



**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 Contract: \_\_\_\_\_ Email: \_\_\_\_\_

New Measurement Period: \_\_\_\_\_ through \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

New Certification Period: \_\_\_\_\_ through \_\_\_\_\_ Prior Certification #: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Worksite Average Wage During Measurement Period: \$ \_\_\_\_\_ HPIP Wage Standard: \$ \_\_\_\_\_

Workforce Training Program/Contract #: \_\_\_\_\_ Contract Timefram: \_\_\_\_\_ through \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Or, if applicable: Eligible Training Expenditures: \$ \_\_\_\_\_ 2% of Total Payroll: \$ \_\_\_\_\_

Sources of Revenue requirement (if applicable): Total Sales Which Meet This Requirement: \$ \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

By affixing my signature below, I hereby swear to the accuracy and completeness of all representations made in this application and that the worksite continues to meet all of the HPIP requirements during the new measurement period as stated above. My signature also verifies that the company agrees to make available within a reasonable timeframe and allow access to such company records as are deemed appropriate within the sole judgment of Kansas Department of Commerce and/or Kansas Department of Revenue, in order to facilitate verification of the accuracy of the statements made herein and company's program eligibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

*\*Return this form to: HPIP Manager  
 Kansas Department of Commerce  
 1000 SW Jackson St., Suite 100  
 Topeka, Kansas 66612-1354  
 or Richard.Martinez@ks.gov*

*(Must be the owner, CEO or company officer responsible  
 for preparing and filing the company's tax return.)*