

*** 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
 Insurance premiums tax [NAIC No. _____]

PART II - NONPROFIT ORGANIZATION CONCURRENCE (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.: _____ 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. Waters / /
(Signature) Deputy Director (Date)

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