

**Partners in Education Tax Credit Program
 Scholarship Granting Organization Annual Report
 Insurance Company Contributions Detail Worksheet**

Scholarship Granting Organization: _____

SGO Identification #: _____

PART A. Educational Scholarship Contributions Received from Insurance Companies (for previous calendar year)

Instructions for Part A: Pursuant to SDCL 13-65-4, list all contributions received from insurance companies during the previous calendar year. Indicate which contributions were received from licensed insurance company and are to be considered eligible for tax credit.

Contributions made by an insurance company where only a portion of the contribution is eligible for a tax credit must be listed as two separate contributions.

For Calendar Year: _____

[A]	Insurance Company Name	NAIC # (if applicable)	Business Address	For Tax Credit? Y or N	DOI Authorization Tracking #	Date of DOI Approval (MM/DD/YYYY)	Contribution Amount Received from Insurance Company
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Totals for all insurance companies							\$ -
Total number of insurance companies seeking tax credits (B22)				0			
							\$ -

PART B. Educational Scholarships Awarded to Eligible Students (for current fiscal year)

Instructions for Part B: Provide scholarship information for current fiscal year pursuant to SDCL 13-65-4

For Fiscal Year: _____

[D]	[E]	[F]	[G]	[H]	[I]
Total Number of Program Scholarships Awarded to All Eligible Students from Contribution Amount	Total Amount of Program Scholarships Awarded from Contribution Amount	Total Number of Program Scholarships Awarded to Low-Income Eligible Students from Contribution Amount	Total Amount Program Scholarships Awarded to Low-Income Eligible from Contribution Amount	All Educational Scholarship Recipients	Low-Income Scholarship Recipients
(23)					
(24)	Percentage (%) of educational scholarships awarded to first time recipients previously enrolled in public school in South Dakota				
(25)	Percentage (%) of educational scholarships awarded to first time recipients starting K-12 school in South Dakota for the first time				

I certify that I have completed this worksheet on behalf of the above named Scholarship Granting Organization. The information provided is a true and correct representation of the organization's activities in the calendar year and fiscal year as identified above.

Signature of Certified Public Accountant ("CPA") Completing Worksheet _____

Date: _____

Printed Name of CPA Completing Worksheet _____

License #: _____

Contact information for CPA: _____