

**Maryland Department of Housing and Community Development**  
**Community Investment Tax Credit Program**  
**DONOR ACKNOWLEDGEMENT**

*In order for a contribution to be eligible to receive tax credits from the Community Investment Tax Credit Program (the "Program"), this form must be completed and signed by both the Donor and the nonprofit organization (the "Awardee") that has been awarded those credits for its specified project - prior to any contribution being made. It is the responsibility of the Awardee to provide this form to the Donor and submit the form, completed by both the Donor and Awardee, to the Maryland Department of Housing and Community Development (the "Department"). **The Donor is required to submit this form for every tax year to every Awardee to which the Donor makes a contribution that is eligible for tax credits.***

**NOTICE AND WAIVER:** The statute authorizing the Program requires the Department to make information available to the Maryland General Assembly, Comptroller of Maryland, Maryland State Department of Assessments and Taxation, and the Maryland Insurance Administration. Information includes identification of the Awardee, a description of the project, the type and amount of contributions, and the Donor's identity and Social Security Number or Federal Tax Identification Number. In signing this form, the Donor acknowledges this obligation and, to the extent necessary, waives any rights to confidentiality in this or related information.

**DISCLAIMER:** The tax credit is based on the Donor's eligibility under Program requirements and under tax laws or other requirements affecting the Donor. Neither the Department nor the Awardee makes any representations about the tax consequences in connection with a particular contribution.

**DONOR INFORMATION:** *Please sign and complete the information below.*

**Donor Type:**  Individual     Business    Sole-Proprietorship

**Federal ID or SSN #:** \_\_\_\_\_

**Tax year (as reported to the IRS):**  Calendar Year     Fiscal Year (if not Calendar Year):  
\_\_\_\_\_ to \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: *(if applicable)* \_\_\_\_\_

Name of Business: *(if applicable)* \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Check the type of tax the Donor intends to use this tax credit against:** *(Mark only one).*

State income tax on individuals or corporations     Public service company franchise tax

Insurance premiums tax [NAIC No. \_\_\_\_\_]

**AWARDEE INFORMATION:** *Please sign and complete the information below.*

**Nonprofit Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Nonprofit Awardee: \_\_\_\_\_

Project Name: \_\_\_\_\_