

Appendix I

Application for Educational Improvement Tax Credits

Business Name:		CEO:	
CEO Title:		Address:	
City:		County:	
State:		Zip Code:	
FEIN:		Corporate File Box Number:	
Contact Name:		Contact Title:	
Phone Number:		Fax Number:	
E-mail		Business Tax Year End	
Business SIC/NAICS Code		Description of Business Activity:	

Amount of tax credits requested per year: \$ _____

Amount to be donated per year a scholarship organization(s): \$ _____

Amount to be donated per year to an educational improvement organization(s): \$ _____

If the contribution will be personal property or services, please attach a separate page describing the property or service and appropriate information establishing the value of the contribution.

Please check the taxes to which the business is subject (check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Corporate Net Income Tax | <input type="checkbox"/> Capital Stock Franchise Tax |
| <input type="checkbox"/> Bank & Trust Company Shares Tax | <input type="checkbox"/> Title Insurance Company Shares Tax |
| <input type="checkbox"/> Insurance Premiums Tax | <input type="checkbox"/> Mutual Thrift Institutions Tax |

Is this an Initial Application for tax credits? Yes No

If Yes, will the same contribution be made for two consecutive years? Yes No

Is this an application for the second year of a 2-year commitment? Yes No

I hereby certify that all information contained herein is true and correct to the best of my knowledge. I also acknowledge that tax credits will be awarded only for contributions made to organizations listed by the Department and that contributions must be made within 60 days after the date of the notification letter from the Department. Furthermore, I acknowledge that if I knowingly make a false statement to obtain tax credits, I (company, entity and signer) may be subject to criminal prosecution.

Signature: _____

Date: _____

Print Name: _____

Title: _____