

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: _____
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: _____
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: \$ _____

This is Page _____ of _____

DISCLOSURE OF OWNERSHIP
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
Continuation Sheet

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: _____
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: _____
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: \$ _____

This is Page _____ of _____