



**MASSACHUSETTS
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
2015 COMMUNITY INVESTMENT TAX CREDIT (CITC) PROGRAM**

QUALIFIED INVESTMENT FOR COMMUNITY INVESTMENT TAX CREDIT

Individuals, corporations and other entities that make a cash contribution resulting in the qualified investment to an awarded Community Development Corporation (CDC) or Community Support Organization (CSO), referred to as a Community Partner, or to a Community Partnership Fund will earn tax credits equal to fifty percent (50 %) of the total qualified investment made by the taxpayer, subject to the limits prescribed in M.G.L. c. 62, § 6M and c. 63, § 38 EE. The Massachusetts Department of Housing and Community Development (DHCD) will issue a CITC interim certification in a form to be completed by the taxpayer for submission to the Massachusetts Department of Revenue which, in turn, will issue a Tax Credit Certificate.

PART I – TAXPAYER INFORMATION:

A. TAXPAYER INFORMATION: This section is to be completed by the investor taxpayer(s). Please note that pass-through entity taxpayers not claiming the credit at the entity level must also complete Part I, Section B. Additionally, taxpayers identifying as an employer pursuant to M.G.L c. 151A §1 and provisions of §§ 8 and 8A must also complete Part I, Section B.

1. Taxpayer Filing Status: Individual Joint Business

Taxpayer Name(s) (as listed on tax filing): _____

2. Address (as listed on tax filing): _____

3. Telephone number: _____ Email address: _____

4. Taxpayer’s taxable year as reported to the Massachusetts Department of Revenue.
(If a fiscal year, please specify dates.)

Calendar Year (January-December) _____ or Fiscal Year / / to / /

Taxpayer’s Business Type or Status: (Circle the category which best applies to the taxpayer making the investment; select only one)

- | | |
|----------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> 001–Construction | <input type="checkbox"/> 007–Business Services |
| <input type="checkbox"/> 002–Accounting Services | <input type="checkbox"/> 008–Health Services |
| <input type="checkbox"/> 003–Transportation/Communications/Utilities | <input type="checkbox"/> 009–Legal Services |
| <input type="checkbox"/> 004–Wholesale/Retail Trade | <input type="checkbox"/> 010–Education Services |
| <input type="checkbox"/> 005–Finance Institution | <input type="checkbox"/> 011–Individual |
| <input type="checkbox"/> 006–Insurance/Real Estate | <input type="checkbox"/> 012–Other (describe): _____ |

Investment Information:

1. Date of Investment: / /
2. Amount of Investment to Community Partner or Community Partnership Fund (UWMB):
\$ _____
3. Name of recipient Community Partner or Community Partnership Fund (UWMB):

Taxpayer(s) relationship to Community Partner:

I/we have received and or expect to *receive payment* for goods and/or services in excess of \$1,000 from this Community Partner in this year or the preceding year.

- Yes No

If yes, describe the contractual relationship with the Community Partner and the goods and/or services provided: _____

B. TAXPAYER INFORMATION CONTINUED:

Employer Investors:

Employer taxpayers must attach a certificate of compliance from the Department of Unemployment Assistance to this application. The certificate must be dated no more than 90 days prior to the submission of this application to DHCD and may be obtained online through the employer's UI account at <http://www.mass.gov/lwd/unemployment-insur/employers/>

- This investment is made by an employer taxpayer, Certificate of Compliance attached*
 *This investment is **NOT** made by an employer taxpayer*

Pass-Through Entities:

Is the taxpayer named in Section A, a pass-through entity? Yes No

If yes, indicate type of pass-through entity/taxpayer:

- Trust Partnership Corporation S Corporation, or
 Other (describe) _____

If yes, will the credit be claimed at the entity level? Yes No

If no, please complete other claimant information below on page 3.

OTHER CLAIMANT INFORMATION (if applicable): (This section is to be completed by the Community Partner or Community Partnership Fund (United Way of Massachusetts Bay) in consultation with the managing partner, managing shareholder, managing member, or trustee, or the partner, shareholder, beneficiary, or other owner of a pass-through entity taxpayer who is claiming the credit in lieu of the pass-through entity taxpayer. Note: **The sum of the allocable credit to each claimant must equal the total allowable credit.**

1. Claimant (Name): _____

Claimant address: _____

Pro rata share or other amount of allowable credit: _____.

Claimant Taxable Year: 2015 Calendar Year (Jan-Dec) **or** Fiscal Year / / to / /

2. Claimant (Name): _____

Claimant address: _____

Pro rata share or other amount of allowable credit: _____.

Claimant Taxable Year: 2015 Calendar Year (Jan-Dec) **or** Fiscal Year / / to / /

3. Claimant (Name): _____

Claimant address: _____

Pro rata share or other amount of allowable credit: _____.

Claimant Taxable Year: 2015 Calendar Year (Jan-Dec) **or** Fiscal Year / / to / /

4. Claimant (Name): _____

Claimant address: _____

Pro rata share or other amount of allowable credit: _____.

Claimant Taxable Year: 2015 Calendar Year (Jan-Dec) **or** Fiscal Year / / to / /

5. Claimant (Name): _____

Claimant address: _____

Pro rata share or other amount of allowable credit: _____.

Claimant Taxable Year: 2015 Calendar Year (Jan-Dec) **or** Fiscal Year / / to / /

NOTICE AND WAIVER: The statute authorizing the Community Investment Tax Credit Program (CITC), requires the Department of Housing and Community Development to make information available to the Department of Revenue and vice-versa, including identification of the Community Partner, the type and amount of Qualified Investment, and the Taxpayer identity. In signing this Qualified Investment Certification, the Community Partner and the Taxpayer 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 taxpayer's eligibility under Program requirements and under tax laws or other requirements affecting the taxpayer. The Department of Housing and Community Development, the Community Partner and the Fund Administrator, make no representations about tax consequences in connection with a particular Qualified Investment.

I/we hereby certify that I/we are not an employee of the above-named Community Partner. I/we further certify that this qualified investment is not being made by another Community Partner designated by DHCD.

I/we certify that if we disclosed receipt of payment for goods and services from this Community Partner in excess of \$1,000, this qualified investment is entirely independent of such relationship.

I/we certify disclosure of any goods and services received in exchange for my/our cash contribution to the named Community Partner and/or Community Partnership Fund and understand that the good faith estimate of the fair market value of those goods and/or services received in exchange for the cash contribution has been deducted from the cash contribution amount in calculating the qualified investment and corresponding tax credit amount, unless that amount is determined to be insubstantial. Goods and services received by a Community Partner or Community Partnership Fund will be considered to have insubstantial value if the good faith estimate of the fair market value of those goods and/or services is determined to be \$102.00 or less.*

Submitted by: (Name of taxpayer):

By: _____
(print name)

Title: _____
(if applicable)

(Signature)

Date:

By: _____
(print name, joint taxpayer)

Title: _____
(if applicable)

(Signature)

Date:

PART II – COMMUNITY PARTNER OR FUND ADMINISTRATOR: *(This section is to be completed by the Community Partner or the Partnership Fund Administrator.)*

QUALIFIED INVESTMENT INFORMATION:

Date of 2015 Investment: ____/____/2015

Did this taxpayer make a contribution to the same Community Partner in 2014? Yes No
If yes, amount of 2014 contribution: \$ ____

QUALIFIED INVESTMENT AND CALCULATION:

*Eligible, qualified investments shall be based on the cash contribution amount reduced by the good faith estimated fair market value of goods and/or services received in exchange for the contribution to the community partner, unless the goods and/or services received in exchange are considered of insubstantial value. Goods and/or services which have a good faith estimated fair market value of \$102 or less will be considered of insubstantial value.**

a. Were any goods or services received in exchange for this contribution? Yes No

b. If yes, is the good faith estimated fair market value of the goods or services received in exchange insubstantial? Yes No*

b. Calculation:

Amount of Cash Contribution: \$ ____
Estimated Fair Market Value
(enter "0" if the amount is determined to be insubstantial): (\$ ____)
Eligible Qualified Investment: \$ ____

**Adopted by analogy to IRS Publication 1771 (Rev. 7-2013), Charitable Contribution, Substantiations and Disclosure Requirements*

NOTICE, WAIVER, AND DISCLAIMER:

NOTICE AND WAIVER: *The statute authorizing the Community Investment Tax Credit Program (CITC), requires DHCD to make information available to the Department of Revenue and vice-versa, including identification of the Community Partner, the type and amount of Qualified Investment, and the Taxpayer identity. In signing this Qualified Investment Certification, the Community Partner and the Taxpayer 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 taxpayer's eligibility under Program requirements and under tax laws or other requirements affecting the taxpayer. The Department of Housing and Community Development, the Community Partner and the Fund Administrator, make no representations about tax consequences in connection with a particular Qualified Investment.*

I hereby certify, to the best of my knowledge, that the above-named taxpayer is not an employee of the above-named Community Partner.

I certify that to the best of my knowledge, that this qualified investment is not being made by another Community Partner designated by DHCD. To the best of my knowledge, receipt of payment for goods and services from this Community Partner in excess of \$1,000 is disclosed above, this qualified investment is entirely independent of such relationship.

I/we certify disclosure of any goods and services received in exchange for the cash contribution to the named Community Partner and/or Community Partnership Fund and understand that the good-faith estimate of the fair market value of those goods and/or services received in exchange for the cash contribution has been deducted from the cash contribution amount in calculating the qualified investment and corresponding tax credit amount, unless that amount is determined to be insubstantial. Goods and services received by a Community Partner or Community Partnership Fund will be considered to have insubstantial value if the good faith estimate of the fair market value of those goods and/or services is determined to be \$102.00 or less.*

I/we have examined this application and all attachments and attest to an accurate description of the value of the Investment(s) received by our organization from the taxpayer named herein for the purpose of carrying out the approved Community Investment Plan for the Community Investment Tax Credit Program.

Signature: _____ Date: _____

Contact Name (Print Name and Title): _____

Name of Community Partner or Fund Administrator: _____

REQUIRED DOCUMENTATION: (check all that apply)

- Copy of Thank You Letter/Acknowledgement of Investment from Community Partner or Fund Administrator
- Department of Unemployment Assistance Certificate of Compliance, applicable if the taxpayer identified as an employer
- Other (Describe: _____)

SEND COMPLETED FORM AND REQUIRED DOCUMENTATION TO: Massachusetts Department of Housing and Community Development, Community Investment Tax Credit Program, 100 Cambridge St., Suite 300, Boston, Massachusetts 02114.