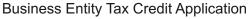


13130599990101



TAX CREDITS FOR CONTRIBUTIONS TO SCHOLARSHIP ORGANIZATIONS - RIGL §44-62

APPLICATIONS WILL BE ACCEPTED STARTING JULY 1, 2021 FOR THE FISCAL YEAR ENDING JUNE 30, 2022

ANY APPLICATION RECEIVED PRIOR TO THE START OF THE FISCAL YEAR (JULY 1, 2021) 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.

	BUSINESS ENTITY NAM	E			
ъ.	BUSINESS ADDRESS				
Business Entity Information	CITY	STATE	ZIP CODE		
A1 (T) '''	MAILING ADDRESS, IF	DIFFERENT FROM ABOVE			
Note: The mailing address will be used for all Taxation	CITY	STATE	ZIP CODE		
correspondence, including the mailing	FEDERAL IDENTIFICATION NUMBER TAX YEAR END DATE				
of your tax credit certificates, if	CONTACT PERSON FROM THE BUSINESS ENTITY; OTHERS USE THE ADDITIONAL CONTACT SECTION TITLE				
approved.	TELEPHONE NUMBER	FAX	NUMBER		
	E-MAIL ADDRESS				
Additional Contact	NAME	TITL	E		
Information					
Complete this section only if giving someone else (SGO	f COMPANY E-MAIL ADDRESS				
rep, accountant, etc) permission to contact Taxation regarding your application.	TELEPHONE NUMBER	FAX	NUMBER		
	Qua	lified Scholarship Organization	Annual	Donation Amount	
Contribution					
Information					
Please list the					
scholarship organization(s) to					
which you would like					
to make a contribution and					
the amount of such contribution.	TOTAL amount to be donated PER YEAR \$				
Such contribution.	Will this be a two-year commitment? YES NO				
complete. I further acknowl	edge I have read and	nined this application and to the best of my known understand the responsibilities and requing and I am aware that tax credits will only	irements of my entity und	er this program as	
Applicant signature		Print name	Title	Date	



State of Rhode Island Division of Taxation **Form CSO-2**



13130599990102

Business Entity Tax Credit Application

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 <u>must</u> be attached to his/her Personal Income Tax return.

	Taxpayer Name	Social Security Number	%	Credit Amount
Entity Member Information				

State of Rhode Island Division of Taxation Form CSO-2
Business Entity Tax Credit Application



13130599990103

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 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 representa	tive of
	,
Print Entity Name	
hereby certifies that I have read and understan	d 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 approv	ed to the intended Scholarship Organiza-
tion 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