

KHC Form TC-4 Rev. 2015 Page 1 of 1	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Summary of Investment and Election of Credit	Date Received
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This form must be completed and submitted as an attachment to the Part 3 – Certification of Completed Work

Property Name (if unknown, leave blank): _____

Street: _____

City: _____ County: _____ State: **KY** Zip: _____

Ownership Information

Name: _____ Signature: _____ Date: _____

Organization: _____ Social Security or Taxpayer Identification Number: _____

Street: _____ City: _____ State: _____

Zip: _____ Telephone Number: _____ E-Mail Address: _____

I have chosen to:

- Use the credit. If this credit was allocated in the 2011 allocation pool or later, the credit shall be refundable.
- Transfer or assign the credit for some or no consideration, along with any related benefits, rights, responsibilities and liabilities to any entity subject to the tax imposed by KRS 136.505. I understand that within thirty (30) days of the date of any transfer of credits, the party transferring the credits shall notify the Department of Revenue of:
 - (a) The name, address, employer identification number, and bank routing and transfer number, of the party to which the credits are transferred;
 - (b) The amount of credit transferred; and
 - (c) Any additional information the Department of Revenue deems necessary.

QRE*	Materials	Labor
Roof		
Exterior Walls		
Windows		
Doors		
Elect./Lighting		
HVAC		
Plumbing		
Paint/Finishes		
Interior		
Structure		
Developer Fees		
Design Fees		
Contractor Ovhd. & Gen. Condition		
Contractor profit		
Other (define)		
Total QRE*		

An application for a final determination of credit shall include an IRREVOCABLE election by the taxpayer to use or transfer the credit.

***Qualified Rehabilitation Expenditure**

I attest that I am the owner of the property, or am a representative authorized to sign on the behalf of the owner. I attest that the information I have provided is, to the best of my knowledge, correct, and that I have documentation to support this report pursuant to an audit.

SIGNATURE

Date

Notary Signature

Date

Note: For owner-occupied residences, this form must be notarized. For all other projects, a Certified Public Accountant (CPA) must complete a compilation of qualified rehabilitation expenses and this compilation must be attached to this form.