirm under the penalties of perjury and upon personal knowledge that (1) no Qualified Veteran Employee set forth in Form B was hired to replace a laid-off employee or an employee who is on strike, and (2) the information provided in this Application and in all supporting documentation is true and correct.

PAGE 2 OF 2 (FORM A)

Signature of Employer / Employer's Representative	Employer / Employer's Representative Name (Print)
Business Name:	Title
Phone:	Email:
Date:	

Contact Information (if different from above)	
Name (Print):	Title:
Phone:	Email:



Maryland Hire Our Veterans Tax Credit
(PLEASE READ INSTRUCTIONS BEFORE COMPLETING FORMS)
FORM B (QUALIFIED VETERAN EMPLOYEE INFORMATION)

(1) Qualified Veteran Employee(s) Information							
A Name of Qualified Veteran			B Social Security Number	C Hire Date (Must be On or After January 1, 2017)	D First Year Wages paid (Must be On or After January 1, 2017)	E Multiply Column D by 30%	F Enter lesser of Column E or \$1,800
First Name	MI	Last Name					
Total Amounts (Total of Column F)							\$

(2) Supporting Documents Check List		
Must provide all documents for Qualified Veteran Employees listed on Section (1)		
Required Documentation	Acceptable Documentary Evidence	Yes/No
Proof of Qualified Veterans	DD Form 214, Discharge Paper, or FL 21-802 (Issued ONLY by DVA)	Yes No
Proof of First Year Wages Paid	W-2 Forms or Pay Stubs	Yes No
Proof of Qualified Veteran Under 26 U.S.C. Section 51(d)(3)(A) (the Federal Work Opportunity Tax Credit "qualified veteran")	Signed Self-Certifications	Yes No

Please submit the completed application (FORMS A and B, Qualified Veteran Employee's Self-Certification Form (s), and All Supporting Documents) to:

BY MAIL:

Maryland Department of Commerce
 Office of Finance Programs, Tax Incentives
 401 E. Pratt Street, 17th Floor
 Baltimore, MD 21202

BY EMAIL:

taxincentives.commerce@maryland.gov

Maryland Hire Our Veterans Tax Credit Application Instructions

Below are instructions for filling out the Maryland Hire Our Veterans Tax Credit Application.

The instructions are guidelines. You may download the Maryland Hire Our Veterans Tax Credit statute from the Maryland Department of Commerce (COMMERCE) website at: <http://commerce.maryland.gov/fund/programs-for-businesses/hire-our-veterans-tax-credit>.

FORM A:

- (1) Provide the full legal name of the employer / company, as it should appear on the tax credit certificate. If Maryland law requires the business entity to register with the State Department of Assessments and Taxation (SDAT), this name must be registered as a business entity in good standing. You may check the status of your business entity at: <https://egov.maryland.gov/businessexpress/entitysearch>
- (2) Indicate the type of business organization by checking a box.
 - a. Corporation
 - b. S-Corp, LLC
 - c. Partnership
 - d. Individual
 - e. LP, LLP
- (3) Provide the address of the business entity. This is the address the certificate will be mailed to unless otherwise noted on the application.
- (4) Provide the Federal Employer ID Number (FEIN)
- (5) Provide Unemployment Insurance (UI) Number, if applicable.
- (6) Provide the North American Industrial Classification Code (NAICS) of the business entity. More information on NAICS codes can be found at: <http://www.census.gov/eos/www/naics/index.html>
- (7) Provide the total number of employees.
- (8) Indicate the Tax Year that you will be claiming the credit. If you are a Fiscal Year taxpayer, provide the beginning and end of the Tax Year for which you are applying for the credit.
- (9) Provide a total number of Qualified Veteran Employees(s). The maximum number of Qualified Veteran Employees is limited to 5 employees for each taxable year.
- (10) Provide a total amount of the requested tax credit from Column F of Section (1) on FORM B.

FORM B:

- (1) Provide the following information for each Qualified Veteran Employee:
 - A. Name
 - B. Social Security Number
 - C. Hire date (must be on or after January 1, 2017)
 - D. Aggregate of first year wages paid since January 1, 2017
 - E. Multiply Column D by 30%
 - F. Enter the lesser of column E or \$1,800, and total the calculation results in columns F at the bottom.
- (2) Supporting Documents Check List – Employer must provide all documents for Qualified Veteran Employees listed on Section (2) of Form B.

Please contact Cindy Zeng at 410-767-6351 / cindy.zeng@maryland.gov or Lani M. Sinfield at 410-767-4041 / lani.sinfield1@maryland.gov with any questions.

Exhibit A (Regarding Item 3.A. of the Application)

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.

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: _____