

Date Received

PLEASE PRINT OR TYPE.

| Investor/ Taxpayer Information   |   |                 |                                       |  |  |  |
|--|---|-----------------|---------------------------------------|--|--|--|
| 1a. Name   |   | 1b. Telepł<br>( | none number<br>)                      |  |  |  |
| 1c. Address  | 1d. City  | 1e. State       | 1f. ZIP                               |  |  |  |
| 2a. Who is the contact person of the taxpayer applying for L   | ouisiana New Markets Tax Credits  | 2b. Teleph<br>( | none number<br>)                      |  |  |  |
|  | <ol> <li>What type of entity is the taxpayer? If an LLC or partnership who are the members or partners, what are the percentages of their ownership interests<br/>and explain how the New Markets Tax Credits should be allocated among them.</li> </ol>  |                 |                                       |  |  |  |
| Qualif   | ied Equity Investment Information   |                 |                                       |  |  |  |
| 4. Did the taxpayer make a qualified equity investment (QEI)   |   | al Revenue      | e Code? If so, include documentation. |  |  |  |
| 5. What is the name and address of the Community Develo  | opment Entity (CDE) that issued the QEI?  |                 |                                       |  |  |  |
| 6. What is the date and the amount of the QEI made into the  | he CDE?   |                 |                                       |  |  |  |
| investment (QLICI) made into the qualified active low-income   | 7. What is the date or the projected date(mm/dd/yyyy) and the amount or the projected amount \$ of the qualified low-income investment (QLICI) made into the qualified active low-income business? If the QLICI has not yet been made, you will receive a valid allocation of New Markets tax credits but, your New Markets Certification form will not be issued until the qualified active low income community business has been identified. |                 |                                       |  |  |  |
| 8a. Did the QLICI exceed five (5) million dollars?   | es ⊡No  |                 |                                       |  |  |  |
| 8b. Is this qualified low-come investment issued by a sin 51:2453(2)(b)(i)?         ☐ Yes  | gle qualified active low-income business wh   | nich is des     | signated as a target industry in R.S. |  |  |  |
| 8c. Did you apply to LED for certification of your target indus         If not, do you intend to?  |   |                 |                                       |  |  |  |
| ad. If you answered yes to 8a, 8b and part one of 8c, then include a certification letter from the Louisiana Department of Economic Development (LED). If you elect not to seek a certification letter or if you have not received a certification letter from LED, your New Markets Certification form will be issued for an investment not to exceed five (5) million dollars. |   |                 |                                       |  |  |  |
| Name of Q  | ualifying Active Low Income Busines   | s               |                                       |  |  |  |
| 9a. Name   |   |                 |                                       |  |  |  |
| 9b. Address  | 9c. City  | 9d. State       | 9e. ZIP                               |  |  |  |
| Purpose of the business that received the qualified low-inc<br>attach a schedule detailing the names, purposes and the a   |   | l in questi     | on above. If more than one business,  |  |  |  |

|   |   | Calculation of Adjusted Purchase Price   |   |                                   |
|---|---|--|---|-----------------------------------|
|   |   | anniversary dates in accordance with Revenu<br>ership, use a table for each member or partner        |   | 08-011 and the formula below, and |
| Amount of QEI on certain credit allowance date. | v | Amount of QEI made on certain credit allowance<br>date invested in Louisiana or to be invested<br>\$ |   | Adjusted Purchase price.          |
|   | X | Amount of QEI made on certain<br>credit allowance date.<br>\$  | = |                                   |

| Name of Investor or Investor Member/Partner: |               |                      |                          |
|--|---------------|----------------------|--------------------------|
| Credit Allowance Dates                       | Credit Amount | Allocated Percentage | Percentage Credit Amount |
|  |               |                      |                          |
|  |               |                      |                          |
|  |               |                      |                          |
|  |               |                      |                          |
|  |               |                      |                          |

## Name of Investor or Investor Member/Partner:

| Credit Allowance Dates | Credit Amount | Allocated Percentage | Percentage Credit Amount |
|------------------------|---------------|----------------------|--------------------------|
|                        |               |                      |                          |
|                        |               |                      |                          |
|                        |               |                      |                          |
|                        |               |                      |                          |
|                        |               |                      |                          |

## Name of Investor or Investor Member/Partner:

| Credit Allowance Dates | Credit Amount | Allocated Percentage | Percentage Credit Amount |
|------------------------|---------------|----------------------|--------------------------|
|                        |               |                      |                          |
|                        |               |                      |                          |
|                        |               |                      |                          |
|                        |               |                      |                          |
|                        |               |                      |                          |

## Name of Investor or Investor Member/Partner:

| Credit Amount | Allocated Percentage | Percentage Credit Amount           |
|---------------|----------------------|------------------------------------|
|               |                      |                                    |
|               |                      |                                    |
|               |                      |                                    |
|               |                      |                                    |
|               |                      |                                    |
|               | Credit Amount        | Credit Amount Allocated Percentage |

I attest and affirm that the information detailed in this application is true and accurate to the best of my knowledge and I understand that upon the indication of a misrepresentation of the facts therein I am subject to legal and tax consequences, including a total recapture of credits granted as a result of the misrepresentation.

| Print Taxpayer Name | Print Taxpayer Representative | Taxpayer Representative or Taxpayer Signature | Date (mm/dd/yyyy) |
|---------------------|-------------------------------|---|-------------------|
|                     |                               | X   |                   |

**Note:** This application will be processed in the order received. Once this application is processed, you will receive a New Markets Certification Form. Use the New Markets Certification Form to claim and transfer the New Markets Tax Credit. For more information on how to claim and transfer this credit, refer to the proposed regulation LAC 61:1: 1911 available on the Department's website.

## Submit this application to: NewMarketTax.CreditApplication@la.gov