COMMONWEALTH OF VIRGINIA DEPARTMENT OF HISTORIC RESOURCES

DISCLOSURE OF OWNERSHIP

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM HISTORIC PRESERVATION CERTIFICATION APPLICATION

DHR Project No.

Instructions: If there is more than one owner of the building, this form must be submitted with the Request for Certification of Completed Work. All owners must be disclosed, and the allocation of the credit clearly set forth. Failure to provide this information could result in delay or denial of the credit by the Department of Taxation.

Name:			
Address:			
City: State:		Zip code:	
SSN or TIN:			
Percentage of Credit to be claimed by this taxpayer:Amount of credit to be claimed by this taxpayer: \$		_	
Name:			
Address: State:		Zip code:	
SSN or TIN:		23p court	
Percentage of Credit to be claimed by this taxpayer:Amount of credit to be claimed by this taxpayer: \$		_	
Name:			
Address:			
City: State:		Zip code:	
SSN or TIN: Percentage of Credit to be claimed by this taxpayer: Amount of credit to be claimed by this taxpayer: \$		_	
Name:			
Address:			
City: State:		Zip code:	
SSN or TIN:	0/		
Percentage of Credit to be claimed by this taxpayer:Amount of credit to be claimed by this taxpayer: \$		_	

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DISCLOSURE OF OWNERSHIP

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM

Continuation Sheet

This is Page _____ of ____

Name:			
Address:			
City: State:		Zip code:	
SSN or TIN:			
Percentage of Credit to be claimed by this taxpayer:	%		
Amount of credit to be claimed by this taxpayer: \$			
Y			
Name:			
Address:			
City: State:		Zip code:	
SSN or TIN:			
Percentage of Credit to be claimed by this taxpayer:	%		
Amount of credit to be claimed by this taxpayer: \$			
27			
Name:			
Address:			
City: State:		Zip code:	
SSN or TIN:			
Percentage of Credit to be claimed by this taxpayer:			
Amount of credit to be claimed by this taxpayer: \$		_	
Name:			
Address:			
City: State:		Zip code:	
SSN or TIN:		22p 00001	
Percentage of Credit to be claimed by this taxpayer:	%		
Amount of credit to be claimed by this taxpayer: \$			
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Nome			
Name:			
Address:			
City: State:		Zip code:	
CONT. PRINT			
SSN or TIN:			
Percentage of Credit to be claimed by this taxpayer:			

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