



Form NAA-02 2005 Connecticut Neighborhood Assistance Act Business Application

Each business firm requesting a tax credit under the Neighborhood Assistance Act Program must complete and submit this form for each cash contribution for which a tax credit is being requested. **Form NAA-02** must be mailed or hand-delivered to the **Department of Revenue Services, 25 Sigourney Street, Hartford CT 06106, Attn: Research Unit**, on or after **September 15, 2005**, but no later than **October 3, 2005**. A faxed **Form NAA-02** will **not** be accepted.

Subchapter S Corporations, Limited Liability Companies, Limited Liability Partnerships, and Limited Partnerships are **not eligible** for the credit. For additional information, contact the Research Unit at 860-297-5687.

PART I: BUSINESS FIRM INFORMATION

Business Firm Name: _____
Address: _____
Federal Employer Identification Number: _____
Connecticut Tax Registration Number: _____
Income Year Ending: _____
Name of Contact Person: _____
Title: _____
E-mail Address of Contact Person: _____
Telephone Number: () _____

PART II: PROGRAM PROPOSAL INFORMATION

Organization/Municipal Agency: _____
Program Title: _____
Municipality Approving Program: _____
Amount of Cash Contribution: \$ _____
(\$250 Minimum)

(NOTE: Credit is 60% of amount contributed for all approved programs)

Has this contribution been made? Yes No

If "Yes," date made: _____ If "No," date to be made: _____

(NOTE: Contribution must be made during the income year of the business beginning during 2005.)

Signature of Authorized Representative
of Business Firm
(Do Not Use Black Ink)

Name and Title of Authorized Representative
of Business Firm
(Please Print)

Date