

State of Rhode Island Division of Taxation  
**Form HTC-15**  
 Historic Structures Tax Credit 2013 Quarterly Report

Quarterly report: (check the applicable box)  <input type="checkbox"/> April 5  <input type="checkbox"/> July 5  <input type="checkbox"/> October 5  <input type="checkbox"/> January 5	Applicant name		Federal employer identification or social security number		
	Project name		Project number		
	Address 2				
	City, town or post office		State	ZIP code	E-mail address

**In accordance with Section 8 - "Timely Progress of Project Required" of the Agreement for Historic Preservation Tax Credits 2013: "Substantial Construction" Requirement.** The Applicant acknowledges and agrees that Substantial Construction on the Project must commence within twelve (12) months from the date on which the Applicant's Part 2 Application is approved by the Commission.

**Periodic Reports Required.** In order to demonstrate that the Project does not Remain Idle, the Applicant, or its successor in interest, must submit quarterly reports, with supporting documentation, to the Tax Division on or before the fifth day of April, the fifth day of July, the fifth day of October and the fifth day of January. Said reports shall briefly set forth the work or tasks accomplished and the number of individuals employed on the Project during the preceding quarter.

**Part A - Substantial Construction**

1 Date of Part 2 Certification by the RI Historical Preservation & Heritage Commission.....	1	
2 Has substantial construction begun on this project? If yes, enter the date substantial construction commenced.....	2	
3 Substantial construction costs incurred as of this quarterly report .....	3	
4 Substantial construction costs incurred as of the previous quarterly report .....	4	
5 Below briefly describe what substantial construction work has taken place during this quarter. Attach supporting documentation to this form.		
_____		
_____		
_____		
_____		
6 How many people did you employ during the course of this quarter? .....	6	

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