REV-900F AS (12-11)

MAIL COMPLETED APPLICATION TO:

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280900
HARRISBURG PA 17128-0900

CALL CENTER TAX CREDIT APPLICATION

First Year Applicants Only

START ➜ TAX YEAR 2 0 ☐ ☐

RECEIVED DATE

This application must be postmarked by Feb. 15.

SECTION 1. ELIGIBILITY

All applicants must be able to answer YES to all of the questions below to be eligible for the Call Center Tax Credit. If you answer NO to any of the questions below, you are not eligible for the credit. Refer to the Sales and Use Tax Bulletin and Call Center Tax Credit Instructions for further information regarding the credit.

1. ☐ YES ☐ NO Did the applicant pay Pennsylvania sales or use tax on interstate telecommunications services utilized for call center activity?

2. ☐ YES ☐ NO Is/are the establishment(s) applying for the credit located wholly in Pennsylvania?

3. ☐ YES ☐ NO During the calendar year for which the credit is applied, on an average monthly basis, were there at least 150 individuals employed to initiate or answer telephone calls?

4. ☐ YES ☐ NO During the calendar year for which the credit is applied, on an average monthly basis, were there at least 200 telephone lines utilized by the employees referred to in Question 3?

5. ☐ YES ☐ NO During the calendar year for which the credit is applied, did the establishment utilize an automated call distribution system for customer telephone calls for customer service and support, technical assistance, help desk service, providing information, conducting surveys, revenue collections, receiving orders and/or reservations?

SECTION 2. ENTERPRISE INFORMATION

1. ENTERPRISE LEGAL NAME		2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	
3. ENTERPRISE TRADE NAME		4. ENTERPRISE TELEPHONE NUMBER	
5. ENTERPRISE STREET ADDRESS (Do not use PO Box.)	CITY/TOWN	STATE	ZIP CODE +4
6. ENTERPRISE MAILING ADDRESS (For refund check)	CITY/TOWN	STATE	ZIP CODE +4
7. LOCATION OF ENTERPRISE RECORDS	CITY/TOWN	STATE	ZIP CODE +4

SECTION 3. CALL CENTER LOCATION INFORMATION (PA LOCATIONS ONLY)

1. ESTABLISHMENT LEGAL NAME	2. EMPLOYER IDENTIFICATION NUMBER	3. DATE OF FIRST OPERATIONS IN PA MM/DD/YY		
4. ESTABLISHMENT TRADE NAME		5. ESTABLISHMENT TELEPHONE NUMBER		
6. ESTABLISHMENT STREET ADDRESS (Do not use PO Box)	CITY/TOWN	COUNTY	STATE	ZIP CODE + 4
7. ESTABLISHMENT MAILING ADDRESS	CITY/TOWN	COUNTY	STATE	ZIP CODE + 4

Enterprises with more than one call center location in PA should photocopy this application and complete Section 3 only for each additional establishment.

RESET ENTIRE FORM PRINT FORM RETURN TO TOP OF PAGE NEXT PAGE

DEPARTMENT USE ONLY

ENTERPRISE NAME		

SECTION 4. QUALIFIED EMPLOYEES

1. Provide the average number of employees working in call center capacity per month for the calendar year in which the gross receipts tax was incurred. (Add the number of employees for each month, per month, divide total by 12 and enter number below.)

_____

2. In the format below, list on separate 8 $^1/_2$ x 11 sheets of paper or in CD-ROM format, all full-time and part-time call center employees and their hours worked for the year in which the gross receipts tax was incurred. Refer to the Sales and Use Tax Bulletin and Call Center Tax Credit Instructions for the definitions of call center and employee.

Your application will not be processed without supporting documentation in the format below.

Employee Name	Employee Identification Code	Position Held	Hours worked per year in Call Center Capacity (Call Center Hours) _____

Total Call Center Hours _____

1820

Divide Total Call Center Hours by 1,820 (one full-time equivalent employee) to get Full-Time Equivalent Employees.
If this number is less than 150, you are not eligible for this credit.

Full-Time Equivalent Employees _____

3. How many jobs will be created as a result of receiving this credit? _____

4. How many jobs will be retained as a result of receiving this credit? _____

SECTION 5. QUALIFIED LINES

Provide the average number of telephone lines on a monthly basis for the calendar year for which the gross receipts tax was incurred. Telephone lines are limited to call center lines used by an employee utilizing an automated call distribution system.
If this number is less than 200, you are not eligible for this credit. _____

On separate sheets of 8 $^1/_2$ x 11 paper or in CD-ROM format, provide supporting documentation showing how the above average was determined.

Your application will not be processed without supporting documentation.

SECTION 6. CALCULATING CREDIT

Please see instructions on form REV-900F-1.

Your application will not be processed without supporting documentation.

This amount must equal Eligible Line Charges multiplied by 4.762 percent (line charge x 0.04762).* **$** _____

SECTION 7. AUTHORIZED SIGNATURES

I (we), the undersigned, declare under penalties of perjury the statements contained herein are true, correct and complete.

AUTHORIZED SIGNATURE (ATTACH POWER OF ATTORNEY IF APPLICABLE) PLEASE SIGN AFTER PRINTING.	DAYTIME TELEPHONE NUMBER	TITLE
TYPE OR PRINT NAME	EMAIL ADDRESS	DATE MM/DD/YY
TYPE OR PRINT PREPARER'S NAME	TITLE	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	DATE MM/DD/YY

RESET ENTIRE FORM PRINT FORM RETURN TO TOP OF PAGE RETURN TO PAGE ONE