

**Partners in Education Tax Credit Program
 Education Scholarship Contribution
 for Tax Credit Receipt**

SGOID#:
Date Rec'd:
Rec'd/Rcrd by:
For SD DOI use only

Section I: Scholarship Granting Organization Information (Use tab key, arrow keys, or mouse click to navigate through fields)

Scholarship Granting Organization Name		SGO Identification Number	
Business Street Address	City	State SD	ZIP

Section II: Contributing Insurance Company Information

Insurance Company Making Contribution			NAIC #
Business Street Address	City	State	ZIP
Contact at Insurance Company	Email	Phone #	

Section III: Contribution Detail

Contribution amount for tax credit: \$

Company will apply premium tax credit allowed to the following tax return:
 (Check one quarter or the annual tax return and enter applicable tax filing year in space provided)

- | | |
|---|--|
| <input type="checkbox"/> 1 st Qtr of _____ (due 4/30) | <input type="checkbox"/> 2 nd Qtr of _____ (due 7/31) |
| <input type="checkbox"/> 3 rd Qtr of _____ (due 10/31) | <input type="checkbox"/> 4 th Qtr of _____ (due 1/31) |
| <input type="checkbox"/> Annual Premium Tax Return (due 3/1) | |

**No tax credit claimed under this section may reduce a quarterly payment otherwise required by SDCL 10-44-2 to an amount less than zero.*

Authorization tracking # issued by South Dakota Division of Insurance ("Division")

Date authorization tracking # was received from the Division

Date the contribution was received from the insurance company:

I certify that the above-named scholarship granting organization received the contribution listed from the insurance company on the date shown. This contribution receipt is being filed with the Division as a formal record of the contribution received from the named company that may be claimed toward a premium tax credit. This receipt has been provided to the contributing insurance company. The contributing insurance company must attach this receipt to the quarterly or annual premium tax return to claim the applicable tax credit associated with this contribution. Failure to provide this receipt, notify Division of contribution, or otherwise comply with state and/or federal law and the Partners in Education Tax Credit Program requirements may impact the organization's participation in the Program and an insurance company's premium tax credit claimed for scholarship contributions may be disallowed.

 Signature of Authorized Representative of Scholarship Granting Organization Date

 Printed Name of Authorized Representative

A copy of the completed receipt must be emailed to the Division of Insurance at SDInsuranceTaxCredit@state.sd.us.

Partners in Education Tax Credit Program Education Scholarship Contribution for Tax Credit Receipt Instructions

WHO MUST USE THIS FORM?

Scholarship granting organizations (“SGOs”) participating in the Partners in Education Tax Credit Program (“Program”) must issue this receipt to any licensed insurance company seeking a tax credit who makes a contribution for educational scholarships.

The SGO must contact the South Dakota Division of Insurance (“Division”) to determine if tax credit is available prior to accepting any contribution from a licensed insurance company seeking a tax credit.

WHEN MUST THE RECEIPT BE ISSUED?

SGO must provide completed receipt to contributing insurance company after funds for contribution are received.

A copy of the completed receipt must be submitted to the Division by email as shown at bottom of form.

HOW IS THE TAX CREDIT CLAIMED BY THE CONTRIBUTING INSURANCE COMPANY?

The completed receipt must be submitted with the insurance company’s quarterly or annual tax return where the tax credit claim is recorded.

Section I: Scholarship Granting Organization Information

<u>For this category:</u>	<u>Enter:</u>
Scholarship Granting Organization Name	⇒ SGO Name
SGO Identification Number	⇒ Identification number issued to SGO by the Division
Business Address	⇒ SGO office location, including street address, city/state/zip code

Section II: Contributing Insurance Company Information

<u>For this category:</u>	<u>Enter:</u>
Insurance Company Making Contribution	⇒ Name of insurance company seeking tax credit by making contribution to SGO for educational scholarships
NAIC #	⇒ Insurance company’s identification number as assigned by the National Association of Insurance Commissioners (NAIC)
Business Address	⇒ Insurance Company office location, including street address, city/state/zip code
Contact at Insurance Company	⇒ Name of contact at insurance company working with SGO on contribution transaction
Email	⇒ Email for insurance company contact
Phone #	⇒ Phone number for insurance company contact

Section III: Contribution Detail

Enter:

- ⇒ Contribution amount received from insurance company seeking tax credit
- ⇒ Indication when insurance company will apply tax credit (either specific quarter tax return or annual premium tax return and applicable filing year)
- ⇒ Authorization tracking number issued by the Division when SGO contacted the Division to verify if tax credit was available (prior to accepting contribution)
- ⇒ Date the authorization tracking number was issued by the Division to the SGO for pending contribution
- ⇒ Date funds were received from the insurance company seeking tax credit
- ⇒ Completing SGO Representative must sign and date form

A copy of the completed receipt must be submitted to the Division by email to SDInsuranceTaxCredit@state.sd.us