

New Markets Tax Credit Application

Revenue Use Only

Date Received

PLEASE 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	centages o) of ownership inter	est. Explaiı	n how the					
Qualifi	ed Equity Investment Information									
Qualified 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	e CDE?	/_ mm/dd/								
4. What is the date or the projected date/ and the amount or the projected amount \$ of the qualified low-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 business which is designated as a target industry in R.S. 51:2453(2)(b)(i)?										
7. Did you apply to LED for certification of your target industry		Yes	■No							
If no, do you intend to? If you answered yes to this question Louisiana Department of Economic Development (LED).		Yes	No							
Name of Qu	ualifying Active Low Income Busines	s								
Name										
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 c ance date invested in Louisiana or to \$			Adjusted Pu	chase price.
	X	Amount of QLICI made on ce credit allowance date.	rtain	=		
		\$				
Name of Investor or Investo	r Mem	ber/Partner:				
Credit Allowance Date		Credit Amount			Allocated Perce	entage
Name of Investor or Investor	or Mem	ber/Partner:				
Credit Allowance Date		Credit Amount			Allocated Perce	entage
Name of Investor or Investor	or Mem	ber/Partner:				
Credit Allowance Date		Credit Amount			Allocated Perce	entage
Name of Investor or Investor	r 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	Expayer 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.