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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
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| **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* |
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| 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 | $ |

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|  |