



**Massachusetts Department of Revenue**  
**Early Election Schedule LIHC**  
**Low-Income Housing Credit Notification**

**2015**

For calendar year 2015 or taxable year beginning			and ending
Name of project owner	Federal Identification number	Social Security number	
Street address			
City/Town	State	Zip	Phone number
Name of project	Building Identification number		
Street address			
City/Town	State	Zip	Phone number

**Declaration**

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	Phone number

Mail completed form to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Chelsea, MA 02150; attn.: Credit Unit.**