

NEIGHBORHOOD ASSISTANCE PROGRAM CONTRIBUTION NOTIFICATION FORM D (CNF-D)

To be used for all donations of **Contracting Services between July 1, 2018 and June 30, 2019**

(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. Name of Donating Business: | Must be licensed by the Commonwealth of Virginia as a contractor |
| 2. Contact Person: (Full Name) | ___ Mr. ___ Ms. ___ Mrs. (check one) |
| 3. Telephone Number With Area Code: | |
| 4. Mailing Address: Street: City, State, Zip: | |
| 5. Fed. I.D./SSN #: | A Sole Proprietor must use a SSN #: |
| 6. Business Type: (Refer to instructions on back) | |
| 7. Business Structure: | ___ Corporation ___ S-Corp ___ LLC ___ LP ___ LLP ___ PLC ___ PLLC ___ PC ___ PA ___ Partnership ___ Sole Proprietor (Sole Proprietor must file IRS Schedule C or F) |
| 8. Type of Contracting Services: | Refer to instructions on back of form. |
| 9. Date of donation: | First Donation Date: (mm/dd/yyyy) Last Donation Date: (mm/dd/yyyy) If multiple dates of services are donated, enter the first and last date of donation. |
| 10. Value of donation: | \$ The minimum donation value must be at least \$616. |
| For contracting 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 \$50 per hour. | |
| For services donated by a salaried employee of the business, the value is the salary (excludes fringe benefits) that such employee was actually paid while rendering the service. | |
| 11. Percent of Tax Credit offered: | ___ % The maximum allowable tax credit equals 65%. |
| The donor must complete a Tax Credit Percentage Agreement form if accepting a tax credit 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 contracting services made to the Neighborhood Assistance Organization 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 NAP organization for completion. A tax credit certificate will be mailed to you from the Virginia Department of Social Services.

Date

Signature of Business Designee

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

I certify that the above business has made the donation indicated above to this organization and I have documentation supporting the value of 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 Approval Letter

Project ID # as listed on Approval Letter

Mailing Address: (Street, City, State, Zip Code)

_____ Phone Number (Include Area Code)

Date (mm/dd/yyyy)

Name and Title of NAP Designee

_____ Signature

INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM D (CNF-D)

Used for all donations of **Contracting Services** made between July 1, 2018 and June 30, 2019.

Instructions:

PART I PLEASE PRINT LEGIBLY.

Items 1-4: Enter the exact name of business firm which made the donation, name of contact person at the business, phone number and mailing address of the business.

Item 5: Enter the Federal ID # of business. Use the social security number for a sole proprietor.

Item 6: Enter one type from the following list which best describes the business:

| | |
|----------------|----------|
| 5-Construction | 21-Other |
|----------------|----------|

Item 7: 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 to the Virginia Department of Taxation.

Item 8: Enter the type of donated contracting service. "Contracting Services" refers **only to licensed contractors** making a donation specifically for the development, construction, renovation, or repair of homes of impoverished people or buildings used by an approved NAP organization.

Item 9: Enter the actual date or dates over which the contracting services were donated. Dates must be within the same program approval year.

Item 10: Enter the value of the donation using the following methods:

For contracting services rendered by a proprietor or a partner or member, the value shall not exceed the lesser of the reasonable cost for similar services from other providers or \$50 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 contracting services to the approved program.

Item 11: Enter the percent of tax credit offered: A donor must agree, in writing, to accept a tax credit for less than 65 percent of the value of the donation. The donor must complete a Tax Credit Percentage Agreement form if accepting a tax credit 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 certifications. 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 Contracting 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-D. 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

NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.