

Application for Allocation of Contributions Made to Qualifying Charitable Organizations or Qualified Foster Care Charitable Organizations

APPLICANT INFORMATION					
Taxpayer First Name	M. Initial	Last Name		Social Security	v Number
					,
Taxpayer First Name (Spouse)	M. Initial	Last Name		Social Security	y Number
Mailing Address (Number and Street, including Rural Rou	te)			I	
City	State	Zip Code		County	
	State	Zip code		Jounny	
APPLICATION INFORMATION				-	
An allocation approval or denial letter will be	sent with	n 30 days af	ter the receipt of this applica	ition.	
If the contribution has been made, please attace Care Charitable Organization (QFCCO) veri amount of contribution) with this application.					
If the contribution has not been made at the contribution made to a QCO or QFCCO with and/or if the Department has not been notified will be cancelled and available for allocation to	nin 60 day d within 6	s from the d days from t	ate of the allocation approve	al letter. If the co	ontribution is not made
QUALIFYING CHARITABLE ORGANIZATION	ON OR Q	UALIFIED F	OSTER CARE CHARITAE	BLE ORGANIZA	TION INFORMATION
In filling out the table below, please select the					
A. Credit for Contribution to Qualifying C An income tax credit is available for volunta lesser of four hundred dollars (\$400) or the and the lesser of eight hundred dollars (\$80	ary cash c e amount	ontributions for of the contrib	om individuals made to a QC0 ution in any taxable year for a	a single individual	or a head of household,
B. Credit for Contribution to Qualifying F An income tax credit is available for volunta the lesser of five hundred dollars (\$500) or and the lesser of one thousand dollars (\$10	Foster Ca ary cash o the amou	re Charitab ontributions f nt of the conti	e Organization (QFCCO) rom individuals made to a QF ibution in any taxable year for	CCO. The amoun	t of the credit is limited to
			tribution Was Made	Contribution Amo	
QFCCO Metho	dist C	hildren's	Homes of MS		
This application can be mailed to Office of T delivered to Office of Tax Policy and Ecor					
mstaxpolicy@dor.ms.gov For more inform https://www.dor.ms.gov/Individual/Pages	mation or	in order to	see a list of eligible organ		
		Applicant Na	me / Signature		
I, the undersigned taxpayer, attest that		n contributi	on(s) was/were made or		
through_ best of my knowledge and belief. As i contributions made to qualifying charital	ble orga	on this continued on the continued on th	qualified foster care cha	apply for an al ritable organiza	location of credits for
comply fully in all respects with Mississip	pi Tax La			regulations.	٦
Print Name of Taxpayer		Print Nam	e of Spouse (if applicable)		
Signature of Taxpayer		Signature	of Spouse (if applicable)		Date