



2020 Tax Credit Authorization

Company Name: _____ Company NAIC # _____

Company Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

2020 Proposed Contribution: _____ Expected Donation Date: _____

Please submit a separate form for each quarter you will apply this premium tax credit contribution.

____ 1st Qtr of 2020 (due 4/30) ____ 2nd Qtr of 2020 (due 7/31) ____ 3rd Qtr of 2020 (due 10/31)
____ 4th Qtr of (due 1/31) ____ Premium Tax Return (due 3/1)

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

Division of Insurance Conditional Authorization:

Division Contact Date: _____ By: _____

Tax Credit tracking # reserving tax credit: _____ Time period indicated: _____

Donor Privacy Policy: South Dakota Partners in Education, Inc. is committed to respecting the privacy of our donors and will abide by SDCL 13-65-9 which states, "Any information provided relating to the identity of a taxpayer that provides an eligible contribution pursuant to this Act shall remain confidential unless the company deems otherwise." South Dakota Partners in Education, Inc. will only use information regarding the identity of our donors as is necessary internally to process donations and as required to comply with State law. Completed Tax Credit Donation Forms will be kept in South Dakota Partners in Education, Inc.'s possession and will only be used for the purposes identified above unless authorized below.

Does Company authorize South Dakota Partners in Education, Inc. to publicly disclose Company's identity and amount of Company's donation? _____ Yes _____ No

Name (by signing I acknowledge that I have legal capacity to grant this authority)

Relationship to Company