



Tennessee Department of Revenue
Rural Opportunity Fund
CERTIFICATE OF CONTRIBUTION FOR TAX CREDIT

PART 1 - BUSINESS AND CONTRIBUTION INFORMATION (Completed by Contributor)

Name of financial institution: _____

Business mailing address: _____

Contact person and title: _____ Telephone number: (____) _____

Tennessee Franchise and Excise number: _____

Tax Year (Check One) Calendar year Fiscal year from _____ to _____

Qualified Contribution \$ _____ Date Approved _____

Submitted by: _____

Name of Financial Institution

By: _____
Signature Print Name and Title Date

PART 2 - SOUTHEAST COMMUNITY CAPITAL CERTIFICATION (Completed by SCC)

Amount of Eligible Contribution: _____

Approved By: _____
Signature Print Name and Title Date

PART 3 - DEPARTMENT OF REVENUE CERTIFICATION (Completed by Revenue)

Annual Amount of Tax Credit: _____

Approved By: _____
Signature Print Name and Title Date