



Form NC-10 Neighborhood Assistance Tax Credit Application

Revised 10-98
State Form 49176

(File with the recipient organization participating in the Neighborhood Assistance Program)

Contributor Information (To be completed by the contributor and the qualified Neighborhood Assistance Organization)	
Name of contributor:	Social security or federal identification number:
Address	Telephone number:
City State Zip Code	Contributor's tax year ending: 2011
Type of income tax return to be filed by contributor. <i>Check One:</i>	
<input type="checkbox"/> Individual Form IT-40 <input type="checkbox"/> Fiduciary Form IT-41 <input type="checkbox"/> Partnership Form IT-65 <input type="checkbox"/> Not-for-Profit Form IT-20NP <input type="checkbox"/> Corporation Form IT-20 <input type="checkbox"/> S Corporation Form IT-20S <input type="checkbox"/> Special Corp. Form IT-20SC <input type="checkbox"/> Financial Institution Form FIT-20	
Credit Computation (Contributor must sign below, provide proof of payment and/or a statement of the value of all services and materials donated)	
Recipient organization: PATH, Inc.	Organization's Indiana Taxpayer Identification number: 35-1902269
Address City State Zip Code	
PO Box 1063 Valparaiso IN 46384	
1. Amount of contribution. <i>Indicate type:</i> <input type="checkbox"/> Cash <input type="checkbox"/> Service <input type="checkbox"/> Property \$	Date of contribution:
2. Multiply line 1 by 50% (x . 50) \$	Program Number: NP-011-002
3. Tentative amount of credit (lesser of line 2 or \$25,000) \$	Departmental Use Only Date filed:
Signature of contributor ►	Date approved by Department of Revenue:
Certification of Contribution (for donation to Neighborhood Assistance Program)	
<i>I certify that the contributor donated the amount on line 1 to the Neighborhood Assistance Program and that the information stated is true, correct and complete.</i>	
Signature of neighborhood assistance organization officer	Executive Director (219) 548-8783 Title Telephone number Date

Do not separate Leave form intact .



Form NC-20

Revised 10-98

Indiana Department of Revenue Notice of Departmental Decision Neighborhood Assistance Tax Credit

For Tax Year
Ending _____

(Attach approved NC-20 to the contributor's tax return where the credit is claimed)

Note: Members of a pass-through entity must attach a copy of Schedule IN K-1 to their income tax returns when claiming their pro-rata share of the approved NC-20 credit.

Name of neighborhood assistance organization PATH, Inc. (A Positive Approach to Teen Health)
Print name and mailing address of contributor
Name
Address
City State Zip Code

Departmental Use Only	
Your request has been:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Amount of available credit:	_____
Date of contribution:	_____
Donor's Social Security or Federal Identification Number:	_____
Program number:	_____
Signature of Departmental Officer:	_____