



## Form NAA-02

# 2003 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, 2003**, but no later than **October 1, 2003**. 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: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

### Part II: Program Proposal Information

Organization/Municipal Agency: \_\_\_\_\_

Program Title: \_\_\_\_\_

Municipality Approving Program: \_\_\_\_\_

Amount of Cash Contribution: \$ \_\_\_\_\_ % Credit: \_\_\_\_\_  
((\$250 Minimum) (40% or 60%))

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 2003.)**

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

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

\_\_\_\_\_  
Date