

**Partners in Education Tax Credit Program
 Scholarship Granting Organization Excess Contributions
 Calculating Excess Program Contributions Worksheet**

For Fiscal Year: _____

Scholarship Granting Organization: _____

SGO Identification #: _____

PART A. Educational Scholarship Contributions Received from Insurance Companies During Fiscal Year

Instructions for Part A: List all contributions received from insurance companies during the fiscal year identified below. 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.

If the totals on this worksheet do not agree to those shown on the SGO audited financial statements, attach reconciliation.

[A]				[B]				[C]		
	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								(1)		
2								(2)		
3								(3)		
4								(4)		
5								(5)		
6								(6)		
7								(7)		
8								(8)		
9								(9)		
10								(10)		
11								(11)		
12								(12)		
13								(13)		
14								(14)		
15								(15)		
16								(16)		
17								(17)		
18								(18)		
19								(19)		
20								(20)		
							Totals for all insurance companies	\$ -	(21)	
				Total number of insurance companies seeking tax credits (B22)	0			Totals for insurance companies seeking tax credits	\$ -	(22)

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

	[D]	
(23) Total Number of Program Scholarships Awarded to Eligible Students from Contributions Received from Insurance Companies seeking Tax Credit		(23)
(24) Total Dollar Amount of Program Scholarships Awarded to Eligible Students from Contributions Received from Insurance Companies seeking Tax Credit		(24)

**If the totals on this worksheet do not agree to those shown on the SGO audited financial statements, attach reconciliation.
 I certify that I have completed this worksheet on behalf of the above named Scholarship Granting Organization. The information provided is true and correct representations of the organization's activities in the fiscal year identified above.**

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

Date: _____

Printed Name of CPA Completing Worksheet _____

License #: _____

Contact information for CPA: _____
