PRCO Authorization Form

Individual State 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.

TAXPAYER NAME

SS NUMBER

EMAIL ADDRESS

PHONE NUMBER

MAILING ADDRESS

CITY / STATE / ZIP

SPOUSE NAME (IF APPLICABLE)

SPOUSE SS NUMBER (IF APPLICABLE)

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 INDIVIDUAL(S):

PRINTED SIGNATURE OF TAXPAYER

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