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| **ANGEL TAX CREDIT REQUEST FORM SECTION I. Individual Angel or Angel Entity Information** | |
| Individual Angel, Angel Network or Angel Entity Name & Address (City, State, Zip):  CT Tax Registration # | Telephone Number:  E-mail:  FEIN or SSN: |
| **(Only for Angel Entity & if different from above)**  Network/Entity Contact Name & Address (City, State, Zip) | Telephone Number:  E-mail: |
| **SECTION II. Qualified Connecticut Business (QCB) Information** | |
| Business Name:  Business Contact Name: | Telephone Number:  E-mail: |
| CT Tax Registration #  **SECTION III. Attachments** | |
| Please attach the following for this investment:   * Copy of the signed Investor Agreement documenting the investment and any other documents as requested by Connecticut Innovations * Copy of the Investor’s or Entity’s wire transfer or check from investors account with account name and social security same as on Angel Tax Credit Reservation Request * Copy of the QCB’s bank statement showing the deposit(s) made with QCB’s name on statement | |
| **SECTION IV. Qualified Connecticut Business Attestation** | |
| I hereby attest and certify that made a cash equity investment of  *Individual Investor, Angel or Entity Name*  $ and that these funds were deposited and available for use by the QCB on *Cash invested (excludes debt and in-kind)*  and not prior to the QCB Certification Date of  *Date Deposited and Available to the QCB\* QCB Certification Date*  **\*If funds were escrowed, fill in the date the funds came out of escrow and were available for use by the QCB.**  *QCB Treasurer Name Signature Date* | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name: (First, M.I., Last) | | Mark “X” if Qualified Investor | Social Security Number | Investment Amount | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | | 6 |  |  |  |  | | 7 |  |  |  |  | | 8 |  |  |  |  | | 9 |  |  |  |  | | 10 |  |  |  |  | | Total Investment | | | | $ | | |
|  | |