Form GFD

Virginia Department of Taxation General Fund Donation Voucher

The Virginia General Assembly, in the 2002 session, passed legislation providing that a taxpayer wanting to donate money in excess of his tax liability to the Commonwealth may do so at any time by writing a check payable to the State Treasurer and designating it as a donation to the Commonwealth's general fund. Such donations will be used only for public purposes. Currently.

these donations are also allowable as itemized deductions under IRC §170. Taxpayers making donations pursuant to this section may (i) include their donations when filing their Virginia income tax return, or (ii) deliver such donations, either in person or by mail, to the Tax Commissioner. " Va. *Code* §58.1-17.

will be used only for public		3				
Fill in the amount of you donation in the boxes below Fill in all requested information and address boxes donation, please enter some.	Sign and date where indicated. If both spouses' names are given then both spouses must sign and date the voucher. Please give a daytime phone number in case we need to contact you about your donation.					
Check one box at the bottom of the page to show whether or not you want your name(s) listed on the Department of Taxation web site as a General Fund Donor. Make a note of your selection below for your records.		Date Donation Sent				
		Check Or Money Order Number Donation Amount \$				
Put names on Web-sit gov. I(we) understand the information, including dona or social security numbers						
Do not publish my(our) na	me(s) on Web-site.					
Cut on the dashed line below; sav	ve the top section for your re	cords; mail t	he v	oucher belo	ow to the address on tl	ne voucher.
office use only FORM GFD General Fund Donation Vouc Virginia Department Of Taxation P.O. Box 2468, Richmond, VA 23218-2468 For Information Call 804-367-8031		— — — — her	_		Make Check or Money Order F State Treasurer	Payable to:
		Donation Amount				i
0000000	0000000 000000					
Your SSN Or VA Account #	our First Name (Or Business' Name)	MI	L	ast Name		Suffix
Spouse's SSN S	Spouse's First Name	MI	ı	ast Name		Suffix
Address (Number And Street)	City	<u> </u>	<u> </u>	State	Zip Code	
Please publish my(our) name(s) or	n the list of donors posted on the D	epartment of T	axat	ion Web-site:	www.tax.virginia.gov. I(v	ve) understand

that no other identifying information, including donation amounts, addresses or social security numbers will be made public.

Date

Daytime Telephone Number

Spouse's Signature

Your Signature

Please do not publish my(our) name(s) on the list of donors.