



# Early Election LIHC Low-Income Housing Credit Notification

2014

**Massachusetts**  
**Department of**  
**Revenue**

**For calendar year 2014 or taxable year beginning**

**and ending**

Name of project owner

Social Security or Federal Identification number

Street address

City/Town

State

Zip

Name of project

Building identification number

Street address

City/Town

State

Zip

The undersigned is electing to make an early credit election of the Massachusetts low-income housing credit and is notifying the Department of Revenue of this election pursuant to 760 CMR 54.09(3) and 54.09 (4).

Signature of project owner

Date

Name of contact person

Telephone number

Mail completed form to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, Attn.: Low-Income Housing Unit.**