

# Indiana Housing & Community Development Authority

**\*Please mail this form back to the Recipient Organization Below\***

*Neighborhood Assistance Tax Credit (NC 10 Form)*

\*= required information/action

<b>Contributor Information:</b>	(Please complete shaded sections in this column)
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Name of Contributor*	
Social Security or Federal Identification Number*	
Address*	
City, State, Zip*	
Telephone Number*	
Email Address	

**Donor Acknowledgement:**

Pursuant to IC 6-3.1-9-3, the credit provided by the Neighborhood Assistance Program shall only be applied against any state tax liability owed by the taxpayer after the application of any credits, which under IC 6-3.1-1-2 must be applied before the credit provided under the Neighborhood Assistance Program. In addition, the tax credit which a taxpayer receives under the Neighborhood Assistance Program may not exceed twenty-five thousand dollars (\$25,000) for any taxable year of the taxpayer.

If a business firm that is: 1) exempt from adjusted gross income tax (IC 6-3-1 through IC 6-3-7) under IC 6-3-2-2.8(2); or 2) a partnership; does not have any tax liability against which the credit provided by the Neighborhood Assistance Program may be applied, a shareholder or a partner of the business firm is entitled to a credit against the shareholder's or the partner's liability under the adjusted gross income tax.

The amount of the credit provided by this section is equal to: 1) the tax credit determined for the business firm for the taxable year under IC 6-3.1-9-3; multiplied by 2) the percentage of the business firm's distributive income to which the shareholder or the partner is entitled.

The credit provided by this section is in addition to any credit to which a shareholder or partner is otherwise entitled under this chapter. However, a business firm and a shareholder or partner of that business firm may not claim a credit under this chapter for the same investment.

Date*	
Signature of Contributor*	
By signing this form, I acknowledge that I have read the information.	

**Credit Computation:**

Date of Contribution	
Type of Donation	
Amount of Contribution	
Tentative Credit Amount	

**Recipient Organization Information & Certification:**

Name of Organization	Amethyst House, Inc.
NAP Organization's Program Number	2016-NP-005
Federal Identification Number	35-1499772
Address	P.O. Box 11, Bloomington, IN 47402
Signature of Executive Director	
Date	