SCHEDULE FD

41A720FD (06-15)

Commonwealth of Kentucky
DEPARTMENT OF REVENUE

1500010340

DRAFT 8/6/15

Taxable Year Ending

__ __ / __ __
Mo. Yr.

FOOD DONATION TAX CREDIT

KRS 141.392

➤ **Attach to Form 720, 720S, 725, 740, 740-NP, 741, 765 or 765-GP.**

Name of Entity (Donor)	Identification Number (SSN or FEIN)	Kentucky Corporation/LLET Account Number (if applicable)
	__ __ __ __ __ __ __ __ __	__ __ __ __ __ __

Address (Number, Street, and Room or Suite No.)	City, State and Zip Code

Part I - Information on Donated Food - To be completed by taxpayer making the donation and/or donee

☐ Fruits ☐ Vegetables ☐ Beef ☐ Poultry
☐ Pork ☐ Fish ☐ Other edible product _____

	A Description of Donated Food	B Date Donated	C Quantity of Donation	D Fair Market Price Per Unit of Measure	E Fair Market Value (multiply Column C by Column D)		
1.					1		00
2.					2		00
3.					3		00
4.					4		00
5.					5		00
6.					6		00
7.	Total fair market value of donation (add Column E, lines 1 through 6)				7		00
8.	Reimbursements received from all sources				8		00
9.	Total fair market value of donation less reimbursements (subtract line 8 from line 7)				9		00
10.	Credit percentage				10	10%	
11.	Credit amount. Multiply line 9 by line 10				11		00
12.	Prior year credit carryforward amount				12		00
13.	Total credit amount (add lines 11 and 12). Enter result here and on applicable form or schedule				13		00

Part II - Taxpayer (Donor) Statement

I, the undersigned, declare under the penalties of perjury, that to the best of my knowledge and belief, the information and fair market values included in Part I are true, correct and complete.

Signature of Taxpayer (Donor) _____ Date _____

_____
Type Name and Title of Person Signing This Document

Part III - Donee Acknowledgement - To be completed by the charitable organization

I, the undersigned, declare under the penalties of perjury, that this charitable organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, that it operates a surplus food collection and distribution program as defined in KRS 141.392(1)(c), and that I have examined this schedule, and to the best of my knowledge and belief, it is true, correct and complete.

Name of Charitable Organization (Donee)	Employer Identification Number	
Address (Number, Street, and Room or Suite No.)	City, State and Zip Code	
Authorized Signature	Title	Date

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INSTRUCTIONS—SCHEDULE FD

PURPOSE OF SCHEDULE—This schedule is used by a taxpayer (donor) who provides free of fee or charge edible agriculture products to a nonprofit food program operating in Kentucky as provided by KRS 141.392.

For taxable years beginning on or after January 1, 2014, but before January 1, 2018, any donor shall be allowed a nonrefundable credit (food donation tax credit) against the tax imposed by KRS 141.020 or 141.040 and 141.0401, with the ordering of credits as provided by KRS 141.0205, in the amount equal to ten percent (10%) of the value of the donated edible agricultural products. A qualified taxpayer claiming the food donation tax credit shall attach this schedule to the applicable tax return.

A qualified taxpayer that is a pass-through entity not subject to the tax imposed by KRS 141.040 shall apply the food donation tax credit against the limited liability entity tax imposed by KRS 141.0401, and shall distribute the amount of the approved tax credit to each partner, member or shareholder based on the partner's, member's or shareholder's distributive share of income as determined for the taxable year during which the tax credit is approved, with the ordering of credits as provided by KRS 141.0205.

A tax credit not used by a qualified taxpayer in the current taxable year may be carried forward for up to four (4) succeeding years.

GENERAL INSTRUCTIONS

Part I – Information on Donated Food

Check the box that best describes the donated food. If the box for "Other edible product" is checked, describe the product in the space provided.

Lines 1 through 6—Enter the following: Column A, the description of the item of food being donated; Column B, the date donated; Column C, the quantity of the food item; Column D, the fair market price of each unit of measure; and Colum E, the total fair market value.

Attach a separate schedule if more than 6 items are being donated.

KRS 141.392(3)(b) provides that a donor shall determine the value of the donated edible agriculture products as follows: (i) if there was a previous sale of the edible agriculture products to a buyer, the donor shall retain a copy of an invoice or other statement identifying the price received by the donor for the edible agriculture products of comparable grade and quality; or (ii) If there is no previous sale to a buyer, the donor shall on the date of the donation, determine the value of the donated edible agriculture products based on the fair market value as determined by average weekly regional produce auction prices or United States Department of Agriculture prices for meat, fish and dairy products.

Line 7—Add Lines 1 through 6.

Line 8—Reimbursements received from all sources, such as any reimbursed costs of picking or transporting the donated food.

Line 9—Subtract Line 8 from Line 7.

Line 11—Multiply Line 9 by Line 10.

Line 12—Enter the prior year carryforward amount.

Line 13—Add Lines 11 and 12. Enter the amount on this line and the applicable tax form or schedule. In order to claim the credit, this schedule must be attached to the applicable tax return.

Part II – Taxpayer (Donor) Statement

The taxpayer (donor) or the representative of the taxpayer shall certify that the information and fair market values included in Part I are true, correct and complete. Enter the date signed, and type the name and title of person signing this document in the spaces provided. Failure to sign the schedule or to provide all information may result in the disallowance of the tax credit.

Part III – Donee Acknowledgement

The representative of the charitable organization (donee) shall certify that the charitable organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, certify that it operates a surplus food collection and distribution program as defined in KRS 141.392(1)(c), and certify that the information included in the schedule is true, correct and complete. Enter the name, Employer Identification Number, and address of the charitable organization in the spaces provided. Also, enter the title of person signing this document and the date in the spaces provided. Failure to sign the schedule or to provide all information may result in the disallowance of the tax credit.