

## HPIP SWORN STATEMENT OF CONTINUED COMPLIANCE TAX CREDIT CARRY-FORWARD APPLICATION

This form may be used only for re-certification of a worksite seeking to utilize existing HPIP tax credit carry-forwards and when no additional capital investment or training and education tax credits are sought. The person completing this application will need access to payroll records, training expenditures and/or workforce training grant information and customer records which identify the sources of sales revenues, if applicable.

Company Name:		FEIN:	
Worksite Address:			
NAICS Code:	Headquarters Location:	Yes No Back Office Location: Yes No	
Company Contact:	Email	:	
mm/d	d/yyyy through mm/dd/yyyy	Being Reference:	
New Certification Period:	through //yyyy mm/dd/yyyy		
Prior Certification #:	Prior Certification Period:	through mm/dd/yyyy mm/dd/yyyy	
	Worksite Average Wage Durin	ng Measurement Period:	
By affixing my signature below, I here and that the worksite continues to mee signature also verifies that the compan company records as are deemed app	PLEASE READ CAREFULLY BEFORE  by swear to the accuracy and complete  t all of the HPIP requirements during the  y agrees to make available within a recording to the sole in t		
Si	gnature	Date	
Print *Return this form to: HPIP Manager Kansas Department of Commerce 1000 SW Jackson St., Suite 100	ed Name	Title (Must be the owner, CEO or company officer responsible for preparing and filing the company's tax return.)	

Kansas Department of Commerce

Topeka, Kansas 66612-1354 or Richard.Martinez@ks.gov