



## New Markets Tax Credit Application

### Revenue Use Only

Date Received

**PLEASE PRINT OR TYPE.**

#### Investor/Taxpayer Information

Name		Telephone number	
Address	City	State	ZIP
Who is the contact person of the taxpayer applying for Louisiana New Markets Tax Credits		Telephone number	
<p>What type of entity is the taxpayer? If an LLC or partnership, list the members or partners and their percentages of ownership interest. Explain how the New Markets Tax Credits should be allocated among them.</p>			

#### Qualified Equity Investment Information

1. Did the taxpayer make a qualified equity investment (QEI) within the meaning of section 45D of the Internal Revenue Code? If so, include documentation.	
2. What is the name and address of the Community Development Entity (CDE) that issued the QEI?	
3. What is the date and the amount of the QEI made into the CDE?	_____ \$ _____ <small>mm/dd/yyyy</small>
4. What is the date or the projected date _____ and the amount or the projected amount \$ _____ of the qualified low-income community investment (QLICI) made into the qualified active low-income business? If the QLICI has not yet been made, you will receive a valid allocation of New Markets tax credits, but your New Markets Tax Credit Summary Sheet will not be issued until the qualified active low income community business has been identified. <small>mm/dd/yyyy</small>	
5. Did the QLICI investment exceed 7.5 million dollars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is this QLICI issued by a single qualified active low-income business which is designated as a target industry in R.S. 51:2453(2)(b)(i)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you apply to LED for certification of your target industry? If no, do you intend to? If you answered yes to this question, include a certification letter from the Louisiana Department of Economic Development (LED).	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Name of Qualifying Active Low Income Business

Name			
Address	City	State	ZIP
<p>Purpose of the business that received the qualified low-income community investment from CDE listed in question above. If more than one business, attach a schedule detailing the names, purposes and the amount of the QLICIs.</p>			

**Calculation of Adjusted Purchase Price**

Calculate the adjusted purchase price for all anniversary dates in accordance with Revenue Ruling 08-011 and the formula below, and then place in table below. If an LLC or partnership, use a table for each member or partner.

Amount of QLICI on certain credit allowance date.	<b>X</b>	Amount of QLICI made on certain credit allowance date invested in Louisiana or to be invested \$ _____	<b>=</b>	Adjusted Purchase price.
		Amount of QLICI made on certain credit allowance date. \$ _____		

**Name of Investor or Investor Member/Partner:**

Credit Allowance Date	Credit Amount	Allocated Percentage

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I attest and affirm that the information detailed in this application is true and accurate to the best of my knowledge and I understand that upon the indication of a misrepresentation of the facts therein I am subject to legal and tax consequences, including a total recapture of credits granted as a result of the misrepresentation.

Print Taxpayer Name	Print Taxpayer Representative	Taxpayer Representative or Taxpayer Signature <b>X</b>	Date (mm/dd/yyyy)
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**Note:** This application will be processed in the order received. Once this application is processed, you will receive a New Markets Tax Credit Summary Sheet. Use the New Markets Tax Credit Summary Sheet to claim and transfer the New Markets Tax Credit. For additional information regarding the New Markets credit, contact the Special Programs Division at 225 219 2200.

**Submit this application to: [NewMarketTax.CreditApplication@la.gov](mailto:NewMarketTax.CreditApplication@la.gov)**