

# Minnesota Historic Structure Rehabilitation State Tax Credit Application

## Part B – Request for Certification of State Credit

**For SHPO Use Only**

Date NPS Part 3 certified: \_\_\_/\_\_\_/\_\_\_

Reviewer Approval : \_\_\_/\_\_\_/\_\_\_

Part B Certification processing fee \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

Deputy SHPO Approval : \_\_\_/\_\_\_/\_\_\_

NPS Project Number: \_\_\_\_\_

**HISTORIC PROPERTY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Historic District: \_\_\_\_\_

**OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ATTACHMENTS**

- Qualified Rehabilitation Expenditures (QRE) Schedule
- Original, signed letter with statement by a CPA certifying QREs
- List of individuals to be issued a tax credit certificate or a grant-in-lieu-of-credit (use the format shown in this application)
- Organizational Documents, if applicable
- Application Fee (see instructions for amounts)

**GENERAL PROJECT INFORMATION**

Did this project receive Federal funds or permits?  Yes  No  
If so, from which Federal Agency? \_\_\_\_\_

Did this project receive State funds?  Yes  No  
If so, from which state agency? \_\_\_\_\_

Did this project receive grant funding from the Minnesota Historical Society (other than the grant-in-lieu-of-credit)?  Yes  No  
If so, which grant program? \_\_\_\_\_

**REHABILITATION PROJECT INFORMATION**

Project start date: \_\_\_\_\_

Date project placed in service: \_\_\_\_\_

Costs attributed solely to rehabilitation of the historic structure (qualified rehabilitation expenses): \_\_\_\_\_

Costs attributed to other work associated with the rehabilitation, including additions, site work, parking lots, landscaping: \_\_\_\_\_

Total project costs: \_\_\_\_\_

Federal credit allowed: \_\_\_\_\_

Actual cost of materials: \_\_\_\_\_

Actual cost of labor: \_\_\_\_\_

Actual number of jobs created during rehabilitation: \_\_\_\_\_

**OWNER (Authorized Signature)**

I hereby apply for certification of rehabilitation work described above for purposes of the Minnesota Historic Structure Rehabilitation Tax Credit. I hereby attest that the information provided is, to the best of my knowledge, correct, and that the completed rehabilitation is consistent with the work described in Part 2 of the Federal Historic Preservation Certification Application. **Further, to the best of my knowledge, any taxpayers designated to receive a Minnesota tax credit certificate below are allowed a federal historic tax credit for this project. The percentage of credit designated is based on the taxpayer's share of the organization's assets or as specially allocated in organizational documents.** I understand that falsification of factual representations in this application may be subject to sanction under Minnesota Statute.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Part B – Request for Certification of State Credit

Property name: \_\_\_\_\_ NPS Project Number: \_\_\_\_\_

Property address: \_\_\_\_\_

**TAX CREDIT CERTIFICATE AND GILOC RECIPIENTS**

1	Name: _____ _____ Address: _____ _____ _____ <b>Social Security or Federal Tax ID Number:</b> _____ <b>Telephone:</b> _____	Percentage of property ownership: _____ % Designated percentage of state credit: _____ % This is to be issued as a (check one): <input type="checkbox"/> Tax credit certificate Amount Claimed: \$ _____ <input type="checkbox"/> Grant-in-lieu-of-credit Amount of GILOC: \$ _____
2	Name: _____ _____ Address: _____ _____ _____ <b>Social Security or Federal Tax ID Number:</b> _____ <b>Telephone:</b> _____	Percentage of property ownership: _____ % Designated percentage of state credit: _____ % This is to be issued as a (check one): <input type="checkbox"/> Tax credit certificate Amount Claimed: \$ _____ <input type="checkbox"/> Grant-in-lieu-of-credit Amount of GILOC: \$ _____
3	Name: _____ _____ Address: _____ _____ _____ <b>Social Security or Federal Tax ID Number:</b> _____ <b>Telephone:</b> _____	Percentage of property ownership: _____ % Designated percentage of state credit: _____ % This is to be issued as a (check one): <input type="checkbox"/> Tax credit certificate Amount Claimed: \$ _____ <input type="checkbox"/> Grant-in-lieu-of-credit Amount of GILOC: \$ _____
4	Name: _____ _____ Address: _____ _____ _____ <b>Social Security or Federal Tax ID Number:</b> _____ <b>Telephone:</b> _____	Percentage of property ownership: _____ % Designated percentage of state credit: _____ % This is to be issued as a (check one): <input type="checkbox"/> Tax credit certificate Amount Claimed: \$ _____ <input type="checkbox"/> Grant-in-lieu-of-credit Amount of GILOC: \$ _____
5	Name: _____ _____ Address: _____ _____ _____ <b>Social Security or Federal Tax ID Number:</b> _____ <b>Telephone:</b> _____	Percentage of property ownership: _____ % Designated percentage of state credit: _____ % This is to be issued as a (check one): <input type="checkbox"/> Tax credit certificate Amount Claimed: \$ _____ <input type="checkbox"/> Grant-in-lieu-of-credit Amount of GILOC: \$ _____