

LOUISIANA
DEPARTMENT of REVENUE**New Markets Jobs Premium Tax Credit**
Qualified Equity Investment (QEI) Certification ApplicationSubmit this application to:
NewMarketTax.CreditApplication@la.gov**PLEASE PRINT OR TYPE****Community Development Entity (CDE) Information**

CDE Name		CDE FEIN	
Mailing Address		City	State ZIP
Telephone Number	Fax	Email Address	
Contact Person			

QEI Information

Purchaser or Taxpayer Name			
Mailing Address		City	State ZIP
Name of entity or subsidiary that will claim, allocate or transfer credits if different from above.			
Mailing Address		City	State ZIP
Telephone Number	Fax	Email Address	
Contact Person			
Amount of QEI		Date or Projected Date of QEI (mm/dd/yyyy)	

Qualified Active Low-Income Community Business (QALICB) Information

QALICB Name	Amount of Qualified Low-income Community Investment (QLICI)	Date of QLICI (mm/dd/yyyy)	
Mailing Address		City	State ZIP
Telephone Number	Fax	Email Address	
Contact Person			
Projected number of positions that will result from the investment	Projected Salary Ranges	Number of Full-Time and /or Part-Time Positions	
NAICS Sector of QALICB	Parish of QALICB location		

Required Attachments:

1. A certification of the qualified community development entity as provided in Section 45D of the Internal Revenue Code.
2. A certification that the qualified community development entity, together with its affiliates, has invested \$100 million or more in Louisiana qualified active low-income community businesses or other Louisiana investments, as defined by LA R.S. 47:6016.1(B)(8).
3. A description of the proposed amount, structure and purchaser of the qualified equity investment.
4. A third-party certification that the QALICB owned more than 50 percent by women, minorities, or military veterans. The certification of that ownership should include a list the owners' names and percentage of ownership.
5. A check payable to the Louisiana Department of Revenue in the amount of \$500,000.00.
6. Attach additional sheets if more than one QALICB.

CDE Contact Person

CDE Contact Person Signature	Printed Name	Title	Date (mm/dd/yyyy)
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