

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

Name of contributor			Social Security or Federal Identification Number		
Address			Contributor's tax year ending		
City	State	Zip Code	Phone Number		

Credit Computation

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

Date of contribution		Agreement Number	
1. Total Amount of contribution. <i>Describe type:</i> _____	1.	\$	
2. Multiply line 1 by 50% (x .50)	2.	\$	
3. Tentative amount of credit: lesser of line 2 or \$25,000* or organization's remaining available credits	3.	\$	
4. <i>NAP Eligible Contribution to be reported to IHCD and IDOR: multiply line 3 by 200%, (x 2)</i>	4.	\$	

* Contributors may only claim \$25,000 in total NAP Tax Credits in any one calendar year, even if they contribute to multiple organizations. If contributor donates to multiple organizations and their total donations are more than \$50,000, the above credit on line 3 may not be honored. It is the responsibility of the contributor to track their donations and their total expected tax credits; the Neighborhood Assistance Organization is only responsible for tracking the credits for the donations it receives directly.

Signature of contributor ►

Approved Neighborhood Assistance Organization

Name of Organization		Signature of Authorized Official	
Address	City	State	Zip Code

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. If everything appears to have been correctly reported, the organization should contact IHCD at nap@ihcda.in.gov to ask for further assistance.