



# 2026-2027 Tax Credit Authorization

Company Name:  Company NAIC #

Company Contact Person:

Address:

City:  State:  Zip Code:

Email:  Phone:

2026-27 Proposed Contribution:  Expected Donation Date:

Please submit a separate form for each quarter you will apply the premium tax credit contribution.

Please check the appropriate box.

No tax credit claimed under this section may reduce a quarterly payment otherwise required by SDCL 10-44-2 to an amount less than zero.

<input type="checkbox"/>	2nd Quarter of	2026	(Due 7/31)
<input type="checkbox"/>	3rd Quarter of	2026	(Due 10/31)
<input type="checkbox"/>	4th Quarter of	2026	(Due 1/31)
<input type="checkbox"/>	Annual Premium Tax Return	2027	(Due 3/1)

## South Dakota Division of Insurance Conditional Authorization:

Division Contact Date:  By:

Tax Credit Tracking # reserving tax credit:  Time Period:

*Donor Privacy Policy: South Dakota Partners in Education, Inc. is committed to respecting the privacy of our donors and will abide by SDCL 13-65-9 which states, "Any information provided relating to the identity of a taxpayer that provides an eligible contribution pursuant to this Act shall remain confidential unless the company deems otherwise." South Dakota Partners in Education, Inc. will only use information regarding the identity of our donors as is necessary internally to process donations and as required to comply with State law. Completed Tax Credit Donation Forms will be kept in South Dakota Partners in Education, Inc.'s possession and will only be used for the purposes identified above unless authorized below.*

Does this company authorize South Dakota Partners in Education, Inc. to publicly disclose the company's identity and amount of donation? YES:  NO:

By signing here, I acknowledge that I have legal capacity to grant this authority. \_\_\_\_\_

Relationship to the Company \_\_\_\_\_