2019 ED-02

FOR DRA USE ONLY

	PRINT OR TYPE This application is due no earlier than July 1, 20 STEP 1		
1.	BUSINESS ORGANIZATION/ENTERPRISE OR INDIVIDUAL NAME:	5	FEDERAL TAXPAYER IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER
2.	STREET ADDRESS:		
	ADDRESS (CONTINUED):		
3.	CITY/STATE/ZIP:		
4.	CONTACT NAME & TITLE:		TELEPHONE NUMBER:
	EMAIL ADDRESS:		
	STEP 2		
6. SCHOLARSHIP ORGANIZATION(S) TO WHICH YOU INTEND TO CONTRIBUTE AND AMOUNT OF EACH REQUESTED DONATION (IF KNOWN): 1			
	TEP 3	,, ,	
	I certify that the business organization/enterprise or that I (the individual) shall make the requested donations no later than 60 days after the date of approval of this application in accordance with RSA 77-G, but no later than June 30, 2019, and I declare, under penalties of perjury, that I have examined this document and to the best of my belief the information is true, correct and complete.		
AUT	HORIZED SIGNATURE (IN INK)	ATE	
PRI	NT SIGNATORY NAME & TITLE		

MAIL TO: NH DRA

EDUCATION TAX CREDIT PO BOX 457 CONCORD NH 03302-0457

2019 ED-02

EDUCATION TAX CREDIT APPLICATION INSTRUCTIONS

WHO MUST FILE?

Business organizations, business enterprises, or individuals requesting to make a donation(s) to a qualified scholarship organization(s) must file an Education Tax Credit Application (Form ED-02).

WHEN TO FILE?

Form ED-02 must be received by the Department of Revenue Administration no earlier than **July 1**, **2018** and no later than **May 31**, **2019**.

WHERE TO FILE?

Form ED-02 may be mailed to:

NH DRA

Education Tax Credit
PO Box 457
Concord NH 03303 04

Concord, NH 03302-0457

Or may be hand-delivered to the Department of Revenue Administration during business hours (Monday through Friday, 8:00 a.m. to 4:30 p.m.) at:

Governor Hugh J. Gallen Office Park South 109 Pleasant Street Medical and Surgical Building Concord, NH 03301

NEED HELP?

Call the Department at (603) 230-5920, Monday through Friday, 8:00am to 4:30pm. For more information visit us on the web at: www.revenue.nh.gov. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

LINE-BY-LINE INSTRUCTIONS

STEP 1

LINE 1

Enter the business organization's, business enterprise's, or individual's name.

LINE 2

Enter the business organization's, business enterprise's, or individual's street address.

LINE 3

Enter the business organization's, business enterprise's, or individual's city, state and zip code.

LINE-BY-LINE INSTRUCTIONS CONTINUED

LINE 4

Enter the name, title, telephone number and email address of the contact person for the business organization, business enterprise, or the individual. The contact person should be the person the Department of Revenue Administration can contact regarding this application.

LINE 5

Enter the business organization's or business enterprise's Federal Taxpayer Identification Number, or the individual's Social Security Number.

STEP 2

Line 6

Enter the name(s) of the scholarship organization(s) that will be receiving your donation and the dollar amount for each.

Line 7

Enter the total of all requested donation amounts eligible under RSA 77-G not to exceed \$600,000 for the program year.

Line 8

Enter 85% of the Total Requested Donation Amount. This is the maximum amount of Education Tax Credit you may receive.

STEP 3

The application must be dated and signed in ink by an officer or authorized agent, or by the individual. In addition, print the name and title of the officer, authorized agent, or individual signing the application.

NOTICE

APPROVED DONATIONS MUST BE MADE TO A QUALIFIED SCHOLARSHIP ORGANIZATION NO LATER THAN 60 DAYS AFTER THE DATE OF APPROVAL OF THIS APPLICATION BY THE DEPARTMENT OR THE REQUEST SHALL EXPIRE.

HOWEVER, DONATIONS APPROVED ON OR AFTER MAY 3, 2019 MUST BE MADE TO A QUALIFIED SCHOLARSHIP ORGANIZATION NO LATER THAN JUNE 30, 2019.