

**Maryland Department of Housing and Community Development**

***Endow Maryland Tax Credit Program***

**DONOR AND FOUNDATION ACKNOWLEDGEMENT**

*In order for a taxpayer (the "Donor") to claim tax credits under the Endow Maryland Tax Credit Program (the "Program"), this form must be completed and signed by both the Donor and the community foundation (the "Foundation") that is approved to receive eligible contributions through the Program to support one or more of the its qualified permanent endowment funds (QPEF) - prior to the Foundation accepting any contribution. It is the responsibility of the Foundation to provide this form to the Donor and submit the form, completed by both the Donor and Foundation, to the Maryland Department of Housing and Community Development (the "Department"). **The Foundation is required to submit this form to the Department for each Donor on an annual basis.***

**NOTICE AND WAIVER:** The statute authorizing the Program requires the Department to make information available to the Maryland General Assembly, Comptroller of Maryland, the Maryland State Department of Assessments and Taxation, and the Maryland Insurance Administration. Information includes identification of the Foundation, the name of the qualified permanent endowment fund (QPEF), the type and amount of contributions, and the Donor's identity and Social Security Number or Federal Tax Identification Number. In signing this form, the Donor acknowledges this obligation and, to the extent necessary, waives any rights to confidentiality in this or related information.

**DISCLAIMER:** The tax credit is based on the Donor's eligibility under Program requirements and under tax laws or other requirements affecting the Donor. Neither the Department nor the Foundation makes any representations about the tax consequences in connection with a particular contribution.

**DONOR INFORMATION:** *Please sign and complete the information below.*

**Donor Type:**  Individual     Business    Sole-Proprietorship

**Federal ID or SSN #:** \_\_\_\_\_

**Tax year (as reported to the IRS):**  Calendar Year     Fiscal Year (if not Calendar Year):  
\_\_\_\_\_ to \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: *(if applicable)* \_\_\_\_\_

Name of Business: *(if applicable)* \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Check the type of tax the Donor intends to use this tax credit against:** *(Mark only one).*

State income tax on individuals or corporations     Public service company franchise tax

Insurance premiums tax [NAIC No. \_\_\_\_\_]

**FOUNDATION INFORMATION:** *Please sign and complete the information below.*

**Community Foundation Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Community Foundation: \_\_\_\_\_

Qualified Permanent Endowment Fund Name: \_\_\_\_\_