

APPLICATION

**CERTIFICATION AS A QUALIFIED JOB TRAINING ORGANIZATION
CLAIMING A MARYLAND SALES AND USE TAX VENDOR COLLECTION CREDIT-JOB TRAINING**

PART I: INTRODUCTION

1. Organization Name		2. Federal Employer Identification Number (FEIN)	
3. Address (Number, Street, City, State, ZIP)			
APPLICANT DECLARATION: I hereby affirm under the penalties of perjury that the information I have supplied in completing this form is true and correct to the best of my personal knowledge. I agree that any information I have supplied may be subject to verification and that I am authorized to verify this application on behalf of the applicant.			
PRINT NAME AND TITLE OF APPLICANT		DATE	SIGNATURE of APPLICANT

PART II: TO THE ORGANIZATION

Pursuant to MD Ann. Code, Tax-General §11-105-Sales and Use Tax-Vendor Collection Credit – Job Training, Complete the following section for the Department to be certified as a Qualified Training Organization eligible for this tax credit:		
Is the Qualified Training Organization (QTO) located in Maryland? <i>If yes, provide a Certificate of Good Standing from the State of Maryland. https://egov.maryland.gov/BusinessExpress/EntitySearch</i>	Yes	No
Is the QTO exempted from taxation under §501(c)(3) of the Internal Revenue Code? <i>If yes, please provide proof of your most recent Form 990.</i>	Yes	No
Does the QTO conduct retail sales of donated items? <i>If yes, please provide appropriate documentation.</i>	Yes	No
Does the QTO provide job training and employment services to individuals with workplace disadvantages or disabilities? <i>If yes, please provide appropriate documentation.</i>	Yes	No
Does the QTO use a majority (51%) of revenue for job training and job placement programs, including the development, support, and administration of these programs: <ul style="list-style-type: none"> • That assist individuals with growth in employment hours • For individuals with low income, workplace disadvantages, disabilities or barriers to employment, or • For veterans <i>If yes, please provide appropriate documentation.</i>	Yes	No

PART III: THIS ELIGIBILITY DETERMINATION WAS ORIGINATED BY:

Maryland Department of Labor 1100 N Eutaw Street., Room 203 Baltimore, MD, 21201 PHONE NO. (410) 767-2093	NAME OF AUTHORIZED OFFICIAL (PRINT)
	SIGNATURE OF AUTHORIZED OFFICIAL