

State of Rhode Island and Providence Plantations

Form HTC-V-2013

Historic Structures Tax Credit Processing Fee Form

Name	Federal employer identification number							
Address								
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 line	es 1 thro	ugh 7. NOTE: You car	u wish to revise the amounts fro nnot receive more Historic Prese ne 6 is more than line 3, you mus	rvatio	n Tax Credits 2013 than			
Estimated Qualified Rehabilitation Expense	1							
2 Credit Percentage Elected - 20% or 25%	2	%						
3 Estimated Historic Preservation Tax Cree	3							
4 Revised Estimated Qualified Rehabilitati	4							
5 Revised Credit Percentage Elected - 20 ^c	5	%						
6 Revised Estimated Historic Preservation	6							
7 Total processing fee due. Multiply line	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				