

**{2014, 2015, 2016} Taxable Year  
College Access Tax Credit Fund  
Contribution Submittal Form**

<b><u>Taxpayer</u></b> {Name}	<b><u>Proposed Contribution</u></b> {Contribution \$}	<b><u>Tax Credit Allocation Reservation Amount</u></b> {Tax Credit}
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**Application Number:** {Application Number}

**Payment Type:**

Money Order                       Cashier's Check

Check from business account (for business entity taxpayers only)

Electronic Fund Transfer (transfer information provided upon request):  
Wire transfer or Automated Clearing House only.

**Taxpayer Name**

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**Contact Person's Name and Title  
(for business entity taxpayers only)**

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**Mailing Address (Number and Street or PO Box)**

**Apt./Suite/PMB No.**

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**City, State and ZIP Code**

**Email Address (optional)**

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**Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)**  
(Not applicable to business entity taxpayers. For business entity taxpayer, please complete section below.)

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Business entity taxpayers must provide one of the following numbers:

<b>Federal Employer Identification Number (FEIN):</b>	
<b>California Corporation Number:</b>	
<b>California State Identification Number:</b>	
<b>SOS LLC Number:</b>	
<b>SOS P Number:</b>	
<b>California Franchise Tax Board Assigned Number:</b>	

The proposed Contribution and this Contribution Submittal Form must be submitted to:

California Educational Facilities Authority  
College Access Tax Credit Fund  
915 Capitol Mall, Room 590  
Sacramento, CA 95814

Please identify the Application Number on the payment in order to ensure that your Contribution is properly identified and processed to receive a certification for the College Access Tax Credit.

*{If taxpayer marked Electronic Fund Transfer on Application or otherwise requested such payment type}* If the proposed Contribution is made by Electronic Fund Transfer, please send the Contribution Submittal Form to the address provided above or by fax (916) 653-2179 and submit the proposed Contribution as provided in the attached instructions if by Electronic Fund Transfer. *{Attach Electronic Fund Transfer instructions}*

## **California Educational Facilities Authority Privacy Notice**

### Reasons for Requesting Your Information

The California Educational Facilities Authority (“CEFA”) asks for your information so that CEFA can administer the College Access Tax Credit as required under the College Access Tax Credit Allocation and Certification Regulations (“Regulations”) and Revenue and Taxation Code sections 17053.86 and/or 23686. You must provide all requested information, unless indicated as “optional.”

### Consequences for Noncompliance

Failure to provide all requested information will be cause for rejection of your Application or other forms required under the Regulations, and CEFA will not be able to reserve, or allocate and certify, College Access Tax Credits.

### Information Disclosure

CEFA may disclose your information to the California Franchise Tax Board, the California State Treasurer's Office, the Internal Revenue Service, and as required or permitted by law.

### Responsibility for the Records and Your Right of Access

The Executive Director of CEFA maintains the records and shall, upon your request, inform you regarding the location of your records and the categories of any persons who use the information in the records. You have the right of access to records containing your personal information that are maintained by CEFA, and to contest the content or accuracy of your personal information in the records. You can obtain information about your records or request corrections to your personal information in the records by phone (916) 653-2872 or mail / in person 915 Capitol Mall, Room 590, Sacramento, California 95814.

Regulations