



Tubular Skylights

Statement of Certification

Residential Homeowner

Kennedy Skylights certifies that the:

10" TUBULAR SKYLIGHT + SOLAR LED LIGHT KIT

13" TUBULAR SKYLIGHT + SOLAR LED LIGHT KIT

18" TUBULAR SKYLIGHT + SOLAR LED LIGHT KIT

21" TUBULAR SKYLIGHT + SOLAR LED LIGHT KIT

qualify for federal tax credits in the Solar Energy Systems category under Photovoltaic Systems as defined in the **The Energy Policy Act of 2005**.

Must pair Tubular Skylight with LED Light Kit for Tax Credits

In order to qualify for the Kennedy Skylights Tubular Skylight 26% Federal tax credit, Products must have been placed in service on January 1, 2022 through December 31, 2022 on an existing or new construction residential home. Units installed on rental or commercial properties do not qualify for tax credits. In addition, the products must contain our new Solar Powered LED Lights. The homeowner is eligible to receive a 26% federal tax credit on the entire unit as well as any installation costs incurred. There is no cap on the cost amount on which a tax credit can be claimed on qualifying photovoltaic systems in accordance to the Energy Policy Act of 2005.

To claim a tax credit, this Statement of Certification is not required to be filed with the tax forms, but income tax regulations require taxpayers to have appropriate documentation to qualify for a tax credit. Please complete the form below and keep it with your tax records. Also, keep the receipt for the system including installation costs.

Disclaimer: This Statement of Certification was prepared on January 1, 2011 in accordance to the qualifications for tax credits as the law states on this date. Kennedy Skylights cannot guarantee the products eligibility if the current requirements or laws change after 1/1/11. Kennedy Skylights recommends consulting a tax professional if considering filing for a tax credit. More information about tax rebates is available from the IRS. Kennedy Skylights is not responsible or liable for a taxpayers ability to receive tax credits.

Residential Certification: *Please fill out and keep with your tax records*

Taxpayer Name

SSN

Address

Product(s) Installed

Material Cost (inc tax): _____ Date Purchased: _____ Date Installed: _____