

Virginia Department of Education
Neighborhood Assistance Tax Credit Program (NAP) for Education
Tax Credit Request (TCR) Form

1. Donor's Tax ID# (Provide only one SSN or EIN):
 (9 digit number, no hyphens)

2. Donor Name (Provide the name of the donor associated with the above Tax ID#).
a. Individual Donor (including Sole Proprietor):
 First Name M.I. Last Name Suffix

b. Business Donor (legal name):

3. Donor's Mailing Address:

4. City / Town, State, ZIP Code

 City / Town State ZIP

5. Donor's Phone Number:

 Primary Number Alternative Phone Number

6. Name of NAP Organization that received your donation:

7. Donation information for Individual (a.) or Business (b.):
a. Individual Donor (answer i – vi):

- i. Enter the tax credit percentage (If less than 65%, must attach the Tax Credit Percentage Agreement Form on the next page): %
- ii. Enter the Total Value of the Donation (Minimum donation required in a taxable year is \$500; maximum donation allowed in a taxable year is \$125,000): \$
- iii. Enter the value of any goods and services received in return for the donation. (If none, leave blank.): \$
- iv. Enter the total amount of all donations made in the taxable year to organizations approved under DSS and DOE: \$
- v. Enter the Date of Donation (All donations included on this TCR must be in the same taxable year. See TCR instructions.): / /
- vi. Type of Donation (Mark all that apply.):
 check (or money order) credit card payroll deduction electronic funds transfer marketable securities

b. Business Donor (answer i – viii):

- i. Enter the tax credit percentage (If less than 65%, must attach the Tax Credit Percentage Agreement Form on the next page): %
- ii. Enter the Total Value of the Donation (Minimum donation required is \$616 in a taxable year): \$
- iii. Enter the value of any goods and services received in return for the donation. (If none, leave blank.): \$
- iv. Enter the total amount of all donations made in the taxable year to organizations approved under DSS and DOE: \$
- v. Enter the Date of Donation (All donations included on this TCR must be in the same taxable year. See TCR instructions.): / /
- vi. Type of Donation (Mark all that apply.):
 check (or money order) credit card electronic funds transfer marketable securities
 rent/lease of facility motor vehicle professional services real estate
 merchandise donated for use by the NAP organization merchandise donated to be sold, auctioned, or raffled
- vii. If taxable year is other than a calendar year:
 1) Taxable year in which the donation was made: **20** and 2) Tax year begin date: / /
- viii. Type of Business Donor (Select only one.):
 Sole Proprietor Limited Liability Company (LLC) Partnership Private Limited Company (LTD)
 Corporation Limited Liability Partnership (LLP) Professional Corporation (PC) Public Limited Company (PLC)
 S-Corporation Limited Partnership (LP) Professional Association (PA) Professional Limited Liability Company (PLLC)
 Trust Other:

8. Certification by the Donor:
 I certify that the above information is accurate and describes a donation made to the approved non-profit Neighborhood Assistance Program (NAP) organization named above. I understand that this information will be shared with the Department of Taxation and the Department of Social Services for purposes of administering the Neighborhood Assistance Act Tax Credit program, and that failure to provide this information may limit my ability to claim the tax credit. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Department of Taxation.

 Date Signature

**Donor/authorized representative of donor must sign and return this form to the organization to which the donation was made.*

9. Certification by the Approved NAP Organization:
 I certify that the above described donation was received by this organization and appropriate documentation supporting the date and value of the donation indicated above is attached and will be maintained. I certify that no goods or services were provided to the donor in exchange for this gift. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Department of Taxation and the Virginia Department of Education may terminate this organization's eligibility to participate in the program.

 Date Printed Name Signature

**An authorized representative of the NAP organization must sign and submit the original TCR Form, along with appropriate documentation of the donation, to the Virginia Department of Education, 21st Floor, P.O. Box 2120, Richmond, VA 23218-2120, Attention: Neighborhood Assistance Tax Credit Program for Education. A state tax credit certificate will be issued to the donor by the Virginia Department of Education upon approval of the completed form and appropriate documentation.*

Virginia Department of Education
Neighborhood Assistance Tax Credit Program for Education
Tax Credit Percentage Agreement Form

Under §§ 58.1-439.21 and 58.1-439.24 of the *Code of Virginia*, individual and business firm donors may, by written agreement, accept a lesser tax credit percentage from a neighborhood organization for any otherwise qualified donation the donor has made.

Please complete the table below if the donor agrees to a reduced Neighborhood Assistance Tax Credit percentage. This form must be submitted with the Tax Credit Request (TCR) Form to the Virginia Department of Education in order to be issued a tax credit for a reduced percentage. **The Department will not approve a tax credit for a reduced percentage without a copy of this agreement form.**

1. Donor's Full Name (<i>Please provide only <u>one</u> (1) Name. This name must match the name on the TCR</i>):	_____
2. Organization that received the donation:	_____
3. Date of Donation as reported on the TCR:	____/____/____
4. Enter the Reduced Tax Credit Percentage:	____%
5. Enter the donation value as reported on TCR:	\$ _____
6. Enter the tax credit amount (Multiply Line 4 and Line 5).	\$ _____

7. Certification of Reduced Tax Credit Percentage by Approved Neighborhood Organization:

I, an authorized representative of the neighborhood organization listed above, agree to the reduced tax credit percentage, donation value and tax credit amount provided above. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Department of Taxation and the Virginia Department of Education may terminate this organization's eligibility to participate in the program.

Date Printed Name Signature

8. Certification of Reduced Tax Credit Percentage by Donor:

I, the above donor, certify that I agree to the reduced tax credit percentage provided above and that the above donation value and tax credit amount are accurate. I understand that this information will be shared with the Department of Taxation and the Department of Social Services for purposes of administering the *Neighborhood Assistance Act Tax Credit* program, and that failure to provide this information may limit my ability to claim the tax credit. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Department of Taxation.

Date Printed Name Signature

****A copy of this form must be attached to the donor's tax credit certificate issued by the Virginia Department of Education when filing the appropriate Virginia state tax return with the Virginia Department of Taxation.***