Department of Economic and Community Development
Insurance Reinvestment Program
Public Act 10-75, sec. 14
Taxpayer Affidavit – Attachment 1

Taxpayer Information

Taxpayer Name: _____
CT Address: _____
City, State, Zip: _____
Federal ID #: _____ State Tax Registration #: _____
Contact: _____ Title: _____
Phone: _____ Fax: _____ Cell Phone: _____
E-mail: _____
Taxpayer Income Year End: _____

Connecticut Insurance Reinvestment Fund Information

Applicant Insurance Reinvestment Fund: _____
CT Address: _____
City, State, Zip: _____
Federal ID #: _____ State Tax Registration #: _____
Contact: _____ Title: _____
Phone: _____ Fax: _____ Cell Phone: _____
E-mail: _____

Commitment of Eligible Capital

Amount of Investment: _____
Type of Investment: Equity: ☐ Debt: ☐
Terms of Investment (provide copies of executed investment documents):

The undersigned officer of _____(taxpayer), being duly sworn, hereby requests the subject Insurance Reinvestment Fund to submit to the Commissioner of Economic and Community Development on its behalf a request for an allocation of tax credits in the amount of eligible capital outlined herein. The undersigned officer further certifies that an investment of eligible capital will be made to the Connecticut Insurance Reinvestment Fund in Accordance with Public Act 10-75, sec. 14(c).

_____
Signature

_____
Printed Name and Title

State of _____

County of _____
Subscribed and sworn to me this _____day of _____, 20____

_____
Signature of Notary Public
(Notary Seal) My commission expires_____