



Florida Tax Credit Scholarship Program

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

DR-116000
R. 01/25
Rule 12-29.003, F.A.C.
Effective 02/25
Page 1 of 2

Business Name:		Federal Employer Identification Number (FEIN):			
Business Address:					
City, State, ZIP:			Contact Person Name:		
Telephone Number:			Email Address*:		
*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), F.S.					
<p>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.'</p> <p><input type="checkbox"/> Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.</p> <p><input type="checkbox"/> 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.)</p>					
Enter the nonprofit scholarship-funding organization (SFO) to which the contribution will be made. A separate application is required for each organization.				Name of SFO:	
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:	MM/DD/YYYY	Ending Date of Tax Year:	MM/DD/YYYY
\$	Insurance Premium Tax	Prior Calendar Year: MM/DD/YYYY	or	Current Calendar Year: MM/DD/YYYY	
\$	Excise Tax on Malt Beverages	For the Fiscal Year beginning July 1, YYYY			
		Malt Beverage License Number:			
\$	Excise Tax on Wine Beverages	For the Fiscal Year beginning July 1, YYYY			
		Wine Beverage License Number:			
\$	Excise Tax on Liquor Beverages	For the Fiscal Year beginning July 1, YYYY			
		Liquor Beverage License Number:			
\$	Sales and Use Tax due from a Direct Pay Permit Holder	For the Fiscal Year beginning July 1, YYYY			
		Sales Tax Certificate Number:			
\$	Tax on Oil Production	For the Fiscal Year beginning July 1, YYYY			
\$	Tax on Gas Production	For the Fiscal Year beginning July 1, YYYY			

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