



**Massachusetts Department of Revenue**  
**Certificate LIHC**  
**Low-Income Housing Credit Allotment**

**2018**

**For calendar year 2018 or taxable year beginning**

**and ending**

Name of recipient

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

Name of project owner

Federal Identification number

Street address

City/Town

State

Zip

Phone number

**Taxpayer's credit share**

This statement is issued by the owner of a project that is eligible to claim the Massachusetts Low-Income Housing Credit (LIHC) to each recipient to whom the owner has allocated a portion of the LIHC in accordance with the organizational documents governing the owner. The recipient should enter the amount of the credit being received from the project on the LIHC line of the appropriate tax return. Retain this statement with your records.

**Allotment information**

**1** Amount of allotment credit ..... **1**

**2** Date of filing of Election of Early Tax Credit (if applicable) \_\_\_\_\_