Tax Deductions

It is recommended you keep a copy of this section for accounting purposes

Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes to the extent that payments are not made to 501(c)(3) organizations. United States taxpayers please note: Under tax law, only that portion of an association member's dues not attributable to lobbying activities is deductible as an ordinary and necessary business expense. For 2025, <u>7.2%</u> of ADA dues, **8%** of KDA dues are allocable to lobbying activities and, therefore, nondeductible as a business expense.

KDA Assessment – the 2025 dues assessment was approved by the annual KDA General Membership Assembly to assist with advocacy efforts.

*This is a voluntary contribution to the <u>Kansas</u> Dental Political Action Committee (KDPAC). This contribution is not deductible for federal income tax purposes and is not limited to the suggested amount.

**This is a voluntary tax-deductible contribution to the Kansas Mission of Mercy (KMOM).

***This is a voluntary contribution to the American Dental Political Action Committee (ADPAC). This contribution is not deductible for federal income tax purposes, and it is not limited to the suggested amount.

* In renewing my membership, I pledge to adhere to the ADA/KDA Principles of Ethics and Code of Professional Conduct. *

Payment Options

Payment Information

Payments should be paid in full or established by **March 31, 2025**. Tripartite membership will be canceled, and all benefits will cease if an installment or auto-renew plan payment is canceled before the current year's dues are paid in full.

- Annual membership dues can be paid by completing this dues statement OR online at ksdental.org
- Click on JOIN/RENEW from the home page, log in with your email address, and password, and proceed as directed.
 (The login email address must be the same email we have on file. If you are unable to log in to your account, contact the Member Service Center for support at 312-440-2500, msc@ada.org, or contact the KDA office.)

If you are retired or going to retire before March 31, 2025, email melissa@ksdental.org or call the KDA office at 785-272-7360.

Check Payments: Make checks payable to the Kansas Dental Association.

Credit Card Payments: The KDA accepts Mastercard, Visa, Discover, and AMEX cards. All debit card transactions will be processed as credit card payments.

Installment Payment Plans: This plan allows you to make 4 or 12 monthly payments with a credit card. Checks <u>will not</u> be accepted for installment payments. A one-time \$30 installment plan fee will be charged at the end of your dues payments. The first payment will run the day you sign up. Installment amounts will automatically adjust to the month you sign up and all payments will be paid in full by December 2025.

- 4 equal installments (available January 2024 March 2025) payments run on the 15th of every month
- 12 equal installments (available January 2024 March 2025) payments run on the 10th of every month

Auto-Renew: This plan allows your dues to be renewed automatically via credit card, with the option of 1-annual payment, a 4-month payment plan, or a 12-month payment plan. This payment will be processed continuously until a member cancels the payment plan. If you want to cancel your auto-renewal, contact the KDA office. Members are allowed to update/change credit card information for future charges. The KDA may ask for an updated expiration date on expired cards, a new card number, or updated card information for any declined transactions. You may also receive an email regarding expired or declined credit cards, you can go to myaccount.ada.org and update your credit card. Voluntary contributions with auto-renewal will continue to be included in each year's contribution amount. If a member wants to change a voluntary contribution for any subsequent membership year, they can do it online at myaccount.ada.org or contact the KDA office.

Credit Card Number **KDA Accepts** MERICAN DISCOVER Exp Date _____ CSV Code _____ Billing Name _____ **PAYMENT OPTIONS** Billing Address ______ **FULL AMOUNT:** City _____ State ____ Zip___ ☐ CREDIT CARD ☐ CHECK **INSTALLMENT PLAN:** Phone No. Choose # of payments \Box 4 \Box 12 ☐ Personal Payment OR ☐ Corporate Payment **AUTO-RENEW:** □ Annually □ 4 Monthly □ 12 Monthly Signature (Required)