

Apply online at **floridarevenue.com/taxes/multitaxcredits**. It's fast and secure.

Florida law requires the Florida Department of Revenue to approve allocations of tax credits available under the New Worlds Reading Initiative on a first-come, first-served basis. Applying online will allow you to:

- create a secure, online account where your application information will be stored;
- quickly complete your application and receive a confirmation number with the date and time of submission; and
- view a summary of your applications and the status of each application.

Applying for	State Fiscal Year: July 1,	through June 3	0,		
Business Name:				Federal Employer Identification Number (FEIN):	
Business Address:					
City:				State:	ZIP:
Contact Person Na	me:	Telephone Number:	Email Address:*	1	
	s important to the Florida lourposes are confidential a				
that does not re your application	ires you to authorize the l equire additional steps bef n, you may wish to receive pted email by selecting 'Y	ore you can access unencrypted email	information in regarding this	the email. To expedite t	he processing of
 Yes. I author email. 	ize the Florida Departmen	t of Revenue to ser	nd information r	regarding this applicatio	n using unencrypted
	receive encrypted emails ne-time passcode or a use		epartment of Re	evenue. (The software u	sed to encrypt email
If the business inc	come is included in a conso	plidated Florida corp	orate income ta	x return, provide:	
Parent corporatio	n				
Parent corporation	n's FEIN				
Enter the adminis	trator to which the contribu	ition will be made.			
Total amount of p	lanned contribution: \$				
Indicate the amou amount entered a	unt of credit allocation for e bove.	ach applicable tax. T	The sum of the a	amounts must equal the p	olanned contribution
\$	Corporate Income Ta Beginning Date o			Ending Date of Tax Year:	
\$	Insurance Premium Prior Calendar Ye	Гах ar:	_ or	Current Calendar Year: _	
\$	Excise Tax on Malt E For the Fiscal Yea Malt Beverage Lic	ar beginning July 1,			
\$		Beverages ar beginning July 1, _ cense Number:			

\$ _ Excise Tax on Liquor Beverages For the Fiscal Year beginning July 1, Liquor Beverage License Number:
\$ Use Tax due from a Direct Pay Permit Holder For the Fiscal Year beginning July 1, Sales Tax Certificate Number:
\$ _ Tax on Oil Production For the Fiscal Year beginning July 1,
\$ _ Tax on Gas Production For the Fiscal Year beginning July 1,

I understand that section 1003.485, Florida Statutes, requires the Florida Department of Revenue to provide a copy of any approval or denial it issues with respect to the administrator in this application.

Under penalties of perjury, I declare that I have read this application and that the facts stated in it are true.

Signature of officer, owner, or partner		Date	
If you are unable to apply online at florida	arevenue.com/taxes/mult	taxcredits, submit this application to:	
Florida Department of Revenue	or	Fox 950 001 1171	

Revenue Accounting PO Box 6609 Tallahassee FL 32314-6609

or

Fax 850-921-1171