**Youth Development Organization Contribution Tax Credit**

**Tax Credit Reservation Application Form for Income Years 2024 and 2025**

Pursuant to Section 161 of [Public Act 23-205](https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00205-R00HB-06942-PA.PDF)

**Instructions**

Use this form to reserve a tax credit under the Youth Development Organization Contribution Tax Credit Program. This form **must** be completed in its entirety and submitted to the Secretary of the Office of Policy and Management via mail or email (mailing and email information is located on the last page of this application). Please type or print clearly. If more space is needed, you may attach additional sheets. Please reference any supporting documentation in your answers and attach any supporting documentation as necessary.

The total amount of tax credits available under the program is limited to $2.5 million per fiscal year. Tax credits are awarded on a first come, first served basis. If your application is approved, the Office of Policy and Management will provide you with a tax credit voucher that you can claim on your tax return. The Office of Policy and Management will inform you if your application is denied.

The individual or entity that makes the contribution must complete part 1 of this application. The nonprofit organization receiving the contribution must complete part 2 of this application.

**Part 1: Information Regarding Individual/Entity Making Contribution**

This should be completed by the individual or entity requesting the tax credit.

1. **Name of Person/Entity Requesting Tax Credit:**

1. **Address of Person/Entity Requesting Tax Credit:**

1. **Contact Person:**

Name:

Phone Number:

Email:

1. **Taxpayer Identification Number**

Individual Social Security Number:

OR

Federal Employer Identification #:

Connecticut Tax Identification #:

1. **Tax Type that the Tax Credit will be Claimed Against (Check One):**

Corporation Business Tax (Max $100,000 Tax Credit)

Personal Income Tax (Max $20,000 Tax Credit)

1. **Income Year for which the Tax Credit is Requested (Check One):**

2025

2024

1. **Has the Contribution Already Been Made?**

Yes

No

1. **If yes, when was the contribution made? Choose date from drop-down menu:**

1. **If yes, do you have proof? (Please provide supporting documentation)**

Yes. Please see attached proof.

No proof. (Note: if this option is selected, your application may be denied)

1. **If no, and your application is approved, what is the approximate date that you would make the contribution?** **Proof of contribution must be submitted via mail or email within 120 days of application approval (mailing & email address information is located on the last page of this application). Choose date from drop-down menu:**

1. **Total Contribution Made or Expected to be Made:**

$

1. **Total Tax Credit Voucher Requested (Tax Credit is Equal to 50% of the Contribution up to a $20,000 Tax Credit for a Personal Income Tax Filer or a $100,000 Tax Credit for a Corporation Business Tax Filer):**

$

1. **Name of Organization Receiving your Contribution:**

**By signing this application, I hereby declare that the information I provided is true and correct, to the best of my knowledge. I agree that my contribution complies with the parameters outlined in section 161 of Public Act 23-205. I understand that any willful fraudulent or false information will result in denial of this application. I also understand that in addition to any other penalties provided by law, I will be liable for a penalty equal to the amount of such entity's or individual's credit allowed for willfully submitting any fraudulent or false information.**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Print Name** |  | **Date** |  | **Signature** |

**Part 2: Contribution Recipient Information**

This should be completed and attested to by the Youth Development Organization that receives the contribution.

1. **Name of Organization Receiving Contribution:**

1. **Address of Organization Receiving Contribution:**

1. **Contact Person of Organization Receiving Contribution:**

Name:

Phone Number:

Email:

1. **Federal Employer Identification #:**

1. **Officers of Organization Receiving Contribution:**

1. **Proof of 501(c)(3) Status (Please provide supporting documentation as necessary):**

1. **Narrative Description of the Organization and its Mission/Programs:**

1. **Towns Served by the Program:**

1. **Number of Youth Served in the Organization’s Most Recently Completed Fiscal/Calendar Year:**

**By signing below, I hereby declare that the information I provided is true and correct, to the best of my knowledge. I agree that the contribution received will be used for allowable purposes outlined by the parameters within section 161 of Public Act 23-205. I understand that any willful fraudulent or false information will result in denial of this application, and I will be subject to any other penalties provided by law.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Print Name** |  | **Date** |  | **Signature** |

**If you have any questions, please reach out to:**

Revenue Unit – Budget & Financial Management Division

Office of Policy & Management

450 Capitol Avenue

Hartford, CT 06106

860-418-6500

[OPM.Revenue@ct.gov](mailto:OPM.Revenue@ct.gov)

**Please submit this application, along with any attachments, to the Office of Policy & Management by:**

Email:

[OPM.Revenue@ct.gov](mailto:OPM.Revenue@ct.gov)

OR

Mail:

Attention: Revenue Unit

Budget & Financial Management Division

Office of Policy & Management

450 Capitol Avenue

Hartford, CT 06106