



# Neighborhood Revitalization Tax Credit Program

## INSTRUCTIONS FOR SUBMISSION OF APPLICATION BY BUSINESS ENTITY

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This form is intended for use by business entities that are making a contribution of funds to the Neighborhood Revitalization Tax Credit Program (NRTC) and are applying for an equal amount of tax credits, up to the maximum of \$1,000,000 per year<sup>1</sup>.

The “Qualified Projects Pool”, publicized at the NRTC website (link below), lists the non-profit organizations with applications that have been determined to be qualified for further funding consideration, along with descriptive information about each qualified project application. Please use the Qualified Projects Pool to make choices on the attached application form:

- Specify one organization and funding amount per line in the section labeled, “Qualified Projects Pool Selection.”

The project choices must be listed (ranked) in order of funding preference. This will enable the NRTC Program to allocate funds from a project that has achieved its funding target to other projects that still need funding.

- A *minimum* of three (3) organizations must be listed as funds recipients.
- The total amount listed (designated) under “Qualified Projects Pool Selection” can exceed the total contribution amount.
- The NRTC Program will process applications in the order they are received.

NRTC will use 1.5% of the total contribution amount for program administration. The remainder of the contribution will be used for qualified projects. The tax credit certificate will be issued in the amount of the total contribution which is accepted after the application form is processed.

For a business entity that is applying for tax credits with respect to its Gross Income Tax liability (*this is restricted to partnerships, limited liability companies and S-Corporations*), the “Additional Information” form must also be completed.

Please submit a PDF version by e-mail to of the completed and signed document to [Bradley.Harrington@dca.nj.gov](mailto:Bradley.Harrington@dca.nj.gov), followed by the original, signed version mailed to:

ATTN: Bradley Harrington, NJ Department of Community Affairs, Neighborhood Revitalization Tax Credit Program,  
101 S. Broad Street, PO Box 811, Trenton, NJ, 08625-0811

(\*for delivery via FedEx or UPS, omit the PO Box number and add “5<sup>th</sup> Floor”)

***Do not submit funds with this application.*** The NRTC Program will contact you after the Qualified Projects Pool has closed, to notify about the outcome of this application and the amount of funds due.

Please contact NRTC Program staff with any questions you may have: Bradley Harrington, (609) 633-6273 or [Bradley.Harrington@dca.nj.gov](mailto:Bradley.Harrington@dca.nj.gov).

Link to NRTC website: <http://www.nj.gov/dca/divisions/dhcr/offices/nrtc.html>

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<sup>1</sup> See Subchapters 2 and 6 of the NRTC Program rules (NJAC 5:47), at the NRTC website, for regulatory requirements and guidance



# Neighborhood Revitalization Tax Credit Program Business Entity Application

## COMPANY INFORMATION:

Applicant Name	Tax ID#:	
Address		
City	State	Zip Code
Contact Person	Title	
Email	Phone	
Total Contribution <sup>2</sup> : \$ _____		

### Select the tax to which the requested credits will be applied:

<input type="checkbox"/> Corporate Business Tax	<input type="checkbox"/> Public Utilities Excise Tax	<input type="checkbox"/> Gross Income Tax <i>(see instructions)</i>
<input type="checkbox"/> Insurance Premium Tax	<input type="checkbox"/> Public Utilities Franchise Tax	<input type="checkbox"/> Other: _____

## QUALIFIED PROJECTS POOL SELECTION:

Please list the organizations (with qualified projects) and funding amounts, in ranking order, to which your funds would be designated (*refer to the instructions*). A *minimum* of three (3) organizations must be listed below. Visit <http://www.nj.gov/dca/divisions/dhcr/offices/nrtc.html> for a complete list of "Qualified Projects".

	<i>Non-Profit Organization with Qualified Project</i>	<i>Funding Designation Amount</i>
1.	_____	\$
2.	_____	\$
3.	_____	\$
4.	_____	\$
5.	_____	\$
6.	_____	\$
7.	_____	\$
8.	_____	\$
9.	_____	\$
10.	_____	\$

<sup>2</sup> This amount is equal to the amount of tax credits being requested

**Certification:**

I, \_\_\_\_\_,  
hereby affirm under penalties prescribed by the law that this application has been examined by me and to the best of my knowledge and belief, the information is true, correct and complete.

\_\_\_\_\_  
(Date of Affirmation)

\_\_\_\_\_  
(Signature)

*Please submit a PDF version by e-mail of the completed and signed document to: [Bradley.Harrington@dca.nj.gov](mailto:Bradley.Harrington@dca.nj.gov)*

*Mail the original, signed form to:*  
ATTN: Bradley Harrington  
NJ Department of Community Affairs  
Neighborhood Revitalization Tax Credit Program  
101 S. Broad Street, PO Box 811  
Trenton, NJ, 08625-0811

**For NRTC Program Use Only:**

Application Received (Date & Time): \_\_\_\_\_

Accepted Contribution (Tax Credit) Amount: \$ \_\_\_\_\_

Tax Credit Certificate #: \_\_\_\_\_ Date: \_\_\_\_\_

Date Contribution Received: \_\_\_\_\_

# Neighborhood Revitalization Tax Credit Program

## Business Entity Application

### ADDITIONAL INFORMATION

This form must be completed by a business entity that is a Partnership, a Limited Liability Company, or an S-Corporation, and that is applying for Neighborhood Revitalization Tax Credits with respect to its Gross Income Tax liability.

Please provide information in the table below, listing: the name of each shareholder/member that would receive tax credit benefit; the requested allocation of tax credits (by percentage) to the shareholder/member; and the Taxpayer Identification Number (or Social Security Number)<sup>3</sup>.

If tax credits are allocated to the business entity, the NRTC program will issue taxpayer-specific certificates to the applicant business entity for distribution to the shareholders/members.

**Applicant Name:**

Applicant is a:  Partnership     Limited Liability Company     S-Corporation

	<u>Shareholder/Member</u>	<u>Allocation of Credits (%)</u>	<u>Taxpayer Identification Number (or Social Security Number)</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

For additional Shareholders/Members, duplicate and complete this form.

<sup>3</sup> All Taxpayer Identification Numbers (or Social Security Numbers) that are submitted on this form are confidential information and will not be freely shared