

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

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For calendar year 2025 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		Certificate number	
Street address				
City/Town	State	Zip	Phone number	

## **Declaration**

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