**Greater Minnesota Internship Tax Credit**

**Tax Year 2017 Student Agreement**

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| **SECTION 1: Student Information** |
| Student Name (Last, First, Middle) |
| Student Postsecondary Institution | Student Academic Program/Major |
| Student SSN/Student Number | Phone Number |
| Address | Email Address |
| City | State | ZIP Code |
| **SECTION 2:**  **Employer/Supervisor Information** |
| Internship Provider/Employer Name |
| Address of Internship Location | County |
| City | State | ZIP Code |
| Internship Supervisor Name | Title |
| Phone Number  | Email Address |
| **SECTION 3: Student Certification** |
| **Please check the box next to each statement indicating you have read and understand each statement:*** The information I provide as part of this agreement is true and complete, to the best of my knowledge.
* I give permission to my college, the Office of Higher Education and my internship provider/employer to share information and documentation about my internship experience with each other including, but not limited to, attendance, wage and performance evaluation records.
* In order for me to receive academic credit for this internship experience, I must complete any requirements established by my college including, but not limited to, assignments, tasks or a final project/paper.
* I will perform all tasks assigned by my internship provider/employer to the best of my ability.
* I will keep regular attendance and be on time, both at school and at my internship site and I will promptly notify my internship provider/employer if unable to report.
* I understand placement and participation in this internship experience is not employment with my college and I will not be covered by my college’s worker’s compensation coverage.
* I understand I will not receive any money, compensation or benefits of any kind from my college in exchange for this internship experience.
* I understand participation in this internship experience does not promise or guarantee employment with my internship provider/employer after this internship experience ends.
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| Student Signature | Date (month, day, year) |

**Greater Minnesota Internship Tax Credit**

**Tax Year 2017 Internship Provider/Employer Agreement**

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| **SECTION 1: Internship Provider/Employer Information** |
| Internship Provider/Employer Name |
| FEIN | Minnesota Tax ID | Main Phone Number |
| Address | County |
| City | State | ZIP Code |
| Type of Business C Corporation  S Corporation  Partnership  Sole Proprietor  Fiduciary Tax-Exempt Organization |
| **SECTION 2: Student/Internship Experience Information** |
| Student Name (Last, First, Middle) |
| Internship Start Date | Internship End Date | Approx. hours per week | Hourly wage |
| Address of Internship Location | County |
| City | State | Zip Code |
| Internship Supervisor Name | Title |
| Phone Number  | Email Address |
| **SECTION 3: Internship Provider/Employer Certification** |
| **Please check the box next to each statement indicating you have read and understand each statement:*** The information I provide as part of this agreement is true and complete, to the best of my knowledge.
* I certify that the Internship Provider/Employer is a private organization eligible to participate in this program.
* I certify, the student intern/employee listed on this agreement:
	+ Did not work for the Internship Provider/Employer in a same or similar job prior to the Internship Start Date listed on this agreement; and
	+ Does not replace a current employee; and
	+ Has not previously participated in the program; and
	+ Will be employed at a location in greater Minnesota (Counties other than Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright); and
	+ Will be paid at least minimum wage; and
	+ Will work for a minimum of 16 hours per week for at least 8 weeks; and
	+ Will be supervised and evaluated.
* I certify, the Internship Provider/Employer will provide the college and/or the Office of Higher Education with an annual report regarding student interns/employees employed as part of this program which must include, but is not limited to: the number employed, number of hours and weeks worked, compensation paid and the number of student interns employed full-time after the internship end date.
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| Signature of Internship Provider/Employer Representative | Date (month, day, year) |
| Print Name  | Title |

**Greater Minnesota Internship Tax Credit**

**Tax Year 2017 Postsecondary Institution Agreement**

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| **SECTION 1: Postsecondary Institution Information** |
| Postsecondary Institution Name | School Code |
| **SECTION 2: Student/Internship Experience Information** |
| Student Name (Last, First, Middle) | Student SSN/Student Number |
| Student Academic Program/Major |
| Faculty/Academic Representative (Responsible for Awarding Academic Credit) | Phone |
| Internship Provider/Employer Name | Phone |
| **SECTION 3: Postsecondary Institution Certification**  |
| **Please check the box next to each statement indicating you have read and understand each statement:*** The information I provide as part of this agreement is true and complete, to the best of my knowledge.
* I certify the Postsecondary Institution is eligible to participate in this program and has completed a participation agreement with the Office of Higher Education.
* I certify the student listed on this agreement has:
	+ Completed one-half of the credits necessary to complete his/her degree or certificate program; and
	+ Submitted the necessary academic forms in order for academic credit to be awarded upon successful completion of this internship experience.
* I certify, based on information provided by the Internship Provider/Employer, student and/or a faculty/academic representative, this internship experience is related to the student’s course of study.
* I certify, the Postsecondary Institution will notify the Internship Provider/Employer:
	+ If the student is no longer enrolled and/or eligible to participate in the program during the internship experience; and
	+ Whether or not the student is awarded academic credit after completing the internship experience.
* I certify, the Postsecondary Institution will provide to the Office of Higher Education an annual report regarding students participating in this program which must include, but is not limited to: the number of participating students, number of hours and weeks of expected work, expected compensation and the number of credits provided to participating students upon successful completion of internships as part of this program.
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| **SECTION 4: Tax Credit Amount Certification** |
| * I certify, the Internship Provider/Employer, upon successful completion of this internship experience by the above student, is eligible for a Greater Minnesota Internship Tax Credit of up to: **$2,000**
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| Signature of Postsecondary Institution Representative | Date (month, day, year) |
| Print Name | Phone Number |