

**MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Community Investment Tax Credit Program**

(Formerly known as Neighborhood Partnership Program)

CERTIFICATION OF CONTRIBUTION FOR TAX CREDIT

The Department shall return one completed copy of this form to the contributor and maintain one copy for Program records.

NOTICE AND WAIVER: The statute authorizing the Community Investment Tax Credit Program (CITC), formerly the Neighborhood Partnership Program (NPP), requires the Department to make information available to the General Assembly, including identification of the Nonprofit Organization, a description of the project, the type and amount of contributions, and the Contributor's identity. In signing this Tax Credit Certification, the Nonprofit Organization and the Contributor acknowledge this obligation and to the extent necessary, waive any rights to confidentiality in this or related information.

DISCLAIMER: The tax credit is based on the contributor's eligibility under Program requirements and under tax laws or other requirements affecting the contributor. Neither the Department nor the nonprofit organizations make any representations about the tax consequences in connection with a particular contribution.

PART I - BUSINESS AND CONTRIBUTION INFORMATION *(Completed by Contributor)*

Name of business: _____

Business mailing address: _____

Contact person and title: _____

Telephone number: _____ Federal employer I.D. no. _____

Tax year by (check one): Calendar year or Fiscal year from _____ to _____

Nature of contributor's business(*circle the category which best applies; please check ONE CATEGORY ONLY*):

- 01 – Construction 02 – Manufacturin 03 – Transportation/Communications/Utilitie
- 04 – Wholesale/Retail Trade 05 – Finance 06 – Insurance/Real Estate
- 07 – Business Services 08 – Health Services 09 – Legal Services
- 10 – Education Services 11 – Engineering/Accounting Services
- 12 – Other *(Please specify below)*

The Name of the Nonprofit that received contribution: _____

Total amount of contribution(s) of cash: \$ _____ Date(s): _____

Total value of contribution(s) of goods: \$ _____ Date(s): _____

If this contribution will be made in installments to any one CITC Project, please attach schedule of dates and amounts/values of contribution.

Proof attached (check one): Canceled Check. Copy of Check and receipt from nonprofit
 Third party evaluation* Invoice or Receipt**
 Other (describe below): _____

Submitted by: _____
(Name of contributor)

By: _____
(Signature) (Print name and title) (Date)

***Value of all donated used goods must be certified by an independent, unrelated third party consistent with Internal Revenue Service Publication 561.**

****Value of all donated new goods must be accompanied by an invoice or receipt from the contributor evidencing the net cost of the goods.**

Check the tax you intend to use this credit against. *(Choose only one tax)*

- State income tax on individuals or corporations Public service company franchise tax
 Financial institution franchise tax Insurance premiums tax [NAIC No. _____]

PART II - NONPROFIT ORGANIZATION CONCURRENC *(Completed by nonprofit)*

I have examined this application and all attachments and believe it to be an accurate description of the contributions received by our organization from the contributor named herein for the purpose of carrying out the project approved for the Community Investment Tax Credit Program.

Project I.D. No.: 925 Telephone Number _____

Submitted by: _____
(Name of Nonprofit organization)

By: _____
(Signature) (Print name and title) (Date)

PART III - STATE APPROVAL *(Completed by the Department)*

Qualifying contribution(s): \$ _____

Amount of tax credit: \$ _____

Approved by: _____ Ronald D. Water _____
(Signature) Deputy Director (Date)

SEND TO:
Community Investment Tax Credit Program
Department of Housing and Community Development
100 Community Place
Crownsville, MD 21032