

HPIP Sworn Statement of Continued Compliance

Tax Credit Carry-Forward Application

This form may be used only for re-certification of a worksite seeking to utilize existing HPIP tax credit carry-forwards and when no additional capital investment or training and education tax credits are sought. The person completing this application will need access to payroll records, training expenditures and/or workforce training grant information and customer records which identify the sources of sales revenues, if applicable.

Company Name: _____ FEIN: _____

Worksite Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

NAICS Code: _____ Headquarters Location: Y N Back Office Location: Y N

Company Contact: _____ Email: _____

New Measurement Period: _____ through _____ Project Description Number: _____
mm/dd/yy mm/dd/yy

New Certification Period: _____ through _____ Prior Cert. #: _____
mm/dd/yy mm/dd/yy

Worksite Average Wage During Measurement Period: \$ _____ HPIP Wage Standard: \$ _____

Workforce Training Program/Contract #: _____ Contract Timeframe: _____ through _____
mm/dd/yy mm/dd/yy

Or, If Applicable: Eligible Training Expenditures: \$ _____ 2% of Total Payroll: \$ _____

Sources of Revenue Requirement (if applicable): Total Sales Which Meet This Requirement: _____ %

PLEASE READ CAREFULLY BEFORE SIGNING

By affixing my signature below, I hereby swear to the accuracy and completeness of all representations made in this application and that the worksite continues to meet all of the HPIP requirements during the new measurement period as stated above. My signature also verifies that the company agrees to make available within a reasonable timeframe and allow access to such company records as are deemed appropriate within the sole judgment of Kansas Department of Commerce and/or Kansas Department of Revenue, in order to facilitate verification of the accuracy of the statements made herein and company's program eligibility.

Signature

Date

Printed Name

Title

(Must be the owner, CEO or company officer responsible for preparing and filing the company's tax return.)

*Return this form to: HPIP Manager, Kansas Department of Commerce, 1000 S.W. Jackson St., Suite 100, Topeka, KS 66612-1354; or ebryan@kansascommerce.com.