

Maryland Department of Housing and Community Development
Community Investment Tax Credit Program
AWARDEE AND DONOR WAIVER OF INFORMATION

*In order for a taxpayer (the "Donor") to claim tax credits under the Community Investment Tax Credit program, this form must be completed and signed by both the Donor and the nonprofit organization (the "Awardee") that has been awarded credits for its specified project - prior to the Awardee accepting any contribution. It is the responsibility of the Awardee to provide this form to the Donor and submit the form, completed by both the Donor and Awardee, to the Maryland Department of Housing and Community Development (the "Department"). **The Awardee is required to submit this form to the Department for each Donor on an annual basis.***

NOTICE AND WAIVER: The statute authorizing the Community Investment Tax Credit Program requires the Department to make information available to the Maryland General Assembly, Comptroller of Maryland, Maryland State Department of Assessments and Taxation, and the Maryland Insurance Administration. Information includes identification of the Awardee, a description of the awarded project, the type and amount of contributions, and the Donor's identity and Social Security Number or Federal Tax Identification Number. In signing this form, the Donor acknowledges this obligation and, to the extent necessary, waive any rights to confidentiality in this or related information.

DISCLAIMER: The tax credit is based on the Donor's eligibility under Program requirements and under tax laws or other requirements affecting the Donor. Neither the Department nor the Awardee makes any representations about the tax consequences in connection with a particular contribution.

DONOR INFORMATION: *Please sign and complete the information below.*

Donor Type: ☐ Individual ☐ Business: **Mark if Sole-Proprietorship** ☐

Federal ID or SSN # : _____

Provide tax year (as reported to the IRS): ☐ Calendar Year ☐ Fiscal Year: _____ to _____

Donor Signature: _____ **Date:** _____

Name: _____ Title: (if applicable) _____

Name of Business: (if applicable) _____

Address: _____

Telephone number: _____ Email: _____

Check the type of tax you intend to use this credit against: *(Mark only one).*

☐ State income tax on individuals or corporations ☐ Public service company franchise tax ☐

Insurance premiums tax [NAIC No. _____]

AWARDEE INFORMATION: *Please sign and complete the information below.*

Nonprofit Signature: _____ **Date:** _____

Name: _____ Title: _____

Name of Nonprofit Awardee: _____

Project Name: _____

DO NOT RETURN THIS FORM TO THE COMPTROLLER OF MARYLAND, NOR INCLUDE WITH TAX RETURN