



## 2023 Angel Investor Tax Credit Program- Company Application

PLEASE NOTE THERE IS NO OPTION TO SAVE YOUR APPLICATION AND RETURN TO IT AT A LATER TIME. PLEASE HAVE ALL YOUR RESPONSES AND DOCUMENTATION READY TO COMPLETE THE APPLICATION IN ITS ENTIRETY.

1. Company Legal Name \*

2. Corporate Category \*

3. Federal Tax ID/EIN \*

4. Year Incorporated \*

5. Name of Authorized Representative \*

Provide the name of the person acting as the applicant's authorized representative for purposes of this Application. This person must be an officer or director of the Applicant, or other person directly authorized to act on behalf of the Applicant.

6. Title of Authorized Representative \*

7. E-mail address of Authorized Representative \*

8. Contact Telephone Number \*

9. Company web address \*

10. Business Address \*

11. Business City/Town \*

12. Business Zip Code \*

13. Number of Massachusetts Facilities

14. Is the Press Contact of the company the same as the Authorized Representative? \*

15. Please list founders and members of the management team. Optional- If available, please include self-identified gender and race of each person listed. \*

For more information about a minority-led business, review the MA General Laws here:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter7C/Section6>

16. Brief Summary of Applicant's Business and Technology \*

The recommended number of words for this answer is no more than 500 words.

17. Life Sciences Category \*

Please select the one that best describes your life science category

## 18. Modality \*

Please select the one that best describes your modality

## 19. Stage of Development \*

Please select the one that best describes your stage of product development

## 20. Number of Employees (company-wide) \*

What is the current total number of W-2 FTE (full-time equivalent) employees (company-wide)? Consultants, 1099 employees, or interns do not count as part of this number. For purposes of this program, employees are considered to be full-time equivalent if they work 35 hours or more per week for this company.

## 21. Number of Employees in Massachusetts \*

What is the current total number of W-2 FTE (full-time equivalent) employees in Massachusetts? Consultants, 1099 employees, or interns do not count as part of this number. For purposes of this program, employees are considered to be full-time equivalent if they work 35 hours or more per week for this company.

## 22. Funding History \*

The Angel Investor Tax Credit Program seeks to understand the degree to which companies have raised funding before applying to this program. List any sources of funding received by the applicant (including the year of funding, source of funding, type of funding, and amount of funding).

Examples of funding sources include and are not limited to:

Universities, Government sources (NIH, NSF, SBIR, etc.), Private Equity, Angel

Investors, Foundations, Venture Capital, Self-funded, Strategic Investors, Venture Lenders, Founders, Friends and Family, Loans.

### 23. Funding Uses \*

Please describe what the above funding was used for (legal, consultants, R&D, CROs, hires etc.)

### 24. Fully Developed Business Plan \*

Please upload a copy of your fully developed business plan to verify that the business the angel investor invested in during the calendar year is considered a “qualifying business” under this program.

Requirements—a fully developed business plan that includes long-term and short-term forecasts and contingencies of business operations, including research and development, profit, loss and cash flow projections and details of angel investor funding.

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### 25. Qualifying Business Certification \*

To be eligible as a “Qualifying Business,” the company must have gross revenues equal to or less than \$500,000 in the fiscal year prior to claiming Qualifying Business status.

Please upload a copy of a Certification of Qualifying Business in PDF format from your certified public accountant or attorney in the form substantially similar to the model provided: <https://www.masslifesciences.com/wp-content/uploads/Qualifying-Business-Certification.pdf>

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## 26. Massachusetts Secretary of State Certificate of Good Standing \*

A Certificate of Good Standing from the Massachusetts Secretary of State provides evidence of the applicant company's name, state where incorporated, date incorporated, date registered to do business in Massachusetts, that the applicant is not delinquent in filing annual reports, and is still qualified to do business in Massachusetts.

Please upload a copy of your certificate issued by the Secretary of State within the previous 6 months.

Please make every effort to obtain this certificate by the time of submitting your application. If you have not received it by then, please upload proof that you have applied for it and send us the certificate within 14 days of the program deadline by emailing it to [angeltax@masslifesciences.com](mailto:angeltax@masslifesciences.com).

To request a new certificate please visit:

<https://corp.sec.state.ma.us/CorpWeb/Certificates/CertificateOrderForm.aspx>

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## 27. Massachusetts Department of Revenue Certificate of Good Standing \*

A Certificate of Good Standing is a certificate issued by the Massachusetts Department of Revenue (DOR) indicating that a corporation, individual, sole proprietor, non-profit organization, partnership, limited liability company, limited liability partnership, trust or any other entity registered and filing taxes in Massachusetts has filed all necessary tax returns and is deemed in good standing by the Massachusetts Department of Revenue.

Please upload a copy of your certificate issued by DOR within the previous 6 months.

Please make every effort to obtain this certificate by the time of submitting your application. If you have not received it by then, please upload proof that you have applied for it and send us the certificate within 14 days of the program deadline by emailing it to [angeltax@masslifesciences.com](mailto:angeltax@masslifesciences.com).

To request a new certificate please visit:

<https://www.mass.gov/info-details/dor-certificate-of-good-standing-and-or-corporate-tax-lien-waiver-faqs#how-do-i-apply-for-a-certificate-of-good-standing?->

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## 28. Proprietary \*

Please indicate whether your responses to this application are proprietary in nature as applicable to the MA Public Records Law.

## Company Signature \*

I verify that I am authorized to commit my organization and to make this application on behalf of the organization. I certify that the above information is correct and that the statements made herein, including all attachments and exhibits, are true and correct to the best of my knowledge. The submission of false information to the Center is subject to prosecution under the False Claims Law at M.G.L. c. 12, sections 5A – 5O. Massachusetts General Law

I understand that this Angel Investment Tax Credit Program application may be disqualified if it does not contain all required information or if the applicant does not meet the eligibility criteria required under the Program.

I specifically acknowledge that all of the terms and conditions of the Solicitation are mandatory.

On behalf of the applicant, I understand and acknowledge that all materials submitted as part of this application are subject to disclosure under the Massachusetts Public Records Law. Furthermore, I understand and acknowledge that I have followed the procedures set forth in Section 8.1 of the Angel Investment Tax Credit Program Solicitation for any documents that I believe maybe proprietary in nature and that may fall within the parameters of the MLSC's Trade Secrets Exemption; and that the MLSC's receipt of such documents does not represent a finding by MLSC or the Supervisor of Public Records that such documents fall within the Trade Secrets Exemption.

I acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits under the Program.

I acknowledge and agree that if Taxpayer Investor is awarded a MLSC Angel Investment Tax Credit from the MLSC, the Qualifying Business will be required to enter into an agreement with the MLSC and abide by all policies of the Angel Investment Tax Credit Program.

I understand that if a qualifying business ceases to do business, moves its business out of the Commonwealth, or fails to file its Annual Report with MLSC within the three taxable years following the taxable year for which the Credit was allowed, the Taxpayer Investor will have to repay the total Credit amount to the Commonwealth.

I have read and agree to the terms and conditions of applying to the Massachusetts Life Sciences Center Angel Investor Tax Credit Program.

Please type your name below

Created time

mm/dd/yyyy	hh:mm pm	EDT
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How did you hear about the program? \*

Select an option

Please select if you wish to receive email notices and updates from MLSC. You may unsubscribe at any time.

**Submit**

Never submit passwords through this form. [Report malicious form](#)