Department of Revenue Services State of Connecticut (Rev. 3/04)

## Form NAA-02 2004 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, 2004, but no later than October 1, 2004. 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 INFOR	MATION
Business Firm Name:	
A 1.1	
Federal Employer Identification Number: _	
Connecticut Tax Registration Number:	
Name of Contact Person:	
Title:	
E-mail Address of Contact Person:	
Telephone Number: ( )	
PART II: PROGRAM PROPOSAL	INFORMATION
Organization/Municipal Agency:	
	(\$250 Minimum)
(NOTE: Credit is 60% of amo	ount contributed for all approved programs)
Has this contribution been made?	Yes
If "Yes," date made:	If "No," date to be made:
(NOTE: Contribution must be made during t	he income year of the business beginning during 2004.)
Signature of Authorized Representative	Name and Title of Authorized Representative
of Business Firm	of Business Firm
(Do Not Use Black Ink)	(Please Print)

Date