

Appendix I

Application for Educational Improvement Tax Credits

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

Amount of tax credits requested: \$ _____ Total Amount of contributions to be made: _____
 To a scholarship organization: \$ _____ To an educational improvement organization: \$ _____
 Organization(s) to receive contributions (optional) _____

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.

Will the same amount of contribution be made for two consecutive tax years? Yes No

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

Tax	Applicable to Business
Corporate Net Income Tax	
Capital Stock Franchise Tax	
Bank & Trust company Shares Tax	
Title Insurance company Shares Tax	
Insurance Premiums Tax	
Mutual Thrift Institutions Tax	

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: _____