

Application for Neighborhood Assistance Program (NAP) State Tax Credits
Shalom Community Center, Inc. # 2016-NP-208

The Shalom Community Center's limited number of state credits for 50% of the amount contributed will be issued on a first-come, first-served basis to donors who correctly complete this application and deliver it with a check for at least \$100.00 and no more than \$2,000. Checks should be made out to "Shalom Community Center", **dated July 1, 2016 or later, and have 2016-NP-208 in the memo line.** Checks can be mailed to the Center at P.O. Box 451, Bloomington, IN 47402-0451 or hand-delivered to our office at 620 S Walnut St during our working hours (8am-4pm, Monday through Friday).

Shalom files its NAP tax credit information electronically, so **it is imperative that all of the following information be provided with your check and returned in the envelope provided.**

Name of Contributor (only one name) _____

Address of the Contributor _____
Street (with Apt # if applicable) (City) (State) (ZIP)

Social Security or Federal Identification Number of the person named above _____

Phone: _____ E-mail: _____

Date on the check? (Must be July 1, 2016 or later) ____/____/2016

Signature on check? (Must match the name of contributor above) Please circle: Yes

Amount of the Check \$ _____ Amount of tax credit (50% of the amount of the check) \$ _____

Please Check All That Apply:

- I would like to make a donation of between \$100 and \$2,000 to support the Shalom Community Center. I understand that NAP credits are limited and will be distributed on a first-come, first-served basis.
- In the event that all NAP credits awarded to the Shalom Community Center have been distributed when my donation is received, please keep my contribution and use it to fight homelessness, hunger, and poverty in Monroe County.
- In the event that all NAP credits awarded to the Shalom Community Center have been distributed when my donation is received, please return my donation to me.
- I do not need NAP credits. Keep my full donation.
- I cannot make a contribution of \$100 at this time, but please accept my contribution of \$ _____.
- I would like to keep my donation anonymous.

SIGNATURE OF THE CONTRIBUTOR NAMED ABOVE _____

QUESTIONS? If you have any questions, please contact Dorothy Granger (phone 812-334-5734; e-mail dorothy@shalomcommunitycenter.org)

THANK YOU. Your support makes a tremendous difference in the lives of people in poverty.

[Please fill in both sides]

**NEIGHBORHOOD ASSISTANCE CREDITS
DONOR ACKNOWLEDGMENT FORM**

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, which under IC 6-3.1-1-2 must be applied before the credit provided under the Neighborhood Assistance Program. In addition, the tax credit which a taxpayer receives under the Neighborhood Assistance Program may not exceed twenty-five thousand dollars (\$25,000) for any taxable year of the taxpayer.

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, a shareholder or a partner of the business firm is entitled to a credit against the shareholder's or the partner's liability under the adjusted gross income tax.

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.

I have reviewed the information contained on this form.

Donor Name: _____

Title, (if applicable) _____

Donor Signature: _____

Date: _____

[Please fill in both sides]