



INSTRUCTIONS:

1. This form is to be completed by an individual or entity applying for approval of the Foster Care Donation Credit.
2. Include proof of your monetary donation to the Insuring Foster Youth Fund or a qualifying foster care organization with your application.
3. Mail the completed form to the above address or fax to 317-233-5439.
4. Indiana Department of Revenue (DOR) will send an approval or denial letter within 45 days. If approved, DOR will issue a certification number to be used when filing your income tax return.

Important Notice
A person who makes a monetary donation to the Insuring Foster Youth Fund or to a qualifying foster care organization may apply to DOR to receive a tax credit equal to 50% of the amount of the monetary donation up to a maximum of \$10,000. Credit must be claimed in the same taxable year in which the monetary donation is made. Any unused credit is nonrefundable. Total funding for this credit is limited to \$2,000,000 on a calendar year basis. Visit www.in.gov/dor/tax-forms/foster-care-credit-donation-information for a current list of qualifying foster care organizations and remaining amount of credits available.

Section 1: Applicant Information

Name of Applicant		Social Security Number (last 4 digits) or FEIN (all 9 digits)
Mailing Address (number and street or PO box)		City, State, and ZIP code
Telephone Number	Email Address	

Section 2: Donation Information

List the amount(s) donated and either the name of a qualifying organization or the Insuring Foster Youth Fund. If you made donations to more than two (2) qualifying organizations, complete and attach an additional Form FCD-A.

Enter Amount of Donation	Name of Foster Care Organization	
Enter Amount of Donation	Name of Foster Care Organization	
Enter Amount of Donation to the Insuring Foster Youth Fund		
Complete the following to calculate the Foster Care Donation Credit:		
1. Enter total amount of the donation(s)..... _____		
2. Multiply the amount on line 1 by 50% (0.5)..... _____		
3. Enter the lesser of \$10,000 or the amount reported on line 2..... _____		
Signature of Applicant or Authorized Designee		Date (month, day, year)
Printed Name		Title (if applicable)

FOR DOR USE ONLY		
<input type="checkbox"/> The request is approved. <input type="checkbox"/> The request is partially approved because one or more of the foster care organizations is a non-qualified organization. <input type="checkbox"/> The request is denied because proof of donation was not included. <input type="checkbox"/> The request is denied because all organizations are non-qualifying. <input type="checkbox"/> The request is denied because the department has exceeded the allotted amount of credit that may be granted/approved.		
Signature of DOR Analyst	Postmark Date (month, day, year)	Date of Review (month, day, year)