

Form CSO-2

Business Entity Tax Credit Application

TAX CREDITS FOR CONTRIBUTIONS TO SCHOLARSHIP ORGANIZATIONS - RIGL §44-62
 APPLICATIONS WILL BE ACCEPTED STARTING JULY 1, 2017 FOR THE FISCAL YEAR ENDING JUNE 30, 2018.

ANY APPLICATION RECEIVED PRIOR TO THE START OF THE FISCAL YEAR (JULY 1, 2017) WILL BE RETURNED TO THE APPLICANT.

IN THE CASE OF A TWO-YEAR COMMITMENT, THE APPLICATION MAY BE SUBMITTED BEGINNING ON THE FIRST DAY ALLOWED FOR THE INITIAL DONATION YEAR.

<p>Business Entity Information</p> <p>Note: The mailing address will be used for all Taxation correspondence, including the mailing of your tax credit certificates, if approved.</p>	BUSINESS ENTITY NAME		
	BUSINESS ADDRESS		
	CITY	STATE	ZIP CODE
	MAILING ADDRESS, IF DIFFERENT FROM ABOVE		
	CITY	STATE	ZIP CODE
	FEDERAL IDENTIFICATION NUMBER		TAX YEAR END DATE
	CONTACT PERSON FROM THE BUSINESS ENTITY; OTHERS USE THE ADDITIONAL CONTACT SECTION		TITLE
	TELEPHONE NUMBER	FAX NUMBER	
<p>Additional Contact Information</p> <p>Complete this section only if giving someone else (SGO rep, accountant, etc) permission to contact Taxation regarding your application.</p>	E-MAIL ADDRESS		
	NAME	TITLE	
	COMPANY	E-MAIL ADDRESS	
	TELEPHONE NUMBER	FAX NUMBER	
<p>Contribution Information</p> <p>Please list the scholarship organization(s) to which you would like to make a contribution and the amount of such contribution.</p>	Qualified Scholarship Organization	Annual Donation Amount	
TOTAL amount to be donated PER YEAR		\$	
<p>Will this be a two-year commitment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			

Under penalty of perjury, I declare that I have examined this application and to the best of my knowledge, all of this information is true, accurate, and complete. I further acknowledge I have read and understand the responsibilities and requirements of my

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entity under this program as detailed on the instructions for this application, and I am aware that tax credits will only be issued upon successful completion of those requirements.

Applicant signature	Print name	Title	Date

Send completed application to the Rhode Island Division of Taxation - One Capitol Hill - Providence, RI 02908 - Attn: Donna Dube
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Which tax will the credit be applied against?
Check only one box.

- Business Corporation Tax - §44-11
- Public Service Corporation Tax - §44-13
- Taxation of Banks - §44-14
- Tax on Bank Deposits - §44-15
- Taxation of Insurance Companies - §44-17
- Personal Income Tax (S-Corps, LLCs, LLPs) - §44-30

If you are applying the credit against Personal Income Tax, complete the worksheet below.

If your credit is being applied against Personal Income Tax (S-Corps, LLCs, LLPs) - §44-30, complete the worksheet below indicating the name, social security number, allocation percentage and credit amount for each member of the entity receiving a portion of the credit. If more space is needed, please attach another sheet.

Credit certificates for this program will be issued according to the information provided below. Each member will receive his/her own certificate which **must** be attached to his/her Personal Income Tax return.

Taxpayer Name	Social Security Number	%	Credit Amount
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Entity
Member
Information

Business Entity Tax Credit Application Waiver

BUSINESS ENTITY TAX CREDIT APPLICATION WAIVER
TAX CREDITS FOR CONTRIBUTIONS TO SCHOLARSHIP ORGANIZATIONS

***** OPTIONAL *****

When executed by an applicant (“Applicant”) for a tax credit for Contributions to Scholarship Organizations as that term is defined in R.I. Gen. Laws §44-62-2(a), this **WAIVER** will authorize the State of Rhode Island Division of Taxation (“Division”) to release to the intended Scholarship Organization recipient(s), upon request, certain information from the Applicant’s Business Entity Tax Credit Application (“Application”) if it has been approved by the Division. The information released will be limited to the Applicant’s Name, the Applicant’s Contribution Amount and the Applicant’s Date of Approval by the Division of Taxation. The execution of this **WAIVER** is completely voluntary and the execution or decision not to execute the **WAIVER** will have no impact on the Division’s decision to grant or deny the Business Entity Tax Credit application. The Applicant further understands that this **WAIVER** has been included along with the Application at the request of Scholarship Organizations for their own projected financial planning purposes, and that if the **WAIVER** is executed, Applicant may be contacted by the intended Scholarship Organizations recipient. Once released to the intended Scholarship Organizations recipient, the Division of Taxation will have no control over

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any further release of the Application information to a third party(ies). If you do not wish to execute this **WAIVER**, please return the unsigned **WAIVER** with your Application.

The undersigned, a duly authorized representative of

_____,
Print Entity Name

hereby certifies that I have read and understand the above statement and agree that the Division of Taxation may release a copy of the Applicant's Business Entity Tax Credit Application if said application has been approved to the intended Scholarship Organization that requests a copy of said Application.

Printed Name of Applicant (Entity Name)

Printed Name of Authorized Signatory

Title

Signature of Authorized Signatory

Date

Witness Signature

Date