

Maryland Registered Apprenticeship Tax Credit

Application for Certification for TY _____

(PLEASE READ INSTRUCTIONS BEFORE COMPLETING FORM A & FORM B)

1) Employer/Company Name:					
2) Business Address:					
3) Type of Organization (please check one)					
Corporation	S-Corp, LLC	Partnership	Individual	Estate/Trust	Other
4) FEIN:			5) UI Number:		
6) NAICS Code:					
7) Tax Year Credit will be claimed: TY _____ Beginning and End Dates [dd/mm/yyyy] of Tax Year From _____ to _____					
8) Program Sponsor Name (i.e. Trade Association):					
9) Sponsor Registration Number:					
10) Total Number of Eligible Registered Apprentices:			a. Claimed : _____		
			b. Approved by DLLR (Official Use Only): _____		

Collection of Personal Information: In accordance with Executive Order 01.01.1983.18, the Department of Labor, Licensing and Regulation (“DLLR”) advises you as follows: Certain personal information requested by the Department is necessary in determining your eligibility. Failure to disclose this information may result in the denial of one of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, General Provisions Article, Sections 4-101 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department and other public officials for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Publicity: The applicant agrees that DLLR may issue press releases and otherwise publicize information about the applicant’s hiring of apprentices.

FORM A

Verification: I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

Signature of Employer / Employer's Representative	Employer / Employer's Representative Name (PRINT)
Business Name:	Title:
Phone:	Email:
Date:	

Contact Information (if different from above)

Name (Print):	Title:
Phone:	Email:

Date Received (Official Use Only)

MDRA-_____ (Official Use Only)

FORM B

The following named Registered Apprentice(s) are/were indentured with this employer during the taxable year indicated on Form A. Employers may be eligible to claim up to \$1,000 per new Registered Apprentice per year.

Apprentice Full Name	Social Security No.	Date of Hire	Was apprentice employed at least 7 full months of the tax year?		Is Tax Year in the first year of employment of apprentice?	
			Yes	No	Yes	No
1.			Yes	No	Yes	No
2.			Yes	No	Yes	No
3.			Yes	No	Yes	No
4.			Yes	No	Yes	No
5.			Yes	No	Yes	No
6.			Yes	No	Yes	No
7.			Yes	No	Yes	No
8.			Yes	No	Yes	No
9.			Yes	No	Yes	No
10.			Yes	No	Yes	No
11.			Yes	No	Yes	No
12.			Yes	No	Yes	No
Total Number of Registered Apprentices Claimed						

Official Use Only	
Verified Number of Eligible Apprentices :	Verified by _____

Please submit the complete application (BOTH FORM A & B) to:

ATTN: Maryland Registered Apprenticeship Tax Credit Program
 Maryland Apprenticeship and Training Program
 Division of Workforce Development and Adult Learning
 Maryland Department of Labor, Licensing and Regulations (DLLR)
 1100 N. Eutaw Street, Room 209
 Baltimore, MD 21201

Maryland Registered Apprenticeship Tax Credit Application Instructions

Below are instructions for completing the Maryland Registered Apprenticeship Tax Credit Application.

These instructions are guidelines. You may download the Maryland Registered Apprenticeship Tax Credit statute from the Maryland Department of Labor, Licensing, and Regulations (DLLR) website at: <http://www.dllr.maryland.gov/employment/taxcreditintroduction.shtml>

FORM A:

- 1) Provide the full legal name of the employer / company, as it should appear on the certificate. If Maryland law requires the business entity to register with the State Department of Assessments and Taxation (SDAT), this name must be registered as a business entity in good standing. You may check the status of your business entity at: <https://egov.maryland.gov/businessexpress/entitysearch>.
- 2) Provide the address of the business entity. This is the address the certificate will be mailed to unless otherwise noted on the application.
- 3) Indicate the type of business organization by checking a box.
 - a. Corporation
 - b. S-Corp, LLC
 - c. Partnership
 - d. Individual
 - e. Estate/Trust
 - f. Other
- 4) Provide the Federal Employer ID Number (FEIN).
- 5) Provide Unemployment Insurance (UI) Number, if applicable.
- 6) Provide the North American Industrial Classification Code (NAICS) of the business entity. More information on NAICS codes can be found at: <http://www.census.gov/eos/www/naics/index.html>.
- 7) Indicate the Tax Year for which you will be claiming the credit. If you are a Fiscal Year taxpayer, provide the beginning and end **dates** of the Tax Year for which you are applying for the credit.
- 8) Provide the Registered Apprenticeship sponsor name such as business name, trade association, or Joint Apprenticeship & Training Committee (JATC).
- 9) Provide your **Sponsor** Registration number.
- 10) a. Provide a total number of eligible Registered Apprentices claimed.

FORM B:

Please provide the following information on eligible Registered Apprentice(s):

- Name, Social Security Number, Date of Hire,
- whether Registered Apprentice has been employed by the taxpayer for at least 7 full months of the taxable year,
- and if this is the first year of employment of an eligible apprentice.