

Tax Credit for Low Income Students Donation Form

Kansas Lutheran Schools Scholarship Foundation, Inc. 1000 SW 10th Avenue, Topeka, KS 66604-1104

Please return this completed form to KLSSF.
For questions or more information, please contact
Rev. Daniel Grams at dgrams@klssf.org or (785)357-4441

Disclaimer:

Donor Information:

Kansas Lutheran Schools Scholarship Foundation, Inc. (KLSSF) is an approved Scholarship Granting Organization (SGO) participating in the Tax Credit for Low Income Students Scholarship Program. The program provides a 75% tax credit to taxpayers or corporations filing Kansas income tax returns (e.g. individuals, corporations, nonprofits and other exempt organizations) that donate to certified SGOs. KLSSF, Inc. will automatically allocate 90% of each taxpayer's contributions to fund qualifying student scholarships. Eligible taxpayers can qualify for a tax credit up to \$500,000 in the same calendar year that their donation is made. Unused credits can be carried forward to future years. Interested donors should consult with their CPA or tax advisors about your expected state tax liability for the year and your eligibility to claim the credit prior to making a donation. Donations dated and postmarked 12/31/2024 or earlier will be considered a 2024 donation. *Checks should be payable to Kansas Lutheran Schools Scholarship Foundation, Inc.*

Name of Individual(s) or Corporation_____ Spouse SSN (if filing jointly) (Social Security Number or Federal Employer Identification Number are required under the laws governing the Tax Credit for Low Income Students Scholarship Program. This information is required at time of donation and will be redacted from any reports required under the law.) Address Phone Email Optional: LCMS member of church/city (i.e. Trinity/Atchison) The donor is a (please select one): Individual _____ Corporation **Donation Amount:** \$ (For Scholarship donations, KLSSF will allocate 90% of the donation towards scholarships, unless a different percentage has been mutually agreed upon in writing by KLSSF and the donor.) Name of K-12 Kansas LCMS school if desired (otherwise, all schools will benefit) Signature _____ Date Date Spouse Signature (if applicable)

THANK YOU FOR YOUR GENEROUS SUPPORT!

KLSSF, Inc. is a 501(c)(3) nonprofit organization, Federal Tax ID# 99-3778196. All donations are tax deductible.