



**MARYLAND RESEARCH AND DEVELOPMENT TAX CREDIT,  
TAX YEAR ENDING (TYE) 2016**

**APPLICATIONS MUST BE SUBMITTED BY SEPTEMBER 15, 2017**

**APPLICANT INFORMATION**

1. Business Name			
2. Business Address		Street	
		City	State
			Zip
3 (a) FEIN		3 (b) UI Number	
4. Business 6-digit NAICS Code			
5. Beginning Date of Tax Year (MM/DD/YY)		End Date of Tax Year (MM/DD/YY)	
6. For Short Year Taxpayers, % of year for which you are applying			
7. (a) Total # of Maryland Employees		7. (b) Total Number of Maryland Employees Engaged in R&D:	

**MARYLAND RESEACH AND DEVELOPMENT INFORMATION**

8) MARYLAND GROSS RECEIPTS	Enter Amount , or \$0 for Zero receipts or NA if the entity was not in business in that tax year	9) MARYLAND ELIGIBLE R&D EXPENSES	Enter Amount , or \$0 for Zero receipts or NA if the entity was not in business in that tax year
TYE 2016	\$	TYE 2016	\$
TYE 2015	\$	TYE 2015	\$
TYE 2014	\$	TYE 2014	\$
TYE 2013	\$	TYE 2013	\$
TYE 2012	\$	TYE 2012	\$
Total (Add TYE 2015-2012)	\$	Total (Add TYE 2015-2012)	\$
Average (Divide Total by # of Applicable Years)	\$	Average (Divide Total by # of Applicable Years)	\$
Adjusted Average for Short Year Taxpayers Only	\$	Adjusted Average for Short Year Taxpayers Only	\$

**MARYLAND RESEARCH AND DEVELOPMENT TAX CREDIT CALCULATION**

10) Maryland Base Percentage	%	11) Maryland Base Amount	\$
12) Basic R&D Tax Credit	\$	13) Growth R&D Tax Credit	\$

## ADDITIONAL INFORMATION

14) List the address of the Maryland Facility where current year Maryland qualified research and development was conducted. If the business has multiple facilities, please attach a separate document listing those addresses.

--	--

15) You may not include expenses paid to a 3rd party vendor, if the vendor is also claiming those expenses for a Maryland R&D Tax Credit. Do the current year eligible MD qualified R&D expenses include 3<sup>rd</sup> party vendor expenses?

YES	NO
-----	----

16) All eligible Maryland Qualified Research and Development Expenses must be incurred in Maryland. Please confirm "Yes" to the following statement:

**ALL ELIGIBLE MARYLAND QUALIFIED RESEARCH AND DEVELOPMENT EXPENSES, INCLUDING THIRD PARTY VENDORS, IF APPLICABLE, WERE INCURRED IN MARYLAND.**

	YES
--	-----

17) Did the business claim the Federal R&D Tax Credit for TY 2016?

YES	NO
-----	----

If YES, state the amount of federal R&D claimed on the Federal Form 6765 and **attach the Federal Form 6765.**

	\$ _____
--	----------

18) The Business must be in Good Standing with the State Department of Assessment and Taxation. Attach Proof of Good Standing including a Certificate of Good Standing or Print Out of SDAT's webpage showing the Business's status.

19) Small Business Refund Documentation: If you meet the definition of a Small Business and want to claim a refund of the credits, attach the Federal Tax Return Form 1040, 1065 or other form for the beginning or end of the tax year for which current year expenses were incurred. If complete Financial Statements are not part of the return, attach them also.

NO, THE APPLICANT IS NOT A SMALL BUSINESS

YES, THE SMALL BUSINESS DOCUMENTATION IS ATTACHED

**Affiliated Corporations and Entities Under Common Control:** Companies that are members of the same controlled group of corporations under § 41(f) of the Internal Revenue Code should include their qualified research and development expenses with the common parent. All members of the same controlled group of companies should be treated as a single taxpayer. The credit, if any, allowable to each corporation shall be based on its proportionate shares of the qualified research and development expenses giving rise to the credit.

**Collection of Personal Information:** Certain financial information requested by the Department of Commerce is necessary in determining your eligibility. Failure to disclose this information may result in the denial of one of these benefits or services. **State law requires Commerce to provide to the Governor and General Assembly annual reports containing the name, address, and amount of credit approved for each individual or corporation, that law effectively makes that information available to the public.**

**Publicity:** The applicant agrees that the Department of Commerce may issue press releases and otherwise publicize information about the applicant's qualification for the Research and Development Tax Credit.

**Employment and Wage Data:** Periodically the Office of Labor Market Analysis and Information of the Maryland Department of Labor, Licensing and Regulation ("DLLR"), in cooperation with the U. S. Department of Labor Statistics ("BLS"), collects employment and wage data from you and other employers who conduct business in the State of Maryland. This information, collected on the Multiple Worksite Report (BLS 3020) and the Annual Refiling Survey (BLS 3023), is kept confidential and may only be used by the Department of Commerce with your written consent. Commerce is requesting disclosure of this information in order to evaluate the effectiveness of its economic development programs and their impact on your company's employment level.

**Consent:** I give consent to DLLR 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 its economic development programs and their impact on our company's employment level.

**Certification:** All information in this application and in the attached exhibits is true and complete to the best of my knowledge, information and belief.

**APPLICATION CHECKLIST: Before Submitting Please Check that you have included the following:**

- COMPLETED AND SIGNED APPLICATION
- COPY OF PROOF OF GOOD STANDING
- IF APPLICABLE, SMALL BUSINESS DOCUMENTATION
- IF APPLICABLE, COPY OF FEDERAL FORM 6765

**THE FORM MUST BE SIGNED BY AN OWNER OR OFFICER OF THE BUSINESS ENTITY THAT CLAIMED THE CREDITS.**

I verify that the business applying for Certification (or member of a control group) (1) is current in all State and local tax obligations; (2) is not in default in any State or local contract; (3) is in good standing and authorized or registered to do business in the State. **I solemnly affirm under penalties of perjury that the information contained in this application is true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Contact Name \_\_\_\_\_

Contact email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**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: \_\_\_\_\_