

State of Rhode Island Division of Taxation
Form HTC-V2
 Historic Structures Tax Credit Processing Fee Form

Name		Federal employer identification number	
Address			
Address 2			
City, town or post office	State	ZIP code	E-mail address

Part A - Project Information

- 1 Project name: _____
- 2 Project location: _____
- 3 Project number: _____

Part B - Processing Fee Calculation

1 Credit/Fee Structure Checked on May 15, 2008 Voucher Form a) 27% percent credit with a 5% processing fee b) 26% percent credit with a 4% processing fee c) 25% percent credit with a 3% processing fee	Credit %		
	Fee		
2 Estimated Qualified Rehabilitation Expenditures or Actual Qualified Rehabilitation Expenditures if Project is complete (whichever is lower)	2		
3 Total processing fee due (Line 2 times fee from line 1)	3		
4 Processing fee paid on May 15, 2008 (If this is a phased project, enter amount of fee associated with this completed phase only. If this is the final phase, include total fee paid.)	4		
5 Deposits made to RI Historical Preservation and Heritage Commission	5		
6 Amount due on March 5, 2009 or at completion of project, whichever comes first. Line 3 less lines 4 and 5. (Make check payable to RI Division of Taxation)	6		

Pursuant to R.I.G.L. 44-33.2-2 and 44-33.2-3, only projects that received Part I certification from the Rhode Island Historical Preservation and Heritage Commission prior to January 1, 2008 were eligible for tax credits under this chapter. Developers are required to pay a processing fee ranging from 3% to 5% of the Qualified Rehabilitation Expenditures of the certified historic structure. **2.25%** of the Qualified Rehabilitation Expenditures was due on or before **May 15, 2008**, with the balance due on or before **March 5, 2009, or at the completion of the project, whichever comes first.**

THIS FORM MUST BE COMPLETED AND SENT IN WITH PAYMENT TO THE DIVISION OF TAXATION, ALONG WITH THE COST CERTIFICATION REPORT, ALL SUPPORTING DOCUMENTATION, AND A BREAKDOWN OF CERTIFICATE HOLDER INFORMATION.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Developer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code
			PTIN

May the Division of Taxation contact your preparer? YES

Revised 03/2021