

APPLICATION FOR PRELIMINARY AUTHORIZATION OF THE ENDOW KENTUCKY TAX CREDIT



See instructions.

A Name of Taxpayer	B Federal Identification Number or Social Security Number		C Kentucky Corporation/LLET Account Number (if applicable)
Street Address or P. O. Box			Telephone
City	State	ZIP Code	Fax Number
D Type of Entity: □ Individual □ Estate □ General Partnership	□ Trust □ Other _	Corporation	Limited Liability Pass-through Entity
E Submission Date of Application $\frac{1}{\overline{M}} \frac{1}{\overline{D}} \frac{1}{\overline{D}} \frac{1}{\overline{V}} \frac{1}{\overline{Y}} \frac{1}{\overline{Y}}$	F Amount of Endowment Gift		G Amount of Tax Credit
H Name of Qualified Community Foundation or Affiliate Community Foundation	Federal Identification Number		Telephone
			Fax Number
Street Address or P. O. Box			
City	State		ZIP Code
Under penalties of perjury, I declare that I have and statements, and to the best of my knowled By:	lge and belief	, it is true, correct, and	
Print Name:	Title:		
Consent to Release Preliminar	y Authorizati	on of the Endow Kentu	ucky Tax Credit
Notwithstanding the protections afforded tax	xpayers by	Ky. Rev. Stat. (KRS)	§131.190(1) and §131.081(15),
I, authorize the Kentucky Department of Revenue to release to [print name of taxpayer]			
[name of qualified community foundation my name and the preliminary approval (including			
KRS §141.438 based upon the application for	or preliminar	ry authorization of th	ne tax credit for providing an
endowment gift to a qualified community fou foundation.	Indation, cou	Inty-specific compone	nt fund, or affiliate community
Signature of Taxpayer			Date
Depart	ment of Reve	enue Use Only	
Preliminary authorization of Endow Kentucky tax credit.			

By: ___

_____ Date: _____

Amount

General Instructions

A taxpayer that seeks preliminary authorization of an Endow Kentucky Tax credit per KRS 141.438(7) for an endowment gift to a permanent endowment held by an approved foundation (qualified community foundation, county–specific component fund, or affiliate community foundation, which has been certified under KRS 147A.325) must file this Application with the Kentucky Department of Revenue.

The process for acceptance and consideration of the application is set forth in 103 KAR 15:195 Sections 2 through 8. All questions should be directed to: DORTaxCredits@ky.gov.

Consent to Release Preliminary Authorization of the Endow Kentucky Tax Credit to Designee of Taxpayer

A taxpayer pursuing an Endow Kentucky tax credit by filing a written application may request notification of preliminary approval for the tax credit to be provided to a qualified community foundation, county-specific component fund, or affiliate community foundation. A request waiving confidentiality must (i) be made in writing; (ii) consent to disclosure of the taxpayer's name and the preliminary approval (including the amount) of the tax credit; and (iii) be signed by the taxpayer. The Consent to Release section should be completed by filling in the taxpayer's name, the name of the qualified community foundation, county-specific component fund, or affiliate community foundation, and be signed by the taxpayer.

Submission Instructions

Choose one of the following options to submit the Endow application.

E-mail: DORTaxCredits@ky.gov
Fax: 502-564-0058
Hand-delivery: Department of Revenue, 1st floor security desk at 501 High Street, Frankfort, Kentucky (call 502-564-8139 and ask for an employee in the Tax Credits Section.)

Note: This application contains time-sensitive information; therefore, mailing the application is not recommended.