

**VIRGINIA
Form VEN-2**

**Venture Capital Account Investment Fund
Confirmation Application**

Calendar Year _____

Page 1 of _____

Use this form to apply for certification as a Virginia venture capital account. To receive certification, the investment fund must have registered using Form VEN-1 and meet certain certification requirements as set forth in the Form VEN instructions. Submit this form and any supporting documentation by **January 31** of the year following the year in which the investment fund is applying for certification as a Virginia venture capital account. This is **Step 2 out of 3** of the certification process. After Form VEN-2 is approved, the Department will send a certification letter confirming that your fund qualifies as a Virginia venture capital account.

Section I – Investment Company Information			
Investment Company Name (as shown on Form VEN-1)	FEIN	Investment Fund Name	
Contact Name	Phone Number	Fax Number	

Section II – Qualified Portfolio Company Information
<i>If investing in more than 1 qualified portfolio company, complete Section V on the next page.</i>

Qualified Portfolio Company 1			
Name	FEIN		
Street Address	City	State	ZIP Code
NAICS Code	Description of Business Activity	Amount of Investment \$	
Entity Type (Check one): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			

Section III – Investment Fund Information	
1) Total number of qualified portfolio companies (include the total from Section V, if applicable).....	_____
2) Total capital committed to the fund that was invested in qualified portfolio companies during the calendar year.....	\$ _____ .00
3) Total amount of all capital committed to the fund.....	\$ _____ .00
4) Account Percentage – Divide Line 2 by Line 3. If this line does not equal to 50% or more, the fund does not qualify as a Virginia venture capital account.	_____ %

Section IV – Declaration and Signature
By checking the boxes below, I certify that each portfolio company in which the fund has been invested meets the following eligibility criteria:
<input type="checkbox"/> The portfolio company's principal place of business is in Virginia;
<input type="checkbox"/> The portfolio company has a primary purpose of production, sale, research, or development of a product or service other than the management or investment of capital; and
<input type="checkbox"/> The portfolio company has provided the fund with equity in the company to the venture capital account in exchange for a capital investment.

I (we) the undersigned declare, under the penalties provided by law, that this form (including any accompanying schedules, statements, and attachments) has been examined by me (us) and is, to the best of my (our) knowledge and belief, a true, correct, and complete application, made in good faith pursuant to the income tax laws of the Commonwealth of Virginia. If a person other than the taxpayer prepares this application, such declaration is based on all information of which he or she has knowledge.

Authorized Signature	Title	Date
Printed Name	Phone Number	Fax Number

Investment Company Name (as shown on VEN-1)	FEIN	Investment Fund Name
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Section V – Qualified Portfolio Company Information (Continued from Section II)

Complete this section if you have invested the fund in more than 1 qualified portfolio company.

Qualified Portfolio Company 2			
Name		FEIN	
Street Address	City	State	ZIP Code
NAICS Code	Description of Business Activity	Amount of Investment \$	
Entity Type (Check one): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			

Qualified Portfolio Company 3			
Name		FEIN	
Street Address	City	State	ZIP Code
NAICS Code	Description of Business Activity	Amount of Investment \$	
Entity Type (Check one): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			

Qualified Portfolio Company 4			
Name		FEIN	
Street Address	City	State	ZIP Code
NAICS Code	Description of Business Activity	Amount of Investment \$	
Entity Type (Check one): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			

Qualified Portfolio Company 5			
Name		FEIN	
Street Address	City	State	ZIP Code
NAICS Code	Description of Business Activity	Amount of Investment \$	
Entity Type (Check one): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			

Qualified Portfolio Company 6			
Name		FEIN	
Street Address	City	State	ZIP Code
NAICS Code	Description of Business Activity	Amount of Investment \$	
Entity Type (Check one): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			

If additional space is needed, submit multiple copies of this page.