

KANSAS

COMMERCE

TAX CREDIT APPLICATION FOR CONTRIBUTIONS

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

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 _____

Taxpayer Type: (please check one)

☐ Individual Income Tax

☐ Fiduciary Income Tax

☐ Gross Premium (Insurance) Tax

☐ Pass Thru Entity

☐ Corporate Income Tax

☐ Privilege Tax

*If the donation is made by a Small Business Corporation (S Corp.) filing Kansas Tax Form K-120S, a complete list of shareholders, their social security numbers, and the percentage of ownership for each shareholder must be attached.

*If the donation is made by a partnership or limited liability corporation (LLC) filing Kansas Tax Form K-65, a complete list of partners, their social security numbers, and each partner's ownership percentage 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 rejected tax credits when taxes are filed. Only the name(s) listed above may claim the credit.

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

Organization Name: _____

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

Contributions must be \$250 or more.

If there are multiple contributions, please attach a schedule of amounts and the dates of each donation.

The following documents are attached: (please check all that apply)

☐ Check(s)/Endorsements

☐ Credit Card Receipt

☐ Title Policy/Deed & Two Appraisals

☐ Payroll Deduction Record

☐ Cash Receipt

☐ Documentation of Transfer (stocks & bonds)