

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

2025

For calendar year 2025 or taxable year beginning	and ending			
Name of recipient	Federal Identification number		Social Security number	
Street address				
Dity/Town	State	Zip	Phone number	
lame of project	Building Identification number		Certificate number	
Street address				
Dity/Town	State	Zip	Phone number	
lame of project owner	Federal Id	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 elig whom the owner has allocated a portion of the LIHC in acco the amount of the credit being received from the project on the	rdance with the org	ganizational documents g	governing the owner. The recipient should enter	
Allotment information				
1 Amount of allotment credit			1	
2 Date of filing of Election of Early Tax Credit (if applicable	e)			