

**ANGEL INVESTMENT TAX CREDIT
APPLICATION FORM**

See Program Guidelines for additional information
Including definitions and procedures

Return all requests and attachments to:
Angel Investment Tax Credit Program
NM Economic Development Department
1100 St. Francis Drive
Joseph M. Montoya Building, Suite 1060
Santa Fe, NM 87504

Questions regarding the program can be directed to:
Ellen.veseth@state.nm.us

**To be completed by the small business who
is recipient of the qualified cash investment
in equity eligible for the angel investment
tax credit.**

Section A: Qualifying the small business

Name of the small
business/recipient _____

FEIN _____

NAICS Code _____

NM CRS Id No. _____

Mailing address _____

City, state, zip _____

Contact name _____

Contact phone _____

Contact E-mail _____

Indicate the type of ownership:

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General partnership |
| <input type="checkbox"/> Subchapter S Corporation | <input type="checkbox"/> Limited partnership |
| <input type="checkbox"/> LLC or similar organization | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Other. Please indicate _____ |

Is the small business registered with the New Mexico Secretary of State or the New Mexico Public Regulation Commission's, Corporations Bureau? Yes No

Date of incorporation or organization _____

Date business began in New Mexico _____

Has the small business operated under any other name since Jan 2007? Yes No
(If yes, indicate the name. EDD may request additional information.)

Answer the following questions about the small business.

- Yes No Is the small business primarily engaged in or organized as any of the following types of businesses? Credit or finance services, including banks, savings and loan associations, credit unions, small loan companies or title loan companies; financial brokering or investment; professional services, including accounting, legal services, engineering and any other service the practice of which requires a license; insurance; real estate; construction or construction contracting; consulting or brokering; mining; wholesale or retail trade; providing utility service, including water, sewerage, electricity, natural gas, propane or butane; publishing, including publishing newspapers or other periodicals; broadcasting; or providing internet operating services.

- Yes No Has the small business issued securities registered pursuant to Section 6 of the federal Securities Act of 1933, as amended?

- Yes No Has the small business issued securities traded on a national securities exchange?

- Yes No Is the small business subject to reporting requirements of the federal Securities Exchange Act of 1934, as amended?

- Yes No Is the small business registered pursuant to the federal Investment Company Act of 1940, as amended, at the time of the investment?

- Yes No Does the small business have 100 or fewer employees calculated on a full-time equivalent basis at the time of the investment?

- Yes No Does the small business have gross revenues in excess of five million dollars in any fiscal year ending on or before the date of the investment?

1. Describe the principal business activity performed by the small business that qualifies the small business as an eligible investment pursuant to the angel investment tax credit?

2. Enter the physical address where the qualifying principal business activity described above is performed. If the qualifying business activity is performed in more than one location, enter all locations. If more space is needed, include an attached statement.

Section B: About the qualifying cash investment received

Complete the following for each qualifying cash investment in equity made by an accredited investor. Use an attachment for more than one qualifying cash investment received with this application.

Amount of cash investment made? _____

Date the cash investment was received? _____

Name of the accredited investor? _____

Contact name and phone number of the accredited investor? _____

What is the FEIN or SSN of the accredited investor? _____

What was received by the accredited investor in exchange for the cash investment? If stock, describe the type of stock (for example common or preferred) including any options, how many shares were received, and the official name of the business under which the stock is listed. If you received an interest in the business, please describe.

Has the accredited investor or a member of the immediate family or an entity affiliated with the accredited investor received or will receive compensation from the business in exchange for services provided to the qualified business within one year of the investment in the qualified business? If yes, please explain.

Section C: Program Evaluation

How important a factor was the Angel Investment program in the company's decision to develop the technology, idea, process or application in New Mexico?

_____ Very important

_____ Important

_____ Not important

Please share comments regarding your experience with the Angel Investment program:

Section D: Affidavit

As the applicant or authorized representative of the applicant, I certify under penalty of perjury that the information contained herein and attached hereto is true and correct according to my best belief and knowledge after a reasonable investigation of the facts, and that the applicant:

- Is a business eligible as a qualified small business pursuant to Laws 2007, Chapter 172, Section 1.
- Shall allow inspections and audits by the NM Economic Development Department as are reasonably necessary to verify the accuracy of the submitted information;
- Agrees to submit the original Revenue "Form 285 SBI" EDD at the time of application. Include with application packet.
- Acknowledges EDD 's right to revoke the applicant's certification at any time or refuse to renew the certification if the applicant fails to maintain the required qualifications;
- Acknowledges EDD's right to revoke the certification of the applicant and assess a penalty against the applicant entity equal to the amount of the tax credits authorized;
- Agrees to notify EDD within five business days of failing to meet the qualifications of the program;
- Authorizes EDD to provide Taxation & Revenue Department with necessary information required to administer the program;
- **Authorizes EDD to release upon request or publish the small business' name, activity and contact information on its website;**
- Acknowledges EDD will not process an investor's application unless the small business has received a valid letter of certification or has submitted a request for certification to EDD; and
- Declares in good faith that any qualified investment received will be used for the growth and development of the small business.

Applicant or Authorized Representative

Title

Print Name

Date

Disclaimer: Neither the NM Economic Development Department nor its employees warrants the accuracy or reliability of the information and transactions of qualified investors or qualified small businesses and do not endorse any content, viewpoints, products, or services and shall not be held liable for any losses caused by reliance on the accuracy, reliability or timeliness of such information. Any person or entity that relies on any program information, certifications or authorizations from NMEDD does so at his or her own risk. EDD's determination of a qualified investor, qualified small business, or qualified investment is only for the purposes of eligibility under the Angel Investment program.