

Massachusetts Department of Revenue Certificate LIHC Low-Income Housing Credit Allotment

2021

For calendar year 2021 or taxable year be	ginning	and ending			
Name of recipient	Federal Identification number		Social Security number		
Street address					
City/Town	State	Zip	Phone number		
Name of project	Building lo	Building Identification number			
Street address					
City/Town	State	Zip	Phone number		
Name of project owner	Federal Id	Federal Identification number			
Street address					
City/Town	State	Zip	Phone number		
Taxpayer's credit share This statement is issued by the owner of a p whom the owner has allocated a portion of th the amount of the credit being received from	ne LIHC in accordance with the	e organizational docu	ments governing the owner. The recipient sho	ould enter	
Allotment information					
1 Amount of allotment credit		• • • • • • • • • • • • • • • • • • • •	1		
2 Date of filing of Election of Early Tax Cre	edit (if applicable)				