

## **Ohio New Markets Tax Credit Program: Notice of Qualified Low-Income Community Investment**

### **Purpose of Form:**

The information provided in this form will be used by the Ohio Department of Development (Development) to track investments made into qualified active low income community businesses (QALICB) by community development entities (CDE). Chapter 122:22p 1p 03 of the Ohio Administrative Code requires the CDE to notify the Director of ODSA of each qualified low income community investment and to certify that the investment has been made in a QALICB.

### **Instructions to CDEs:**

Complete the following pages with all requested information. Provide the original signed form to Development at the address below within sixty days after closing each qualified low income community investment made in this state for which a new market tax credit is to be allowed.

### **Where to File:**

Ohio Department of Development  
Attn: Ohio New Markets Tax Credit Program Manager  
77 South High Street, 28<sup>th</sup> Floor  
Columbus, OH 43215

### **Additional Information:**

Capitalized terms have the meanings given them in Ohio Revised Code Section 5725.33(A), Ohio Administrative Code section 122:22p 1p 01, or the Allocation Agreement between the CDE identified below and ODSA.

1. Name of CDE:	
2. If applicable, name of parent taxpayer with which CDE files a consolidated tax return:	
<b>QUALIFIED LOW-INCOME COMMUNITY INVESTMENT (QLICI)</b>	
3. Date of QLICI closing:	
4. Dollar amount of QLICI made in the QALICB:	\$
<b>QUALIFIED EQUITY INVESTMENT (QEI)</b>	
5. Name of taxpayer making QEI:	
6. *Adjusted Purchase Price paid for the QEI:	

\*As defined in section 5725.33(A) of the Revised Code, "Adjusted Purchase Price" means the amount paid for the portion of a qualified equity investment approved or certified by the Director of development services for a qualified community development entity in accordance with rules adopted under division (E) of 5725.33.

### **QALICB/Project Information**

**Provide the following basic information about the proposed QALICB and the project.**

- A. Name of the QALICB:
- B. Address of the QALICB:
- C. Description of the QALICB:

D. Nature of the QALICB:

E. Description of the project:

F. Management Structure / Organizational Chart of the business: (provide as attachment)

G. Is the business expected to be a QALICB under the US Department of Treasury’s New Markets Tax Credit program?  Yes  No

**Attachment A:** All documentation related to the above questions should be labeled as Attachment A. Documentation may include the management structure, organizational chart and federal QALICB information. Include page numbers and highlight relevant sections.

The undersigned acknowledges that a copy of the information in this form is being submitted to Development as part of the process to obtain a financial benefit from the State of Ohio, that the State of Ohio will rely on the information provided in this form regarding the QALICB for the Ohio New Markets Tax Credit program, and that presenting a false claim to the State of Ohio may subject the undersigned and/or the entities they represent to criminal and/or civil penalties as provided for in Ohio Revised Code § 2921.13. Further, the undersigned, individually and on behalf of the entity he/she represents, swears or affirms under penalty of law, that he/she is an authorized representative of such entity and that all of the information provided in this form (including the supporting documentation) is true, correct and complete.

\_\_\_\_\_  
Signature of Authorized Representative of the QALICB Date

\_\_\_\_\_  
Type or print name

The undersigned CDE has reviewed the information submitted by the QALICB and has no reason to believe that any of the information provided in this form (including any supporting documentation) is not true, correct and complete to the best of their knowledge. Further, the undersigned, individually and on behalf of the entity he/she represents, swears or affirms under penalty of law, that he/she is an authorized representative of such entity and is operating in compliance with their signed allocation agreement with Development.

\_\_\_\_\_  
Signature of Authorized Representative of CDE Date

\_\_\_\_\_  
Type or print name