

## **DRAFT**

## Home Away From Home Tax Credit Application for Tax Credit Allocation for Contributions to Eligible Charitable Organizations

DR-665000 N. XX/XX Rule 12-29.003, F.A.C. Effective XX/XX Page 1 of 2

## Apply online at **floridarevenue.com/taxes/multitaxcredits**. It's fast and secure.

Florida law requires the Florida Department of Revenue to approve allocations of tax credits available under the Home Away From Home Tax Credit Program on a first-come, first-served basis. Applying online will allow you to:

- create a secure, online account where your application information will be stored;
- quickly complete your application and receive a confirmation number with the date and time of submission; and
- view a summary of your applications and the status of each application.

Applying for State Fi	scal Year: July 1,	through June 3	<u></u>		
Business Name:		Federal Employe	Federal Employer Identification Number (FEIN):		
Business Address:				•	
City:				State:	ZIP:
Contact Person Name:		Telephone Number:	Email Address*		
* Your privacy is important administration purpose					ed to the Department for tax 3(2), Florida Statutes.
that does not require a your application, you meceive unencrypted en	dditional steps be nay wish to receive mail by selecting '	fore you can access e unencrypted emai Yes' below, otherwis	s information in the second second in the second se	n the email. To e	u using unencrypted email xpedite the processing of so, indicate your approval to application using unencrypted
No. I wish to receive requires a one-time			epartment of	Revenue. (The s	oftware used to encrypt email
If the business income is	included in a cons	olidated Florida corp	orate income t	ax return, provide:	<u>:</u>
Parent corporation				<del> </del>	
Parent corporation's FEIN	<u> </u>				
	le organization to v	which the contribution	n will be made	. A separate appli	cation is required for each
organization:					
Total amount of planned of Indicate the amount of creamount entered above.		ach applicable tax. T	he sum of the	amounts must eq	ual the planned contribution
\$	Corporate Income Beginning Date of			Ending Date of	Tax Year:
\$	Insurance Premiur Prior Calendar Ye	m Tax	<u>or</u>	Current Calenda	
<u>\$</u>	Excise Tax on Mal	t Beverages ar beginning July 1,			w w will t
\$	Excise Tax on Win For the Fiscal Ye Wine Beverage L	ar beginning July 1,		_	

<u>\$</u>	Excise Tax on Liquor Beverages						
	For the Fiscal Year beginning Jul	<u>ly 1,</u>					
	Liquor Beverage License Number:						
I understand that section 402.63, Florida Statutes, requires the Florida Department of Revenue to provide a copy of any approval or denial it issues with respect to the eligible charitable organization indicated in this application.							
Under penalties of perjury, I declare that I have read this application and that the facts stated in it are true.							
Signature of officer, ow	/ner, or partner	 <u>Date</u>	<u>Date</u>				
Contact Information							
For additional information regarding the Home Away From Home Tax Credit Program, contact Revenue Accounting:							
Phone: 850-617-8586	<b>Fax:</b> 850-92	1-1171 Email: CreditTrackingGroup@fl	oridarevenue.com				
If you are unable to apply online at floridarevenue.com/taxes/multitaxcredits, submit your completed application to:							
Revenue Accounting Florida Department of	or <b>Fax:</b> 850-92	1-1171 or Email: CreditTrackingGroup@f	loridarevenue.com				

Tallahassee FL 32314-6609