PRCO Authorization Form

Business Income Tax Credit

Center for Pregnancy Choices
Metro Area

This application appoints CPC Metro as representative and grants permission to CPC Metro to file an application for PRCO tax credit on behalf of the applicant.

BUSINESS NAME (LEGAL NAME)

EMAIL ADDRESS (POINT OF CONTACT)

PHONE NUMBER (POINT OF CONTACT)

MAILING ADDRESS

CITY / STATE / ZIP

BUSINESS DBA (IF APPLICABLE)

FEIN

TAP TAX ACCOUNT # (IF APPLICABLE)

ORG TO RECEIVE CONTRIBUTION

Center for Pregnancy Choices- Metro Area

CONTRIBUTION AMOUNT

CONTRIBUTION DATE (IF APPLICABLE)

I hereby appoint CPC Metro as my representative and grant it all permissions necessary for the sole purpose of 1) Completing an Application for a Charitable Contributions Tax Credit with the Mississippi Department of Revenue consistent with the information provided above. 2) Executing (i.e. signing and dating) said application (if necessary). 3) Submitting the application as required by the Mississippi Department of Revenue.

EXECUTION FOR BUSINESS:

NAME OF BUSINESS

NAME OF SIGNER

TITLE OF SIGNER

PRINTED SIGNATURE

DATE (MM/DD/YYYY)

By typing my name, I agree to the terms above

Please email completed form to nate@cpcmetro.org

Alternatively, you can mail the completed form to P.O. Box 55664 Jackson, MS 39296