

**Angel Tax Credit Program  
Qualified Small Business Insolvency Report**

**Data Privacy Notice:** per Minn. Stat. 116J.8737, Subd. 8, data provided in this report is nonpublic data; certain information became public upon certification as a qualified small business and upon a credit allocation and will become public upon a credit revocation. Qualified small business's names are posted on the department's website.

**Insolvency report for date ending:** \_\_\_\_\_  
*(date business ceased operations or became insolvent)*

**Note:** Qualified small businesses, upon filing this report, are exempt thereafter from annual reporting requirements, report filing fees, and fines from failure to report under the Angel Tax Credit Program.

**Section I. BUSINESS NAME AND IDENTIFYING INFORMATION**

Legal Name ("Business"): \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Previous Name (if any): \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**Section II. AUTHORIZED BUSINESS REPRESENTATIVE INFORMATION**

*(all program communications will be with this person only)*

Name: First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section III. PERFORMANCE** *(check all that apply)*

- a.  The business has ceased operations. It is no longer producing goods or services and no longer has sales.
- b.  The business is insolvent. It does not presently have nor does it anticipate having a cash flow sufficient to meet its obligations, and/or the business has obtained a bankruptcy judgment.

**Section IV. EXPLANATION**

Provide details regarding selection a. and/or b. in Section III, including applicable dates. Insolvent businesses: attach accountant’s opinion letter.

**Section V. CERTIFICATION**

The undersigned certifies that all statements and representations in this report, or information provided herein, are true and complete to the best of his or her knowledge.

_____	_____	_____
Signature of authorized business representative	Title	Date

Filing Fee: \$100  
Make check payable to MN Department of Employment and Economic  
Development (or MN DEED)

Mail insolvency report and payment to: MN DEED- BCD  
Angel Tax Credit Program - Payments  
PO Box 3855  
St. Paul, MN 55101