



**Receipt for Donations to
Certain Public Schools**
Louisiana Revised Statute 47:6302

Attach to Form IT-540, IT-540B,
CIT-620, IT-541, or IT-565.

Part I. Donor Certification – To be completed by the public school that received the donation. - Please complete this section before submitting.

Individual Business

PLEASE PRINT OR TYPE

| | |
|---|-------------------------------|
| Name of Public School | Date of Donation (mm/dd/yyyy) |
| Name of Individual/Entity Making Donation | School's Letter Grade |
| Amount of donation received by the public school. ► | \$ |

Authorized Representative of the Public School

To be valid, this form must be an original and must be signed by an authorized representative of the public school receiving the donation. By signing below, you certify that the public school has received a letter grade of 'D' or 'F' for the most recent year, as determined by the Louisiana School and District Accountability System, and that the donation will be used for one of the authorized purposes outlined in La. R.S. 47:6302(2), as provided below:

1. Purchasing instructional materials and classroom supplies to enhance student learning;
2. Establishing or maintaining tutorial programs to improve academic performance;
3. Establishing or maintaining in-school child care programs for student parents;
4. Establishing or maintaining school-based health clinics; or
5. Meeting the requirements for academically unacceptable schools under Chapter 16 of LAC 28:XI.

| | | |
|-----------|-----------------|-------------------|
| Signature | Print/Type Name | Date (mm/dd/yyyy) |
|-----------|-----------------|-------------------|

Important! The award of a tax credit is between the donor and the Louisiana Department of Revenue. The public school who received the donation has no authority in determining a taxpayer's eligibility to receive a tax credit.

Part II. Donor's Information – To be completed by the Louisiana taxpayer who made the donation certified above - Please complete this section entering valid contact information below.

| | | |
|---|---|----------------------------------|
| Last Four Digits of SSN/Entity LDR Account Number | Name of Spouse (if joint individual return) | Spouse's Last Four Digits of SSN |
| Address | | Telephone |
| City | State | ZIP |
| Email Address | | |

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 and 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 | Signature of Spouse (if joint) | Date (mm/dd/yyyy) |
|-----------------------|--------------------------------|-------------------|

Part III. Louisiana Department of Revenue's Certification – To be completed by LDR

| | | |
|--|--|---------------------------------|
| Application Received Date (mm/dd/yyyy) | Reserved credit amount (95% of donation) | Applicant Number |
| Signature of Department's Representative | | Certification Date (mm/dd/yyyy) |