



**STATE OF NEVADA
DEPARTMENT OF TAXATION**

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RENO OFFICE
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Reno, Nevada 89502
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COLLEGE SAVINGS PLAN CONTRIBUTIONS

BUSINESS NAME: _____
TAXPAYER IDENTIFICATION NUMBER: _____
CONTACT PERSON: _____
PHONE NUMBER: _____
QUARTER END DATE: _____

EMPLOYEE CONTRIBUTION CONFIRMATION

EMPLOYEE NAME: _____
DATE OF CONTRIBUTION: _____
CONTRIBUTION AMOUNT: \$ _____
EARNED CREDIT AMOUNT: \$ _____
AMOUNT OF TOTAL CONTRIBUTIONS FOR THIS EMPLOYEE THIS YEAR:
\$ _____

EMPLOYEE NAME: _____
DATE OF CONTRIBUTION: _____
CONTRIBUTION AMOUNT: \$ _____
EARNED CREDIT AMOUNT: \$ _____
AMOUNT OF TOTAL CONTRIBUTIONS FOR THIS EMPLOYEE THIS YEAR:
\$ _____

EMPLOYEE NAME: _____
DATE OF CONTRIBUTION: _____
CONTRIBUTION AMOUNT: \$ _____
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\$ _____