



Indiana Housing & Community Development Authority

Indiana Housing and Community Development Authority
Donor Contribution Form

Contributor Information (To be completed by the contributor and the qualified Neighborhood Assistance Organization)

Form with fields for Name of contributor, Social Security or Federal Identification Number, Address, Telephone number, City, State, Zip Code, and Contributor's tax year ending.

Credit Computation

(Contributor must sign below, provide proof of payment and/or a statement of the value of any materials donated)

Form with fields for Date of contribution and Agreement Number (2023-NP-005).

Table with 4 rows for credit computation: 1. Total Amount of contribution, 2. Multiply line 1 by 50%, 3. Tentative amount of credit, 4. NAP Eligible Contribution.

* Contributors may only claim \$25,000 in total NAP Tax Credits in any one calendar year, even if they contribute to multiple organizations.

Donor Acknowledgement:

Pursuant to IC 6-3.1-9-3, the credit provided by the Neighborhood Assistance Program shall only be applied against any state tax liability owed by the taxpayer after the application of any credits...

If a business firm that is: 1) exempt from adjusted gross income tax (IC 6-3-1 through IC 6-3-7) under IC 6- 3-2-2.8(2); or 2) a partnership; does not have any tax liability against which the credit provided by the Neighborhood Assistance Program may be applied...

The amount of the credit provided by this section is equal to: 1) the tax credit determined for the business firm for the taxable year under IC 6-3.1-9-3; multiplied by 2) the percentage of the business firm's distributive income to which the shareholder or the partner is entitled.

The credit provided by this section is in addition to any credit to which a shareholder or partner is otherwise entitled under this chapter. However, a business firm and a shareholder or partner of that business firm may not claim a credit under this chapter for the same investment.

Signature of contributor

Approved Neighborhood Assistance Organization

Form with fields for Name of Organization (Amethyst House, Inc.) and Signature of Authorized Official.

Form with fields for Address, City, State, Zip Code (P.O. Box 11, Bloomington, IN 47402).

If a contributor's expected credit is denied by IDOR, the contributor should first contact the organization above, to ensure their donation and contact information were correctly reported; an incorrect SSN is the most common mistake that causes a denied credit.