

## 2022 Application for Allocations to Qualifying Charitable Organizations or Qualified Foster Care Charitable Organizations

STATE OF MISSISSIPPI		Quali			Charitable O		
APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)							
Taxpayer First Name	M. Initial	Last Name		S	ocial Security Number		
Taxpayer First Name (Spouse)	M. Initial	Last Name		S	ocial Security Number		
Mailing Address (Number and Street, including Rural Rout	g Address (Number and Street, including Rural Route)  Phone Number (Optional)						
City	State	Zip Code	Email Addre	ess (Optional)			
CHARITABLE ORGANIZATION AND FOSTER (	CARE CH	ARITABLE ORGANIZATION	INFORMA	TION			
Credit for Contributions to Qualifying Charitable individuals to QCOs. The amount of the credit is lim a head of household, and the lesser of \$800 or the	ited to the	e lesser of \$400 or the amount of	of the contr	ibution in an	y taxable year for a	single individual or	
Credit for Contributions to Qualifying Foster contributions made from individuals to QFCCOs. T year for a single individual or a head of household, joint return.	he amoun	t of the credit is limited to the le	esser of \$5	00 or the an	nount of the contribu	ition in any taxable	
APPLICATION INFORMATION							
If the contribution has been made, please attach the contribution documentation from the charitable organization verifying the details of the contribution to this application. The documentation may be a letter or receipt and must include (1) the name of the organization, (2) the date of the contribution, (3) the amount of the contribution, and (4) a statement of whether any good and/or service was provided in exchange. If any good and/or service was provided in exchange for the contribution, then the documentation must include an itemized statement of the retail or market value of the good and/or service. The Department will issue an allocation approval or denial letter within 30 days from receipt of both the application and the contribution documentation.							
Where credits are available for a contribution that issued from the charitable organization is not subialong with instructions for the applicant to submit a capplicants have 60 days from the date of this letter is not made or if the Department has not been not taxpayers. The Department will issue an approved	mitted alor copy of the or Decemb ified within	ng with the application, the De documentation from the charita per 31st of the current year, whi in the 60-day timeframe, the ea	partment wable organize chever date created and control or control	vill issue a le zation within e is first, to m redits will be	etter earmarking the 30 days from receip nake the contribution made available for	e requested credits t of the application. If the contribution allocation to other	
This application can be sent to the Department v  Mail: MS Department of Revenue, C	ia the follo office of Ta	•	ment, PO E	3ox 22828, c	lackson, MS 39225	· ·	
Applications submitted by email should be signed, th	en scanne	ed and saved as a PDF before b	eing emaile	ed to the Dep	partment.		
Questions about this application should b	e directed	I to the Office of Tax Policy at	601-923-7	440 or conti	ributiontaxcredit@d	lor.ms.gov.	
For more information about this inc https://w		to see current listings of QCC s.gov/individual/qualifying-charit			the following webp	page:	
Schedule of Contributions to QCOs or QFCCOs							
Name of the Organization to W	hich Contri	butions Were Made		Org. Type	Contribution Amt.	Date Made	

Applicant Name(s) / Signature(s)

I, the undersigned taxpayer(s), attest that the cash contributions were made or will be made during the calendar year ending December 31, 2022. As indicated on this completed form, I hereby apply for an allocation of credits for contributions made to qualifying charitable organizations or qualified foster care charitable organizations. I, also certify that the above statements are true and correct to the best of my knowledge and belief.

	Signature of Taxpayer	Signature of Spouse (if applicable)	Date		
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