



TAX CREDIT APPLICATION FOR CONTRIBUTIONS

BUSINESS/INDIVIDUAL ELIGIBILITY: (please check one)		<input type="checkbox"/> Business	<input type="checkbox"/> Individual	<input type="checkbox"/> Foundation
Name(s): _____		Name(s): _____		
Social Security #: _____		Social Security #: _____		
Federal Employer Identification #: _____ - _____ (Businesses/Foundation Only)				
Address (city, state, zip): _____				
Contact Person: _____				
Phone #: _____		Email: _____		
Taxes Paid By:	Calendar Year	Fiscal Year from:	_____ to _____	
Check the tax intended to use this credit against:				
<input type="checkbox"/> Corporate Income Tax	<input type="checkbox"/> Individual Income Tax	<input type="checkbox"/> Fiduciary Income Tax		
<input type="checkbox"/> Privilege Tax	<input type="checkbox"/> Gross Premium Tax	<input type="checkbox"/> Transfer of Tax Credit		
<p><i>*If the donation is made by a Small Business Corporation (S Corp.) that is filing Kansas Tax Form K-120S, a complete list of shareholders, their social security numbers, and percent of ownership for each shareholder must be attached.</i></p> <p><i>*If the donation is made by a partnership or limited liability corporation (LLC) that is filing Kansas Tax Form K-65, a complete list of partners, their social security numbers, and the ownership percentage of each partner must be attached.</i></p> <p><i>*Name(s), address, SSN(s), and FEIN (if applicable) must be fully complete and the same as donor's tax payer information. Incomplete or inaccurate information may result in rejection of a submitted tax credit when taxes are filed. Only the name(s) listed above may claim the credit.</i></p>				

DESCRIPTION OF CONTRIBUTION/STATEMENT OF RECEIPT: (completed by receiving organization)

Project Name or Organization: _____

Total Amount of Contribution(s): _____ Date of Contribution: _____

Contributions must be \$250 or more. If there are multiple contributions, please attach a schedule of amounts and the dates of each donation.

Copies Attached:

- | | | |
|---|--|---|
| <input type="checkbox"/> Check(s)/Endorsements | <input type="checkbox"/> Credit Card Receipt | <input type="checkbox"/> Title Policy/Deed & Two Appraisals |
| <input type="checkbox"/> Payroll Deduction Record | <input type="checkbox"/> Invoice | <input type="checkbox"/> Documentation of Transfer (stocks & bonds) |

I have examined this application and all attachments and believe it to be an accurate description of the value of the contribution received by our organization for the purpose of carrying out the Community Service Program.

Printed Name of Project Director	Signature of Project Director	Date	Project #