



Florida Tax Credit Scholarship Program
Application for Tax Credit Allocation for Contributions to
Nonprofit Scholarship-Funding Organizations

xx/xx

DR-116000

R. 05/22

Rule 12-29.003, F.A.C.

Effective 05/22

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Form with fields for Business Name, Federal Employer Identification Number (FEIN), Business Address, City, State, ZIP, Contact Person Name, Telephone Number, and Email Address. A large red 'DRAFT' watermark is overlaid on the form.

add email encryption box shown on next page

Enter the nonprofit scholarship-funding organization(s) for which a tax credit allocation 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:

\$ Sales and 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.) 1002.395(5)(b)2., Florida Statutes (F.S.), requires the Florida Department of Revenue to provide a copy of any approval or denial it issues with respect to this application to the nonprofit scholarship-funding organization indicated in this application.

Under penalty 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

Add to form under email address box*

* 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.)