



► Attach to Form 720, 720S, 725, 740, 740-NP, 741, 765, or 765-GP

KRS 141.392

Name of Entity (Donor)	Identification Number (SSN or FEIN) _____	Kentucky Corporation/LLET Account Number (if applicable) _____
Address (Number, Street, and Room or Suite No.)	City, State and Zip Code	

Part I - Qualifications

- Are you a person responsible for and deriving income from:
 - 1. Growing fruits, vegetables, or other edible agricultural products; or
 - 2. Raising beef, poultry, pork, fish, or other edible agricultural products? YES NO
- Was the edible agricultural products that is intended for and fit for human consumption raised or grown in Kentucky? YES NO
- Was the edible agricultural products provided free of fee or charge to a nonprofit food program operating in Kentucky? YES NO

If you answered "No" to any of these questions above, **STOP**, you do not qualify for this credit.
If you answered "Yes" to all questions above, go to Part II.

Part II - Information on Donated Food - To be completed by taxpayer making the donation and/or donee

- Fruits Vegetables Beef Poultry
 Pork Fish Other edible product _____

	A Description of Donated Food	B Date Donated	C Quantity of Donation	D Fair Market Price Per Unit of Measure	E Fair Market Value (multiply Column C by Column D)
1.					1 00
2.					2 00
3.					3 00
4.					4 00
5.					5 00
6.					6 00
7.	Total fair market value of donation (add Column E, lines 1 through 6).....				7 00
8.	Reimbursements received from all sources				8 00
9.	Total fair market value of donation less reimbursements (subtract line 8 from line 7)				9 00
10.	Credit percentage				10 10%
11.	Credit amount. Multiply line 9 by line 10				11 00
12.	Enter the unused prior year carryforward amount from the total line of the Carryforward Worksheet				12 00
13.	Total credit amount (add lines 11 and 12). Enter result here and on applicable form or schedule				13 00

Part III - Taxpayer (Donor) Statement

I, the undersigned, declare under the penalties of perjury, that to the best of my knowledge and belief, the information and fair market values included in Part I are true, correct, and complete.

Signature of Taxpayer (Donor) _____ Date _____

Type Name and Title of Person Signing This Document



Part IV - Donee Acknowledgement - To be completed by the charitable organization

I, the undersigned, declare under the penalties of perjury, that this charitable organization is exempt from federal income tax under §501(c)(3) of the Internal Revenue Code, that it operates a surplus food collection and distribution program per KRS 141.392(1)(c), and that I have examined this schedule, and to the best of my knowledge and belief, it is true, correct, and complete.

Name of Charitable Organization (Donee)	Employer Identification Number	
Address (Number, Street, and Room or Suite No.)	City, State and Zip Code	
Authorized Signature	Title	Date

INSTRUCTIONS—SCHEDULE FD

PURPOSE OF SCHEDULE—This schedule is used by a qualified taxpayer (donor) who provides free of fee or charge edible agriculture products to a nonprofit food program operating in Kentucky per KRS 141.392.

For taxable years beginning on or after January 1, 2014, but before January 1, 2018, any donor is allowed a nonrefundable credit (food donation tax credit) against the tax imposed by KRS 141.020 or 141.040 and 141.0401, with the ordering of credits per KRS 141.0205, in the amount equal to ten percent (10%) of the value of the donated edible agricultural products. A qualified taxpayer claiming the food donation tax credit must attach this schedule to the applicable tax return.

A qualified taxpayer means a person responsible for and deriving income from: (i) growing fruits, vegetables, or other edible agriculture products; or (ii) raising beef, poultry, pork, fish, or other edible agriculture products. Edible agriculture products means fruits, vegetables, beef, poultry, pork, fish, or any other edible product raised or grown in Kentucky that is intended for and fit for human consumption. **See KRS 141.392.**

A qualified taxpayer that is a pass-through entity not subject to the tax imposed by KRS 141.040 can apply the food donation tax credit against the limited liability entity tax imposed by KRS 141.0401, and must distribute the amount of the approved tax credit to each partner, member, or shareholder based on the partner's, member's, or shareholder's distributive share of income as determined for the taxable year during which the tax credit is approved, with the ordering of credits per KRS 141.0205.

A tax credit not used by a qualified taxpayer in the current taxable year may be carried forward for up to four (4) succeeding years.

GENERAL INSTRUCTIONS

Part I – Qualifications

Answer the questions provided in Part I and proceed to Part II if applicable.

Part II – Information on Donated Food

Check the box that best describes the donated food. If the box for "Other edible product" is checked, describe the product in the space provided.

Lines 1 through 6—Enter the following: Column A, the description of the item of food being donated; Column B, the date donated; Column C, the quantity of the food item; Column D, the fair market price of each unit of measure; and Column E, the total fair market value.

Attach a separate schedule if more than 6 items are being donated.

KRS 141.392(3)(b) provides that a donor must determine the value of the donated edible agriculture products as follows: (i) if there was a previous sale of the edible agriculture products to a buyer, the donor must retain a copy of an invoice or other statement identifying the price received by the donor for the edible agriculture products of comparable grade and quality; or (ii) if there is no previous sale to a buyer, the donor must on the date of the donation, determine the value of the donated edible agriculture products based on the fair market value as determined by average weekly regional produce auction prices or United States Department of Agriculture prices for meat, fish, and dairy products.

Line 7—Add Lines 1 through 6.

Line 8—Reimbursements received from all sources, such as any reimbursed costs of picking or transporting the donated food.

Line 9—Subtract Line 8 from Line 7.

Line 11—Multiply Line 9 by Line 10.

Line 12— Enter the unused prior year carryforward amount from the total line of the Carryforward Worksheet.

Carryforward Worksheet

The Kentucky food donation tax credit can be carried forward for up to 4 years if unused during the preceding tax year(s). You must have completed Schedule FD for any prior year(s) in which you are claiming a credit carryforward.

2017 Carryforward Worksheet

- A. Credit carryforward from 2014 to 2017 _____
- B. Credit carryforward from 2015 to 2017 _____
- C. Credit carryforward from 2016 to 2017 _____
- D. Total carryforward _____

Line 13—Add Lines 11 and 12. Enter the amount on this line and on the applicable tax form or schedule. In order to claim the credit, this schedule must be attached to the applicable tax return.

Part III – Taxpayer (Donor) Statement

The taxpayer (donor) or the representative of the taxpayer shall certify that the information and fair market values included in Part I are true, correct, and complete. Enter the date signed, and type the name and title of person signing this document in the spaces provided. Failure to sign the schedule or to provide all information may result in the disallowance of the tax credit.

Part IV – Donee Acknowledgement

The representative of the charitable organization (donee) must certify that the charitable organization is exempt from federal income tax under §501(c)(3) of the Internal Revenue Code, certify that it operates a surplus food collection and distribution program per KRS 141.392(1)(c), and certify that the information included in the schedule is true, correct, and complete. Enter the name, Employer Identification Number, and address of the charitable organization in the spaces provided. Also, enter the title of person signing this document and the date in the spaces provided. Failure to sign the schedule or to provide all information may result in the disallowance of the tax credit.