Virginia Department of Social Services

**NEIGHBORHOOD ASSISTANCE PROGRAM**

**July 1, 2023 – June 30, 2024**

CONTRIBUTION NOTIFICATION FORM C (CNF-C) – PROFESSIONAL SERVICES

(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

Donations must be made **directly** to the approved NAP organization with no strings attached and without any conditions or expectation of monetary or other benefits from the NAP organization. Discounted property, partial donations or bargain sales are not allowable for NAP tax credits.

**PART I: TO BE COMPLETED BY DONOR (TYPE or PRINT ONLY)**

|  |  |
| --- | --- |
| 1. Tax ID #: *(Provide only one SSN or EIN #)*   Enter EIN or SSN in the column to the right, | EIN: **\_\_\_** SSN:  A Sole Proprietor must use SSN #. A Sole Proprietor must file IRS Schedule C or F for a business |
| 2. Name of Donating Business: *(Provide the legal name of the business associated with the Tax ID #)* |  |
| 3. Business Type: (Refer to the instructions on the back of the form) | Bank  Law Firm  Physician/Dentist  Accounting Architect  Pharmacy  Other |
| 4. Business Structure: | LLP S-Corp PC Partnership LLC PLLC PLC  LP  Sole Proprietor (Sole Proprietor must file IRS Schedule C or F) |
| 5. Contact Person: (Full Name) | Mr.  Ms.  Mrs.  Dr. (check one) |
| Street:  6. Mailing Address: City, State, Zip: |  |
| 7. Telephone Number with Area Code: |  |
| 8. Type of Donation: | **Professional Services** |
| 9. Type of Professional Services: | Refer to the instructions on the back of the form. |
| 10. Date of Donation:  **Dates to be completed by the NAP organization.** | **A separate CNF must be completed for donations made between July 1 and December 31 or January 1 and June 30.** **The minimum donation requirement of $616 must be met for each six-month period.**  First Date of Donated Services: (mm/dd/yyyy)    Last Date of Donated Services: (mm/dd/yyyy)  If multiple dates of services are provided, enter the first and last date of donation. |
| 11. Value of Donation: | $  The minimum donation value must be at least $616. |
| For professional services donated by the proprietor or a partner or member, the value shall not exceed the lesser of the reasonable cost for similar services from other providers or $125 per hour.  For services donated by a salaried employee of the business, the value is the salary (excludes fringe benefits) that such employee was actuallypaid while rendering the service. | |
| 12. Percent of Tax Credit Offered: | %  The maximum allowable tax credit equals 65%. |
| The donor must complete a Tax Credit Percentage Agreement form if accepting tax credits for less than 65 percent of the value of the donation.  NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor. | |

# PART II: CERTIFICATION BY DONOR

|  |
| --- |
| I certify that the above information is accurate and describes a donation of professional services made to the Neighborhood Assistance Program Organization(NAP) listed below. I also certify that the listed value of the donation does not exceed statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. I understand the information listed above is shared with the Virginia Department of Taxation and the Department of Education to track tax credits issued under the Neighborhood Assistance Tax Act. Please sign, date, and return this form to the approved NAP organization to complete Part III. A tax credit certificate will be mailed to you from the approved NAP organization.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signature of Business Designee |

**PART III:**  **TO BE COMPLETED BY THE NAP ORGANIZATION (TYPE or PRINT ONLY)**

|  |  |  |
| --- | --- | --- |
| I have reviewed and I certify this CNF is complete in its entirety and the supporting documentation is complete and accurate. I certify that the business has made the donation indicated above to this organization, and I have attached documentation supporting the donation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. | | |
| Organization Name as listed on the Certificate of Approval | |  |
| Mailing Address: (Street, City, State, Zip Code) | | Telephone Number (Include Area Code) |
| **\_\_\_**  Date (mm/dd/yyyy) | Name and Title of NAP Designee | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |

032-27-0003-03-eng Revised 03/23

**INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM C (CNF-C)**

Used for all donations of **Professional Services**

**Instructions:**

**PART I PLEASE PRINT LEGIBLY.**

Item 1: Enter the Tax ID number of the business. Use the social security for a sole proprietor.

Items 2: Enter the legal name of business firm making the donation. The name must match the supporting documentation.

Item 3: Enter one type from the following list which best describes the business:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bank | Law Firm | Physician/Dentist | Accounting | Architect | Pharmacy | Other |

Item 4: Enter the type of business structure. All pass-through business entities must complete Form PTE Virginia Pass-Through Credit Allocation (after receipt of tax credit certificate) and send the completed form to the Virginia Department of Taxation.

Item 5-7: Name of contact person at the business, mailing address of the business and telephone number.

Item 9: Enter the type of donated professional service.

Note \*\*\* Eligible professional services are limited to: accounting, actuarial services, architecture, land surveying, law, dentistry, medicine, optometry, pharmacy, professional engineer, and veterinarian.

Item 10: Enter the actual date or dates over which the professional services were donated. Dates must be within the same program approval year.

Item 11: Enter the value of the donation using the following methods:

For professional services rendered by the proprietor or a partner or member, the value shall not exceed the lesser of the reasonable cost for similar services from other providers or $125 per hour.

For a salaried employee of a business firm, the value shall be equal to the salary (excludes fringe benefits) that the employee was actually paid for the period of time the employee rendered professional services to the approved program.

Item 12: Enter the percent of tax credit offered. A donor must agree, in writing, to accept tax credits for less than 65 percent of the value of the donation. The donor must complete a Tax Credit Percentage Agreement form if accepting tax credits for less than 65 percent of the value of the donation. *The written agreement must be submitted to the Virginia Department of Social Services.*

**PART II** Sign and date the certification. Return the CNF with supporting documentation to the NAP organization.

**General:**

● Donations must be made directly to the approved NAP organization with no strings attached and without any conditions or expectation of monetary or other benefits from the NAP organization.

● Discounted property (partial donations) or bargain sales are not allowable for NAP donations.

● Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.

● The NAP organization must attach a copy of the Services Contribution Data Sheet for Professional Services or spreadsheet listing the business name, contact person, job title of the individual providing the service, type of service provided, date(s) of donation, hourly rate, total hours worked, and total value for services and submit it with the CNF-C. The Certification by Business Donor (on the Services Contribution Data Sheet) must be signed by the donor and attached to each spreadsheet. Retain a copy of all documentation in your files. Failure to do so may result in a donor’s loss of the tax credit.

● For more information contact the NAP office at [nap@dss.virginia.gov](mailto:nap@dss.virginia.gov)