

KANSAS

COMMERCE

SHAREHOLDER INFORMATION FOR TAX CREDITS

SHAREHOLDER #1

Name(s): _____ Social Security #: _____

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

Address (city, state, zip): _____

Ownership Percentage: _____

Phone #: _____ Email: _____

SHAREHOLDER #2

Name(s): _____ Social Security #: _____

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

Address (city, state, zip): _____

Ownership Percentage: _____

Phone #: _____ Email: _____

SHAREHOLDER #3

Name(s): _____ Social Security #: _____

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

Address (city, state, zip): _____

Ownership Percentage: _____

Phone #: _____ Email: _____

Please attach this document to the "Tax Credit Application for Contributions."

If more than three shareholders, please duplicate this document.