#### ARIZONA DEPARTMENT OF REVENUE

# **Application for Approval of the**

# Corporate Income Tax Credit for Donations to School Tuition Organizations (A.R.S. § 43-1183 or A.R.S. § 20-224.06) or

Corporate Income Tax Credit for Disabled / Displaced Students (A.R.S. § 43-1184 or A.R.S. § 20-224.07)

- Program Guidelines available at www.azdor.gov:
   Click on the "Tax Credits" link on left side of home page.
- Send the completed form via email to: DOROERA@azdor.gov
- Questions regarding the program can be directed to: Karen Jacobs......(602) 716-6923

#### • Attention:

Failure to complete the form will result in a delay in the processing of the request, resulting in an extension of the twenty-day approval period and possibly being moved down in the line for credit requests.

| This donation is for the corporate tuition organization  | on credits (A.R.S. § 4 | 3-1183   | or A.R.S. § 20-224.06).        |
|--|------------------------|----------|--------------------------------|
| This donation is for the corporate disabled/displace   | d students credit (A.  | R.S. § 4 | 3-1184 or A.R.S. § 20-224.07). |
| IOTO   |                        |          |                                |
| STO requesting pre-approval:   |                        |          |                                |
| Arizona Private Education Scholarship Fund   |                        |          |                                |
| STO street address:  |                        |          |                                |
| 6909 E Greenway Pkwy, Ste 240  |                        |          |                                |
| City:  |                        | State:   | ZIP Code:                      |
| Scottsdale   |                        | AZ       | 85254                          |
| STO contact person:  |                        | Phone    | Number (with area code)        |
| Ali Smith  |                        | (480)    | 264-3290                       |
| E-mail address:  |                        | l.       |                                |
| ali@apesf.org  |                        |          |                                |
| -  |                        |          |                                |
| Corporation requesting to donate:  |                        |          |                                |
| ABC Insurance Company  |                        |          |                                |
| Corporate street address:  |                        |          |                                |
| 123 Insurance Street   |                        |          |                                |
| City:  |                        | State:   | ZIP Code:                      |
| Insurance Town   |                        | ΑZ       | 98765                          |
| Corporate EIN:   | ☐ Check box if thi     | s donati | on is from an S corporation    |
| 00-1234567   | pursuant to A.R        |          | •                              |
| Name and EIN of parent S corporation if contributing cont | ompany is a qualified  | d subcha | apter S subsidiary:            |
|  |                        |          |                                |
| ☑ Check box if this corporation  | NAIC Number:           |          |                                |
| pays insurance premium tax   | 12345                  |          |                                |
| Amount the corporation is requesting to donate:  | 1                      |          |                                |
| \$ 100,000   |                        |          |                                |

Approval or denial of this application will be emailed to the STO.

# APPROVAL

# Corporate Income Tax Credit or Insurance Premium Tax Credit

| ☐ This approval is for the corporate income or in (A.R.S. § 43-1183 or A.R.S. § 20-224.08). | surance premium tax credit for donations to school tuition organization |
|---|---|
| This approval is for the corporate income<br>(A.R.S. § 43-1184 or A.R.S. §20-224.07).       | or insurance premium tax credit for disabled / displaced students       |
|   |   |
| Credit Approval Number:   |   |
| F17DD-0000  |   |
| School Tuition Organization Name:   |   |
| Adama Britanta Education Cabalanahia I  |   |
| Arizona Private Education Scholarship I   | -uno  |
| Donating Corporation:   |   |
| ABC Insurance Company   |   |
| Approved Amount of Donation*:   | lidentified as S corporation donating pursuant to A.R.S. § 43-1089.04   |
| \$100,000   | (see note below)  |
| Date of Notification:   |   |
| 7/1/2016  |   |
| 20-Day Period for Transfer of Money From Corp   | poration to School Tuition Organization Ends:                           |
|   |   |
| 7/21/2016   |   |
|   |   |

Notify the Arizona Department of Revenue no later than 7/21/2016

as to whether or not the above-named corporation made the donation shown above to the above-named school tuition organization. A.R.S. § 43-1183, § 43-1184, § 20-224.06 and § 20-224.07 require the school tuition organization to notify the Department of Revenue of failure to make the donation within 20 days. The Department of Revenue is also asking for notification that the donation was actually made to ensure accuracy in determining the amount of donation cap that remains available. Notification should occur by small to DOROERA@azdor.gov . Please include credit approval number in the email.

**\*NOTE**: S corporations must have made approved aggregate contributions to School Tuition Organizations of at least \$5,000 within their taxable year in order to pass the low-income and/or disabled/displaced credits through to their individual shareholders.

Karen Jacobs, Senior Economist

Office of Economic Research and Analysis

Arizona Department of Revenue

1600 W Monroe, 9th Floor Phoenix, AZ 85002

ADOR 16869 (91:0)

#### **Insurance Tax Section**

You must file this and other tax forms

using the NAIC OPTins system.

Web Site: <a href="http://www.optins.org/">http://www.optins.org/</a>

Email: optinshelp@naic.org
Phone: (816) 783-8990

TAX CREDITS CLAIM FORM E-TC

for the calendar year ended December 31, **2017** 

|                           | REPORT TYPE (X): |                        |  |  |
|---------------------------|------------------|------------------------|--|--|
| Delete the "X" if amended | Χ                | <b>Original Report</b> |  |  |
|                           |                  | Amended Report         |  |  |

#### A. INFORMATION ABOUT THE INSURER

Use information from the insurer's "Annual Taxes and Fees Data Sheet," available from the Department of Insurance Tax Forms and Instructions Internet web site to complete this section. Make sure to not claim more credit than tax liability eligible for credit.

| NAIC | Insurer Name | Domcile | Bus. Type Code | Entity Type Cd. |
|------|--------------|---------|----------------|-----------------|
|      |              |         |                |                 |

#### **B. SUMMARY OF CLAIMED TAX CREDITS AND OFFSETS**

|    | Credit/offset description   | Prior-year Credit 1 | aken | Credit Earned in 2 | 2017 | Total Credit Taken/ | Applied | Unused, Forward | ded |
|----|---|---------------------|------|--------------------|------|---------------------|---------|-----------------|-----|
| 1. | Arizona Domestic Life/Disability Insurer Credit (repealed from and December 31, 2017) |                     |      | 0.00               |      | 0.00                |         |                 |     |
| 2. | Arizona Guaranty Fund Offsets   | 0.00                |      | 0.00               |      | 0.00                |         |                 |     |
| 4. | Quality Jobs Tax Credit   | 0.00                |      | 0.00               |      | 0.00                |         | 0.00            |     |
| 5. | STO Credit, Low-income Students   | 0.00                |      | 0.00               |      | 0.00                |         | 0.00            |     |
| 6. | STO Credit, Displaced/Disabled Students   | 0.00                |      | 0.00               |      | 0.00                |         | 0.00            |     |
| 7. | Health Insurance Certificate Credits  | 0.00                |      | 0.00               |      | 0.00                |         | 0.00            |     |
| 8. | TOTAL CREDITS   |                     |      |                    |      |                     |         |                 |     |
|    | Post this amount to Form E-TAX, Part C, line 2. ▶                                     |                     |      |                    | 0.00 |                     |         |                 |     |

# Arizona Domestic Life/Disability Insurer Credit - ARS § 20-167(D), repealed from and after December 31, 2017 (Laws 2017, Ch. 299 - HB 2528)

| 9.  | Gross premium tax (from Form E-TAX, Part C, line 1)            | 10,000.00     |      |              |
|-----|--|---------------|------|--------------|
| 10. | Was the insurer authorized in Arizona as of December 31, 2016? | Yes           | X    | No           |
|     | This credit is no longer available.                            | Credit Earned |      | Credit Taken |
|     | Post to line 1 ▶   |               | 0.00 | 0.00         |
|     | Post to line 1 P   |               | 0.00 | 0.00         |

## Arizona Guaranty Fund Offsets - ARS §§ 20-674, 20-692

| 12. | Offsets for Arizona Guaranty Fund Certificates of Contribution. Attach Certificates of Contribution issued by the Guaranty Fund. | lf |
|-----|--|----|
|     | you received a refund from the Guaranty Fund, enter 0.00 - do not enter a negative amount.                                       |    |

|     |   | Cert. of Contribution Amt.  | Maximum Gross Credit | Credit Earned/Taken |  |  |  |
|-----|---|-----------------------------|----------------------|---------------------|--|--|--|
|     | Calendar Year 2017                                  | 0.00                        | 0.00                 | 0.00                |  |  |  |
|     |   | 0.00                        | 0.00                 | 0.00                |  |  |  |
|     |   | 0.00                        | 0.00                 | 0.00                |  |  |  |
|     |   | 0.00                        | 0.00                 | 0.00                |  |  |  |
|     |   | 0.00                        | 0.00                 | 0.00                |  |  |  |
|     | TOTAL Guaranty Fund Offsets (c                      | annot exceed tax liability) | Post to line 2 ►     | 0.00                |  |  |  |
| 13. | 13. Remaining tax liability (line 11 minus line 12) |                             |                      |                     |  |  |  |

# **Calculation of Tax Eligible for Remaining Tax Credit Deductions**

| 14. | Vehicle insurance tax (from From E-TAX, Part E, line 24)  |           |
|-----|---|-----------|
| 15. | Tax on Carefree and Fountain Hills fire risks (from From E-TAX, Part E, line 19)                      |           |
| 16. | Tax on fire risks for property outside Carefree and Fountain Hills (from From E-TAX, Part E, line 17) |           |
| 17. | Premium tax ineligible for remaining credits (sum of lines 14 through 16)                             | 0.00      |
| 18. | Remaining tax eligible for remaining tax credit deductions (line 13 minus line 17)                    | 10,000.00 |

# Lines 19 through 23 intentionally skipped. Proceed to Line 24.

# Quality Jobs Tax Credit ("QJTC") - ARS §§ 20-224.03

| 24. | 24. Unused Quality Jobs Tax credit earned during the past five years. Attach a schedule showing the credits earned and used. |                            |                             |                          |                       |  |
|-----|--|----------------------------|-----------------------------|--------------------------|-----------------------|--|
|     |  | Unused from 2012           | Unused from 2013-2016       | Prior-year Credits Taken | To be Carried Forward |  |
|     | Post to line 4 ►   |                            |                             |                          | 0.00                  |  |
| 25. | 25. Remaining tax eligible for tax credit deductions (line 23 minus line 24)   |                            |                             | 10,000.00                |                       |  |
| 26. | Quality Jobs Tax credit earned during 2017. Provide t  | he 'Credit Allocation Lett | er' issued by the Arizona C | ommerce Authority. See t | he Arizona Commerce   |  |
|     | Authority Web site (www.azcommerce.com) for instru   | uctions on how to apply f  | or this credit.             |                          |                       |  |
|     |  |                            | Credit Earned in 2017       | 2017 Credit Taken        | To be Carried Forward |  |
|     |  | Post to line 4 ►           |                             |                          | 0.00                  |  |
| 27. | 27. Remaining tax eligible for tax credit deductions (line 25 minus line 26)   |                            |                             | 10,000.00                |                       |  |

# School Tuition Organizaton ("STO") Credit, Low-income Students - ARS § 20-224.06

| 28. | Unused STO Low-income Student credit earned during the past five years. Attach a schedule showing the credits earned and used.                     |                   |                       |                          |                       |  |
|-----|--|-------------------|-----------------------|--------------------------|-----------------------|--|
|     |  | Unused from 2012  | Unused from 2013-2016 | Prior-year Credits Taken | To be Carried Forward |  |
|     | Post to line 5 ►   |                   |                       |                          | 0.00                  |  |
| 29. | 29. Remaining tax eligible for tax credit deductions (line 27 minus line 28)   |                   |                       | 10,000.00                |                       |  |
| 30. | STO Low-income Student credit earned during 2017. Attach the Department of Revenue approval for the contribution to be made during 2017 and a copy |                   |                       |                          |                       |  |
|     | of the contribution payment issued to the STO during   | g 2017.           |                       |                          |                       |  |
|     |  |                   | Credit Earned in 2017 | 2017 Credit Taken        | To be Carried Forward |  |
|     |  | Post to line 5 ►  |                       |                          | 0.00                  |  |
| 31. | Remaining tax eligible for tax credit deductions (line 2   | 29 minus line 30) |                       | 10,000.00                |                       |  |
| 32. | Remaining tax eligible for tax credit deductions (from   | line 31)          |                       | 10,000.00                |                       |  |

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#### School Tuition Organizaton ("STO") Credit, Disabled/Displaced Students - ARS § 20-224.07

| 33. | Jnused STO Disabled/Displaced Student credit earned during the past five years. Attach a schedule showing the credits earned and used. |                         |                         |                              |                        |  |
|-----|--|-------------------------|-------------------------|------------------------------|------------------------|--|
|     |  | Unused from 2012        | Unused from 2013-2016   | Prior-year Credits Taken     | To be Carried Forward  |  |
|     | Post to line 6 ►   |                         |                         |                              | 0.00                   |  |
| 34. | Remaining tax eligible for tax credit deductions (line   | 32 minus line 33)       |                         | 10,000.00                    |                        |  |
| 35. | STO Disabled/Displaced Student credit earned during  | 2017. Attach the Depart | ment of Revenue approva | I for the contribution to be | made during 2017 and a |  |
|     | copy of the contribution payment issued to the STO d   | luring 2017.            |                         |                              |                        |  |
|     |  |                         | Credit Earned in 2017   | 2017 Credit Taken            | To be Carried Forward  |  |
|     |  | Post to line 6 ►        |                         |                              | 0.00                   |  |
| 36. | Remaining tax eligible for tax credit deductions (line 3   | 34 minus line 35)       |                         | 10,000.00                    |                        |  |

## Health Insurance Certificate ("HIC") Credits - ARS § 20-224.05

| 37. | Unused HIC credit earned during the past five years.                                    | rned during the past five years. Attach a schedule showing the credits earned and used. |                       |                          |                       |  |
|-----|---|---|-----------------------|--------------------------|-----------------------|--|
|     |   | Unused from 2012  | Unused from 2013-2016 | Prior-year Credits Taken | To be Carried Forward |  |
|     | Post to line 7 ►  |   |                       |                          | 0.00                  |  |
| 38  | exable accident and health (A & H) insurance premium (from Form F-TAX, Part F, line 27) |   |                       |                          |                       |  |

- 39. HIC credit earned during 2017. Credit cannot exceed taxable A & H insurance (line 38). Attach Health Insurance Certificates issued by the Arizona Department of Revenue for major health insurance policies to individuals or small businesses during 2017.
  - \* NOTE: To earn credit for 2017, the insurer, for each insured, (1) must have received the approved Health Insurance Certificate; (2) must have issued major medical health coverage to the individual or small business during 2017; and, (3) must have incurred premium tax liability during 2017 for the insurance premiums for which the insurer is claiming the health insurance certificate credit, which means this credit is not applicable to tax-exempt premium.

|                  | Credit Earned in 2017 | 2017 Credit Taken | To be Carried Forward |
|------------------|-----------------------|-------------------|-----------------------|
| Post to line 7 ► |                       |                   | 0.00                  |