



Rev.5/ 2009

FOR STATE USE ONLY

Log No. _____ - _____ Reviewer _____ Project No. _____ - _____

Contribution \$ _____ Tax Credit \$ _____ 90% _____ *

APPROVED BY: _____ DATE: ____/____/____

* For tax year 2009 & 2010, donors will receive 90% of the normal credit when claimed at tax filing

TAX CREDIT APPLICATION FOR CONTRIBUTIONS

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

Name(s): _____

Social Security # _____ - _____ - _____ Social Security # _____ - _____ - _____

Federal Employer Identification # _____ - _____ (Businesses/Foundations Only)

Address: _____ City: _____ ST: _____ Zip: _____

Contact Person: _____ Phone # (____) _____ - _____

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)

RBDTC Foundation Name: _____

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 Rural Business Development Tax Credit Program.

_____/____/____
 Printed Name of Project Director Signature of Project Director Date Project #