

APPLICATION FOR PRELIMINARY AUTHORIZATION OF THE ENDOW KENTUCKY TAX CREDIT

2025

➤ See instructions.			
A Name of Taxpayer	B Federal Identification Number or Social Security Number		C Kentucky Corporation/LLET Account Number (if applicable) Must be 9-digits, If 6-digits, must lead with zeros.
eet Address or P. O. Box			Telephone
City	State	ZIP Code	E-mail Contact
D Type of Entity: Individual Estate General Partnership	Trust Other	Corporation	Limited Liability Pass-through Entity
E Submission Date of Application 0 7 / 0 1 / 2 5	F Amoun	t of Endowment Gift	G Amount of Tax Credit
H Name of Qualified Community Foundation or Affiliate Community Foundation	I Federa	I Identification Number	Telephone (270) 737-8393
Central Kentucky Community Foundation	6 1	6 0 3 5 0 0 2	Fax Number
Street Address or P. O. Box 200 Jim Owen Drive			
City Elizabethtown	State	KY	ZIP Code 42701
Under penalties of perjury, I declare that I have statements, and to the best of my knowledge and	examined the	e application, including e, correct, and complet	g all accompanying documents and te.
By:Signature of Taxpayer or Authorized Representati		Date:	07/01/2025
Signature of Taxpayer or Authorized Representati		Title;	
Consent to Release Preliminar	y Authorizat	ion of the Endow Ken	tucky Tax Credit
Notwithstanding the protections afforded taxpa	ayers by K	y. Rev. Stat. (KRS) §131.190(1) and §131.081(15),
[print name of taxpayer]		authorize the Kentucky	Department of Revenue to release to
[name of qualified community foundation] my name and the preliminary approval (including			
KRS §141.438 based upon the application	for prelimina	ary authorization of	the tax credit for providing an
endowment gift to a qualified community fo foundation.	undation, co	ounty-specific compor	nent fund, or affiliate community
			07/01/2025
Signature of Taxpayer			Date
Depart Preliminary authorization of Endow Kentucky t		enue Use Only	
By: Date:			Amount