



Strong Families Tax Credit

Application for Tax Credit Allocation for Contributions to Eligible Charitable Organizations

DR-226000
R. XX/XX
Rule 12-29.003, F.A.C.
Effective XX/XX
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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 Strong Families 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 Fiscal Year: July 1, ____ through June 30, ____

Business Name:		Federal Employer Identification Number (FEIN):	
Business Address:			
City:		State:	ZIP:
Contact Person Name:	Telephone Number:	Email Address*:	

* Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), Florida Statutes.

Florida law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

- ☐ Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.
- ☐ No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)

Enter the eligible charitable organization to which the contribution will be made. A separate application is required for each organization: _____

Total amount of planned contribution: \$ _____

Indicate the amount of credit allocation for each applicable tax. The sum of the amounts must equal the planned contribution amount entered above.

\$ _____	Corporate Income Tax	Beginning Date of Tax Year: _____	Ending Date of Tax Year: _____
\$ _____	Insurance Premium Tax	Prior Calendar Year: _____	or Current Calendar Year: _____
\$ _____	Excise Tax on Malt Beverages	For the Fiscal Year beginning July 1, _____	Malt Beverage License Number: _____
\$ _____	Excise Tax on Wine Beverages	For the Fiscal Year beginning July 1, _____	Wine Beverage License Number: _____
\$ _____	Excise Tax on Liquor Beverages	For the Fiscal Year beginning July 1, _____	Liquor Beverage License Number: _____

\$ _____ Use Tax due from a Direct Pay Permit Holder
For the Fiscal Year beginning July 1, _____

Sales Tax Certificate Number: _____

\$ _____ Tax on Oil Production
For the Fiscal Year beginning July 1, _____

\$ _____ Tax on Gas Production
For the Fiscal Year beginning July 1, _____

If you file a consolidated Florida corporate income tax return, you must provide the parent corporation's name and FEIN.

Parent corporation _____

Parent corporation's FEIN -

I understand that section (s.) 402.62, Florida Statutes (F.S.), 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, owner, or partner

Date

If you are unable to apply online at floridarevenue.com/taxes/multitaxcredits, submit this application to:

Florida Department of Revenue
Revenue Accounting
PO Box 6609
Tallahassee FL 32314-6609

or

Fax 850-921-1171