



## Form NAA-02 2008 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, 2008**, but no later than **October 1, 2008**. 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: \_\_\_\_\_  
Email 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)

Has this contribution been made?     Yes                                       No

If **Yes**, date made: \_\_\_\_\_      If **No**, date to be made: \_\_\_\_\_

**Note:** The business must make its contribution during its 2008 income year.

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

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

\_\_\_\_\_  
Date