

State of Rhode Island Division of Taxation
Form HTC-14
 Historic Preservation Tax Credits 2013 Refund Request

Non-profit entity requesting refund			Federal employer identification number		
Address			Tax exempt status: Enter either 501(c)3, 501(c)4, or 501(c)6		
Address 2					
City, town or post office		State	ZIP code	E-mail address	

Pursuant to R.I. Gen. Laws § 44-33.6-3(e) credits may be allocated to partners, members or owners that are exempt from taxation under section 501(c)(3), section 501(c)(4) or section 501(c)(6) of the U.S. Code.

Entity that Incurred the Qualified Rehabilitation Expenditures:

- 1 Name: _____
- 2 Federal employer identification number: _____
- 3 Project name: _____
- 4 Project number: _____

5	Amount of Qualified Rehabilitation Expenditures approved by the Division of Taxation	5		
6	Amount of Historic Preservation Tax Credits 2013 credit	6		
7	Amount of credit from line 6 being allocated to this non-profit partner.....	7		
8	Relationship of requestor to entity that incurred the Qualified Rehabilitation Expenditures (partner, member)	8		

Address to which refund will be sent, if different from above:

The following information must be attached to this request:

- 1) The original Historic Preservation Tax Credits 2013 certificate**
- 2) A valid determination letter from the Internal Revenue Service certifying the tax exempt status of the requesting non-profit entity**
- 3) A copy of the executed partnership agreement**
- 4) A completed W-9 form**

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
Non-profit authorized signature	Print name	Date	Telephone number