

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	DEVELOPER (Applicant on federal Part 3 application)
Name: _____	Name: _____
Address: _____	Address: _____
County: _____	Telephone: _____
Historic District: _____	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 funding or approval? Yes No
 If so, please provide brief description: _____

Did this project receive State funding or approval? Yes No
 If so, please provide brief description: _____

Did this project receive grant funding from the Minnesota Historical Society? Yes No
 If so, please provide brief description: _____

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: _____

DEVELOPER (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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Property name: _____ NPS Project Number: _____

Property address: _____

TAX CREDIT CERTIFICATE AND GILOC RECIPIENTS	
1	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Social Security or Federal Tax ID Number: _____</p> <p>Telephone: _____</p> </div> <div style="width: 50%;"> <p>Percentage of property ownership: _____ %</p> <p>Designated percentage of state credit: _____ %</p> <p>This is to be issued as a (check one):</p> <p><input type="checkbox"/> Tax credit certificate Amount Claimed: \$ _____</p> <p><input type="checkbox"/> Grant-in-lieu-of-credit Amount of GILOC: \$ _____</p> </div> </div>
2	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Social Security or Federal Tax ID Number: _____</p> <p>Telephone: _____</p> </div> <div style="width: 50%;"> <p>Percentage of property ownership: _____ %</p> <p>Designated percentage of state credit: _____ %</p> <p>This is to be issued as a (check one):</p> <p><input type="checkbox"/> Tax credit certificate Amount Claimed: \$ _____</p> <p><input type="checkbox"/> Grant-in-lieu-of-credit Amount of GILOC: \$ _____</p> </div> </div>
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