DEPARTMENT OF ADMINISTRATION
STATE HISTORIC PRESERVATION OFFICE

# Minnesota Part B – Credit Recipient List Continuation Form

| | | |
|---|---|---|
| | **Recipient**:_____<br>Address: _____<br>_____<br>_____<br>Telephone:_____<br>E-mail:_____<br><br>**Delivery Address:** *requires that a person be present to sign for the item*<br>Address: _____<br>_____<br>_____<br>_____ | Percentage of property ownership: _____%<br>Allocated % or amount of state credit: _____<br><br>Allocation to be issued as a (check one):<br>☐ Tax credit certificate<br>Amount Claimed: $ _____<br>☐ Grant-in-lieu-of-credit<br>Amount of GILOC: $ _____<br><br>Social Security Number(s): _____<br>**— or —**<br>Federal Tax ID Number: _____ |
| | **Recipient**:_____<br>Address: _____<br>_____<br>_____<br>Telephone:_____<br>E-mail:_____<br><br>**Delivery Address:** *requires that a person be present to sign for the item*<br>Address: _____<br>_____<br>_____<br>_____ | Percentage of property ownership: _____%<br>Allocated % or amount of state credit: _____<br><br>Allocation to be issued as a (check one):<br>☐ Tax credit certificate<br>Amount Claimed: $ _____<br>☐ Grant-in-lieu-of-credit<br>Amount of GILOC: $ _____<br><br>Social Security Number(s): _____<br>**— or —**<br>Federal Tax ID Number: _____ |
| | **Recipient**:_____<br>Address: _____<br>_____<br>_____<br>Telephone:_____<br>E-mail:_____<br><br>**Delivery Address:** *requires that a person be present to sign for the item*<br>Address: _____<br>_____<br>_____<br>_____ | Percentage of property ownership: _____%<br>Allocated % or amount of state credit: _____<br><br>Allocation to be issued as a (check one):<br>☐ Tax credit certificate<br>Amount Claimed: $ _____<br>☐ Grant-in-lieu-of-credit<br>Amount of GILOC: $ _____<br><br>Social Security Number(s): _____<br>**— or —**<br>Federal Tax ID Number: _____ |