

➤ See instructions.

A Name of Taxpayer	B Federal Identification Number or Social Security Number	C Kentucky Corporation/LLET Account Number (if applicable)
Street Address or P. O. Box	Telephone	
City	State	ZIP Code
		E-mail Contact

D Type of Entity: Individual Estate Trust Corporation Limited Liability Pass-through Entity
 General Partnership Other _____

E Submission Date of Application <u>07</u> / <u>01</u> / <u>22</u> <small>M M D D Y Y</small>	F Amount of Endowment Gift	G Amount of Tax Credit
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H Name of Qualified Community Foundation or Affiliate Community Foundation Blue Grass Community Foundation	I Federal Identification Number <u>616053466</u>	Telephone 859-225-3343 Fax Number 859-243-0770
Street Address or P. O. Box 499 East High Street, Suite 112		
City Lexington	State KY	ZIP Code 40507

J If applicable, name of Permanent Endowment Fund or County-Specific Component Fund receiving the gift

Under penalties of perjury, I declare that I have examined the application, including all accompanying documents and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

By: _____ Date: _____
Signature of Taxpayer or Authorized Representative

Print Name: _____ Title: _____

Consent to Release Preliminary Authorization of the Endow Kentucky Tax Credit

Notwithstanding the protections afforded taxpayers by Ky. Rev. Stat. (KRS) §131.190(1) and §131.081(15), I, _____, authorize the Kentucky Department of Revenue to release to _____, my name and the preliminary approval (including the amount) of an Endow Kentucky tax credit approved pursuant to KRS §141.438 based upon the application for preliminary authorization of the tax credit for providing an endowment gift to a qualified community foundation, county-specific component fund, or affiliate community foundation.

Signature of Taxpayer

Date

Department of Revenue Use Only	
Preliminary authorization of Endow Kentucky tax credit.	
By: _____ Date: _____	Amount