



# **Receipt for Donations to Qualifying Foster Care Charitable Organization Credit**

*Louisiana Revised Statute 47:6042*

**Attach Form R-68009 to  
your Form IT-540, IT-540B,  
CIT-620, IT-541, or IT-565.**

**Donor Certification – This must be completed by the Qualifying Foster Care Charitable Organization.** Please complete this section before submitting it to the donor. A separate Form R-68009 must be used for each donation.

Date of Donation (mm/dd/yyyy)

**Please check one of the following:**

- ☐ No goods or services were received by the Qualifying Foster Care Charitable Organization in return for the donation received.
- ☐ Goods or services were received, but they consisted entirely of intangible religious benefits.
- ☐ Goods or services other than intangible religious benefits were received by the Qualifying Foster Care Charitable Organization in return for the donation received.

*Please provide a brief explanation and the fair market value of the goods or services received:*

☐ Individual

☐ Business

**PLEASE PRINT OR TYPE**

Name of Taxpayer/Entity	Last Four Digits of Social Security No./Entity Louisiana Revenue Account No.	
Name of Taxpayer's Spouse (if joint individual income tax return)	Spouse's Last Four Digits of Social Security No. (if joint individual income tax return)	
Name of Qualifying Foster Care Charitable Organization		
Enter the amount of donation used by a Qualifying Foster Care Charitable Organization to provide services to qualified individuals. ▶		\$
<b>Authorized Representative of the Qualifying Foster Care Charitable Organization</b>		
To be valid, this must be an original form and must have a signature of the authorized representative of the Qualifying Foster Care Charitable Organization.		
Signature	Print Name	Date (mm/dd/yyyy)

**Donor's Claim Portion – This must be completed by the Louisiana taxpayer who made the donation certified above.** Please complete this section of the form and attach to your tax return.

Taxpayer's Mailing Address		
Address		
City	State	ZIP
Telephone Number		
Declaration of Taxpayer		
I declare that to the best of my knowledge of all available information, this credit receipt is true and complete and complies with all statutes, rules, regulations, and any other policy pronouncements related to this credit as indicated above. I understand that upon the indication of a misrepresentation of the facts therein, I am subject to legal and tax consequences, including a total recapture of credits granted as a result of the misrepresentation.		
Signature of Taxpayer		Date (mm/dd/yyyy)
Signature of Spouse (if joint return)		Date (mm/dd/yyyy)