

**VIRGINIA
Form VEN-3**

**Venture Capital Account Investment Fund
Investor Information Report**

Calendar Year _____

Page 1 of _____

In order for an investor to claim a subtraction for income attributable to a Virginia venture capital account, the investment must be registered with the Department by filing form VEN-3. Submit this form by January 31 of the year following the year of the investment. This documentation must be provided in order for the subtraction to be allowed on the Virginia return. This is **Step 3 out of 3** for registering and certifying a venture capital account investment fund for the purposes of the venture capital account investment income tax subtraction.

Note: The taxpayer cannot claim a venture capital subtraction for an investment in a company that is owned or operated by a family member or an affiliate of the taxpayer; cannot use the investment to claim the subtraction for certain long-term capital gains; cannot use the investment to claim the subtraction for Virginia Real Estate Investment Trusts; or cannot use the same investment to claim the Qualified Equity and Subordinated Debt Tax Credit for individuals.

Section I – Investment Fund Information

| | | |
|-----------------------------|--------------|--------------------|
| Name as shown on Form VEN-1 | | FEIN |
| Contact Name | Phone Number | Fax Number |
| Investment Fund Name | | Certificate Number |

Section II – Investor Information

Instructions: Enter one investor per row and provide complete information in each column. In **Column C**, enter one of the following entity types: (1) C Corporation; (2) S Corporation; (3) Partnership; (4) LLC; (5) Individual. If there are more than 12 investors in the Virginia venture capital fund, submit multiple copies of this page.

| | Column A Investor Name | Column B SSN / FEIN | Column C Entity Type | Column D Investment Amount |
|-----|-----------------------------------|---|---------------------------------|---------------------------------------|
| 1. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 2. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 3. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 4. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 5. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 6. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 7. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 8. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 9. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 10. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 11. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |
| 12. | | <input type="checkbox"/> SSN <input type="checkbox"/> FEIN | | \$.00 |

Section III – Signature

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 | Printed Name | Date |
| Email Address | Phone Number | Fax Number |