

Massachusetts Department of Revenue Certificate LIHC Low-Income Housing Credit Allotment

2024

For calendar year 2024 or taxable year beginning		and ending			
Name of recipient	Federal Identification number		Social Security number		
Street address					
City/Town	State	Zip	Phone number		
lame of project	Building Ide	entification number	Certificate number		
Street address					
City/Town	State	Zip	Phone number		
Name of project owner	Federal Ide	Federal Identification number			
Street address					
City/Town	State	Zip	Phone number		
Taxpayer's credit share This statement is issued by the owner of a project that whom the owner has allocated a portion of the LIHC in the amount of the credit being received from the project	accordance with the orga	anizational documents g	overning the owner. The recipient sho	uld enter	
Allotment information					
1 Amount of allotment credit			1		
2 Date of filing of Election of Early Tay Credit (if ann	olicable)				