

KANSAS BOARD OF REGENTS

**POSTSECONDARY EDUCATIONAL INSTITUTION
TAX CREDITS PROGRAM**

**TECHNICAL 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, infrastructure maintenance projects or technology equipment (or deposited to the credit of the indicated, eligible, infrastructure maintenance or technology equipment fund for application to such projects or equipment), 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 Infrastructure Maintenance Project or Technology Equipment for which the Donation Has Been, or Will Be, Spent
TOTALS	\$	\$	

Note: The total of amounts in column three must equal "total amount of tax credits awarded in this calendar year" as indicated in the box at the top of this page. This amount should also equal the tax credit total reported to the Kansas Department of Revenue (KDOR) by the Institution for the calendar year, as verifiable through the KDOR. Please insert rows above the "TOTALS" row as needed, and please use additional pages as needed.

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

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POSTSECONDARY EDUCATIONAL INSTITUTION TAX CREDITS PROGRAM INSTRUCTIONS FOR COMPLETION OF TECHNICAL 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. **(Note: A “10” for this year)**

2. Requesting Institution Name

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

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—rows should be inserted above the “TOTALS” row.)*

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 at the top of the page.)*

Column 4 – Description of Eligible Infrastructure Maintenance Project or Technology Equipment for Which the Donation Has Been, or Will Be, Spent

Please provide a brief, but clear, description of the eligible, infrastructure maintenance project or the technology equipment for which the donation has been, or will be, spent. If the donation was not designated for a specific project or piece of equipment, please describe the donation as “non-designated” and indicate into which infrastructure maintenance or technology equipment fund the donation was deposited. ***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 – Accounting, Kansas Board of Regents, 1000 SW Jackson Street, Suite 520, Topeka, Kansas 66612. Linda’s phone number is 785-368-7144, and her e-mail address is LWood@ksbor.org. A PDF file of the signed report document is acceptable, via e-mail delivery. ***Note: This report should be completed and returned to KBOR, even if NO donations were received by the Institution.***