

## **New Markets Tax Credit Application**

## **Revenue Use Only**

Date Received

			PLEA	SE PRINT	OR TYPE.					
In	vestor/ Taxpayer Information									
Name		Telephone number								
Address	City	State	ZIP							
Who is the contact person of the taxpayer applying for Louisiana New Markets Tax Credits  Telephone number										
What type of entity is the taxpayer? If an LLC or partnership New Markets Tax Credits should be allocated among them.	o, list the members or partners and their perc	entages o	of ownership inte	rest. Expla	in how the					
Qualifi	ed Equity Investment Information									
1. Did the taxpayer make a qualified equity investment (QEI) within the meaning of section 45D of the Internal Revenue Code? If so, include documentation.										
2. What is the name and address of the Community Development Entity (CDE) that issued the QEI?										
3. What is the date and the amount of the QEI made into the	CDF?		\$_							
	Ууууу									
4. What is the date or the projected datemm/dd/yyyy	and the amount or the projected amount s	\$	of the	qualified lo	w-income					
community investment (QLICI) made into the qualified active of New Markets tax credits, but your New Markets Tax Credital has been identified.	-		-							
5. Did the QLICI investment exceed 7.5 million dollars?				□Yes	□No					
6. Is this QLICI issued by a single qualified active low-income be	1:2453(2)(b)(i)?	□Yes	□No							
7. Did you apply to LED for certification of your target industry?					□No					
If no, do you intend to? If you answered yes to this question, include a certification letter from the Louisiana Department of Economic Development (LED).					□No					
Name of O	ralificina Astiva I am Incomo Businas									
Name of Qu Name	alifying Active Low Income Business									
Address	City	State	ZIP							
Purpose of the business that received the qualified low-income community investment from CDE listed in question above. If more than one business, attach a schedule detailing the names, purposes and the amount of the QLICIs.										

Calculate the adjusted purchase pr then place in table below. If an LLC			with Revenue I	Ruling	08-011 and the for	mula below, and
Amount of QLICI on certain credit allowance date.	v	Amount of QLICI made on certain credit allowance date invested in Louisiana or to be invested  \$			Adjusted Pu	ırchase price.
	X	Amount of QLICI made on ce credit allowance date.	rtain	=		
		\$				
Name of Investor or Investor	or Mem	ber/Partner:				
Credit Allowance Date		Credit Amount			Allocated Perce	entage
Name of Investor or Investo	r Mem	ber/Partner:				
Credit Allowance Date		Credit Amount			Allocated Perce	entage
Name of Investor or Investo	or Mem	ber/Partner:				
Credit Allowance Date		Credit Amount			Allocated Perce	entage
Name of Investor or Investo	or Mem	ber/Partner:				
Credit Allowance Date		Credit Amount			Allocated Perce	entage
I attest and affirm that the information indication of a misrepresentation of the of the misrepresentation.						
Print Taxpayer Name	Print Ta	xpayer Representative Taxpayer Representative or Taxpayer Signature Date (mm/dd/yyyy)				

**Note:** This application will be processed in the order received. Once this application is processed, you will receive a New Markets Tax Credit Summary Sheet. Use the New Markets Tax Credit Summary Sheet to claim and transfer the New Markets Tax Credit. For additional information regarding the New Markets credit, contact the Special Programs Division at 225 219 2200.