

Donor Contribution Form

Please mail this form back to the Recipient Organization Below

Neighborhood Assistance Tax Credit

*= required information/action

Contributor Information:		(Please complete shaded sections in this column)
Name of Contributor*		
Social Security or Federal Identification Number*		
Address*		
City, State, Zip*		
Telephone Number*		
Email Address		
Contributor's tax year ending*		

Donor Acknowledgment:

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 Donor Acknowledgment information above.	

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	2019-NP-005
Federal Identification Number	35-1499772
Address	P.O. Box 11, Bloomington, IN 47402
Signature of Executive Director	
Date	

NAP Instructions & Guidelines

Amethyst House has received \$11,399 in NAP credits as of July 1, 2019
We can accept cash, check, or credit card.
Minimum donation is \$100.

Form:

NC-10 form with an original signature must be submitted.

Please mail to:

Amethyst House
Attn: Gina Lovell
PO Box 11
Bloomington, IN 47402.

If you have any questions please feel free to call Gina at 812-336-3570 ext 203

Or email glovell@amethysthouse.org

Contributions from Families or Couples:

PROVIDE ONE NAME & SSN ONLY

- If the couple files a joint tax return, list only the name and social security number of the **head of household** on the NC-10 form.
- If the couple files separate tax returns, only one person may claim the credit. The name and social security number of the donor whose tax return the credit should be tied to must be shown on the NC-10 form.
- If a couple wants to make a single contribution, files separately, and wishes to divide their credits, please complete 2 forms to send in with your check or checks.

Tax Credit vs Tax Deduction:

Example: Tax payer income \$40,000, tax rate 25%, = \$10,000 tax liability

A tax **deduction** reduces a taxpayer's **taxable income**.

Tax payer has \$1,000 in tax deductions:

- \$40,000 - \$1,000 deduction = \$39,000 @ 25% rate = \$9,750 tax liability

A tax **credit** reduces the taxpayer's **tax liability**

Tax payer donates \$2,000 and receives \$1,000 in tax credits:

- \$40,000 @ 25% rate = \$10,000 - \$1,000 tax credit = \$9,000 tax liability

NOTE: Please do not return this page, this is for your information only.