

SHPO HISTORIC TAX CREDIT APPLICATION - Part 3

Application questions for Part 3 of the State Historic Tax Credit are listed below. Upon submittal, applicants will receive a subsequent email requesting the following information:

- Photos (detailed) of all areas where work was completed, exterior and interior
- Map key for photos
- Completion Documentation: Official item to demonstrate project is complete
- Completed Tax Assignment Form(s) for each entity/person (except current owners) to which any portion of the tax credits are to be assigned
- Any other pertinent information that should be considered in determining completed project has met the Secretary of the Interior's Standards for Rehabilitation
- Application fees

An application is not considered complete until all information, documents and payments are submitted.

Application Questions:

RESOURCE INFORMATION

- Project Number
- Historic Property Name if Known (as applicable)
- Street Address (address of where property is located, NOT mailing address)
- City, Village or Township
- County
- Zip Code

DATA ON REHABILITATION PROJECT

- Total Project Costs (non QREs + QREs) \$
- Qualified Expenses Attributed Solely to Rehabilitation of the Resource \$
- Date of Part 2 Approval
- Date Rehabilitation Work on this Resource Began
- Date Rehabilitation Work on this Resource was Completed

- Are These Credits Being Assigned or Reassigned?
 - Yes
 - No

Tax Credit Assignment: Instructions on uploading Tax Credit Assignment Form(s) will be provided upon receipt of your application.

APPLICANT INFORMATION

- Applicant First Name
- Applicant Last Name
- For Co-Owner or for Married Owners: First Name (as applicable)
- For Co-Owners or for Married Owners: Last Name (as applicable)
- Organization Name
- Mailing Address
- City
- State
- Zip Code
- Phone Number
- Email Address
- Social Security Number(s) or Tax Payer ID number(s)
- For additional Owner: Social Security Number(s) or Tax Payer ID number(s) - as applicable

PROJECT CONTACT (IF DIFFERENT THAN APPLICANT)

- Project Contact First Name
- Project Contact Last Name
- Project Contact Organization Name
- Street Address
- City
- State
- Zip Code
- Phone number
- Email

ECONOMIC DATA

- Property Value Before Rehabilitation \$
- Property Value After Rehabilitation \$
- Labor Hours Generated
- State Sales Taxes Generated By Project \$
- Local Sales Tax Generated By Project \$
- State Income Tax Generated By Project \$
- Local Income Tax Generated by Project \$
- Anticipated Jobs Added
- Anticipated Annual Payroll Added \$
- Anticipated State Annual Income Tax \$
- Anticipated Local Annual Income Tax \$
- Anticipated Annual State Sales Tax \$
- Anticipated Annual Local Sales Tax \$

APPLICATION CERTIFICATION

- You must be able to answer "yes" to the question below to submit your application.

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that I am a Qualified taxpayer as set forth in subsection 266(a)(16)(j) or subsection 676(16)(j) of PA 343 of 2020

- Yes

As your signature, please type your full name.

For Additional Owner: As your Signature, please type your full name. (as applicable)