

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 | I Route) | | | | |
| | | | | | |
| City | State | Zip Code | | County | |
| PPLICATION INFORMATION | | | | | |
| An allocation approval or denial letter will | | • | • • • | | |
| f the contribution has been made, please contribution (i.e. name of the organization | | | | | ring the details of the |
| If the contribution has not been made at the contribution made to an Eligible Charitable s not made and/or if the Department ha amount allocated will be cancelled and an | e Organizations not been n | n within 60 days from the otified within 60 days from | e date of the allocation the date of the | on approval let | ter. If the contribution |
| Pass-through entities awarded credits must be taxable year. | ust provide th | e Department with a sch | nedule of amounts a | allocated to its | members by the end |
| industrial or professional activities opera Eligible Charitable Organization. The cr 27-15-109 and 27-15-123. The amount o | redit is allower of the credit ut | ed against the taxes impilized in a tax year is limit | osed by Miss. Cod | de Ann. Sectio | ns 27-7-5, 27-15-100 f the taxpayer. |
| The Organization of | o Willow the Contr | Button Had made | | Contribution Amoun | |
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| This application can be mailed to Office of delivered to Office of Tax Policy and Emstaxpolicy@dor.ms.gov. For more in https://www.dor.ms.gov/Business/Pag | conomic Dental of the contraction of the contractio | evelopment at 500 Clin in order to see a list of | ton Center Drive, of eligible organizat | Clinton, MS 3 | 39056, or emailed to |
| | | Applicant Name / Signa | ture | | |
| l, the undersigned taxpayer, attest the undersigned taxpayer, attest the the best of my knowledge and belief. contributions made to eligible charitates. | hat the cas . As indicat ble organiza | n contribution(s) was/ I, also hereby certi ted on this completed | were made or wil fy that the above form, I hereby ap | statements ar | e true and correct ocation of credits f |
| and any corresponding rules and regurence Print Name of the Business' Representative | llations. | Print Title/Position of Bus | iness' Representative | | Date |
| Signature of the Business' Representative | | | | | |