

Signature of the Business' Representative

Application for Allocation of Business Contributions Made to Eligible Charitable Organizations

APPLICANT INFORMATION									
Name of Business						FEIN		TAP Tax Account Number	
Name of DBA (if applicable)									
Mailing Address (Number and Street, including Rural Route)						Phone Number			
City State		Zip Code Email Add		Email Addr	iress				
APPLICATION INFORMATION	N								
An allocation approval or denia	al letter will be s	ent withi	n 30 days after	the receipt	of this app	olication.			
If the contribution has been m contribution (i.e. name of the o								ng the details of the	
If the contribution has not been contribution made to an Elig December 31 of the current ye within the specified timeframe to other taxpayers.	gible Charitable ear, whichever o	Organiz ccurs fir	zation within 6 st. If the contrib	0 days from ution is not	n the dat made and	te of the d/or if the	e allocation a Department h	pproval letter or by nas not been notified	
Pass-through entities awarded of the taxable year. ELIGIBLE CHARITABLE ORG			•	with a sche	dule of am	ounts al	located to its r	members by the end	
Fill out the table below listing the Credit for Contributions to E An income or insurance premius industrial or professional activities.	Eligible Charita um tax credit is a vities operating	ble Org vailable	anizations (Ch for voluntary ca	ildren's Pr sh contribut	omise Ac	a busines		ngaged in commerci	
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