



TAX CREDIT APPLICATION FOR CONTRIBUTIONS

BUSINESS/INDIVIDUAL ELIGIBILITY: (please check one) Business Individual Foundation

Name(s): _____ Name(s): _____

Social Security #: _____ Social Security #: _____

Federal Employer Identification #: _____ - _____ (Businesses/Foundations 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:

Corporate Income Tax Individual Income Tax Fiduciary Income Tax

Privilege Tax Gross Premium Tax Transfer of Tax Credit

**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.*

**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.*

**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.*

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:

Check(s)/Endorsements Credit Card Receipt Title Policy/Deed & Two Appraisals

Payroll Deduction Record Invoice 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 #