

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

1	Project name:		
2	Project location:		
	Project number: t B - Processing Fee Calculation Complete lines 1, 2, 3 and 7. If you wish to revise the amounts from lines 1 through 7. NOTE: You cannot receive more Historic Preservity what you initially applied for. If line 6 is more than line 3, you must a	n your vation chang	r Form HTC-13, complete Tax Credits 2013 than le line 4 or 5, or both.
1	Estimated Qualified Rehabilitation Expenditures from 2013 application - Form HTC-13	1	
2	Credit Percentage Elected - 20% or 25% from 2013 application - Form HTC-13	2	%
3	Estimated Historic Preservation Tax Credits 2013 from 2013 application - Form HTC-13	3	
4	Revised Estimated Qualified Rehabilitation Expenditures	4	
5	Revised Credit Percentage Elected - 20% or 25%	5	%
6	Revised Estimated Historic Preservation Tax Credits 2013 amountLINE 3 CREDIT AMOUNT	6	
7	Total processing fee due. Multiply line 1 or line 4, whichever is applicable, by 3% (0.0300)	7	

Make cashier's check or money order payable to the RI Division of Taxation. This fee is non-refundable. Pursuant to R.I.G.L. 44-33.6, Historic Preservation Tax Credits 2013, applicants are required to pay a non-refundable processing fee equal to 3% of Qualified Rehabilitation Expenditures as estimated on their Application for Rhode Island Historic Preservation Tax Credits 2013.

If you are revising the amount of Estimated Qualified Rehabilitation Expenditures for which you initially applied on your Application for Rhode Island Historic Preservation Tax Credits 2013, you acknowledge and agree that you waive all rights, claims and entitlements to Historic Preservation Tax Credits associated with the difference between the amount initially applied for (line 3) and the revised amount noted on line 6 above.

This 3% non-refundable processing fee must be paid prior to entering into a contract with the RI Division of Taxation under this program. Qualified applicants have 30 days from the date of Part 2 certification from the RI Historical Preservation & Heritage Commission to pay this non-refundable fee, and enter into a contract with the RI Division of Taxation.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, accurate and complete.									
Applicant signature	Print name		Date	Telephone number					
Applicant address	City, town or post office	State	ZIP Code						