

Indiana Housing and Community Development Authority Neighborhood Assistance Program (NAP) Donor Contribution Form

Completed and signed copies of this form are to be retained by both the Neighborhood Assistance Organization and the Contributor. Tax credit is to be claimed on the Contributor's Indiana State Taxes on Schedule 6, line 6, using code 828.

Contributor Information (To be completed by the Contributor and the qualified Neighborhood Assistance Organization)									
Name of Contributor				Social Security or Federal Identification Number					
Address				Telephone Number					
City	State	Zip Code		Tax Return Year to Claim Credi	edit (Calendar Year of Contribution)				
		•							
Credit Computation									
(Contributor must read the information provided on both pages of this form, sign below and provide proof of payment and/or a statement of the value of any materials donated)									
Date of Contribution Award Number (From Neighborhoo					od Assistance Organization)				
Total amount of Donor Contribution Describe type:						,			
						\$			
2. Line 1 multiplied by 50% (x .50)						_			
						\$			
3. Tentative amount of NAP tax credit to be claimed by Contributor on Indiana Taxes: lesser of line 2 or \$25,000* or organization's remaining available credits						\$			
						Ψ			
4. NAP Eligible Contribution to be reported to IHCDA by Neighborhood Assistance									
Organization: line 3 multiplied by 200% (x 2)						\$			
*Contributors may only claim \$25,000 in donates to multiple organizations and 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. Further, NAP Tax Credits shall only be applied against any state tax liability owed by the contributor after the application of									
any credits that, under IC 6-3.1-1-2, mus meaning if a donor's credit is more than t	t be applied before	the credit provided under	the Nei	ighborhood Assistance Program. F					
Signature of Contributor ►									

Approved Neighborhood Assistance Organization								
Name of Organization	Signature of Authorized Recipient							
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 IHCDA at nap@ihcda.in.gov to ask for further assistance.