

KANSAS BOARD OF REGENTS
POSTSECONDARY EDUCATIONAL INSTITUTION
TAX CREDITS PROGRAM
COMMUNITY COLLEGES REPORT FORM
CALENDAR YEAR ENDED DECEMBER 31, 20__

Reporting Institution Name: _____

Total Amount of Tax Credits Awarded in this Calendar Year \$

The total tax credits awarded in this calendar year were for the following donations, and have been, or will be applied to the indicated eligible capital improvement projects, for which ***copies of supporting documents are available at the offices of the reporting Institution:***

Date of Qualified Donation	Amount of Qualified Donation	Amount of Tax Credit Allocated to Donor	Description of Eligible Capital Improvement Project for Which the Donation Has Been or Will Be Spent
TOTALS	\$	\$	

Note: Total of amounts in column three must equal "total amount of tax credits awarded in this calendar year" as indicated above. This amount should also equal the tax credit total reported to the Kansas Department of Revenue by the Institution for the calendar year, as verifiable by KDOR.

The undersigned Authorized Institutional Representative hereby certifies that, at the date of this report, and based upon information available to him/her at such date the information reported is complete and correct.

Signed: _____ Date: _____
Authorized Institution Representative

KANSAS BOARD OF REGENTS

POSTSECONDARY EDUCATIONAL INSTITUTION TAX CREDITS PROGRAM

INSTRUCTIONS FOR COMPLETION OF COMMUNITY COLLEGES REPORT FORM

1. Please indicate in the report heading the calendar year of the report.

Fill in the blank with the calendar year for which the report is prepared.

2. Requesting Institution Name

Please provide the complete name of the institution, not an acronym.

3. Total Amount of Tax Credits Awarded in this Calendar Year

Please indicate the total dollar amount of tax credits awarded in the reported calendar year. This amount should be equal to the amount of tax credits reported to the Kansas Department of Revenue for the reported calendar year. It should also be equal to the sum of column three in the table below.

4. Table (*Note: If more space is needed, please insert more rows in the table*)

Column 1 - Date of Qualified Donation

This date must correspond to the date on the related supporting documentation retained by your institution, as reported to the Kansas Department of Revenue.

Column 2 – Amount of Qualified Donation

This number should be the total amount of the qualified donation received by your institution from the donor.

Column 3 – Amount of Tax Credit Allocated to Donor

Amounts must correspond to the totals reported to the Kansas Department of Revenue. (*Note: The total of this column must match the amount in the “Total Amount of Tax Credits Awarded in this Calendar Year” box.*)

Column 4 – Description of Eligible Capital Improvement Project for Which the Donation Has Been or Will Be Spent

Please provide a brief, but clear, description of the capital improvement project for which the donation has been, or will be, spent.

Please note that the in the last row of the table, totals of the amounts in both columns two and three should be provided.

5. Signed

This report must be signed by an Authorized Institution Representative, who is certifying that the information reported is complete and accurate to the best of his or her knowledge and belief.

6. Date

This date is the date on which the Authorized Institution Representative signs the form.

KBOR Contact Information

Please send your completed, executed form **no later than January 20** of the year following the calendar year being reported to: Linda Wood, Associate Director of Finance, Kansas Board of Regents, 1000 SW Jackson Street, Suite 520, Topeka, Kansas 66612. Linda's direct phone number is 785-368-7144, and her e-mail address is LWood@ksbor.org.