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Good Life. Great Service.

**DEPARTMENT OF REVENUE** 

Demonstration of the Nebraska Historic Tax Credit (NHTC) Part 5 - Transfers or Distributions of Type A & B Credits

<u>revenue.nebraska.gov</u>

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# **Part 5** Request for Transfer, Sale, Assignment, or Distribution of Credits

**Request for Transfer of Credits** 

### **Request for Distribution of Credits**

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## Who May File.

- Credit holders of Type A NHTC certificates must report the transfer, sale, or assignment (transfer) of credits.
- Credit holders of Type A or Type B NHTC certificates must report the distribution of credits to partners of a partnership, members of a limited liability company, or shareholders of an S corporation.
- The credit holder must have a NHTC certificate issued in the credit holder's name before a request may be submitted.
- Multiple transfers or distributions may be reported on one request as long as the transfer or distribution is for the same certificate number.

# When to File.

- File within 15 days of a transfer of a NHTC or after a distribution of the NHTCs occurs.
- The Department will record the transfer or distribution and issue new certificates to the recipients based on the information provided.

# Where to File.

 File the transfer or distributions of NHTCs at <u>nhtc.ne.gov</u>. If you have not previously logged in, you will be required to Register as a New Applicant or Credit Holder.

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# Transfer of Credits (Type A only)

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NHTC - Transfer and Distribution of Credits

|                                   |                |                                         | Applica         | nt/Credit Holde           | r                  |               |                    | Refresh                |
|-----------------------------------|----------------|-----------------------------------------|-----------------|---------------------------|--------------------|---------------|--------------------|------------------------|
| First<br>Name<br>SSN              | Lee<br>774-71- | 5669                                    | M.I.            | MI Last<br>Name           | Glaser             |               |                    |                        |
|                                   |                |                                         |                 | Certificates              |                    |               |                    |                        |
| Certificates                      | Message        | Center for Certific                     | ates            |                           |                    |               |                    |                        |
| Certificates                      |                | Center for Certific<br>Property<br>Name | ates<br>Address | Placed In<br>Service Date | Current<br>Balance | lssue<br>Date | Action<br>Required | Download               |
| Certificates Certificate B160049W | Number         | Property                                |                 |                           |                    |               |                    | Download<br>♪ Download |

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#### Certificates.

- Type A certificates begin with a capital 'A.'
- From the applicant's home page in the Certificates section, click on the • Type A certificate you want to transfer credits from.

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|                    |                             |              | Transactions         |                  |        |             |                |      |
|--------------------|-----------------------------|--------------|----------------------|------------------|--------|-------------|----------------|------|
| Certificate Number | Date of Transfer/Distributi | Request Date | Recipient/Owner Name | Transaction Type | Debit  | Credit      | Ledger Balance | Requ |
| A160050X162111     | 12/21/2016                  |              | Glaser, Lee          |                  | \$0.00 | \$55,000.00 | \$55,000.00    | Ap   |
| <                  |                             |              |                      |                  |        |             |                | >    |
|                    |                             |              |                      |                  |        |             |                |      |
|                    | oute 📢 Back                 |              |                      |                  |        |             |                |      |

#### Transfer/Distribute.

• Click on "Transfer/Distribute."

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| PART 5: Request for Transfer, Sa     | ale, Assignment, or Distribution of Credits | Help |
|--------------------------------------|---------------------------------------------|------|
| Part 5                               | 2<br>Part 5-A                               |      |
| Enter NHTC Certificate #:            | A160050X162111                              |      |
| Subject Property                     |                                             |      |
| Historic Name (if applicable): LG160 | 050                                         |      |
| Address: d City: d Stat              | e: Nebraska ZIP Code (+4): 55555-5555       |      |
| Placed In Service Date: Dec 21, 2016 | NHTC ID Number: 160050                      |      |
| Transfer or Distribution             |                                             |      |
| Select one                           | OTransferODistribute                        |      |

#### Transfer or Distribution.

- Verify the correct Certificate Number was selected and the Subject Property is correct.
- If the information is correct, select "Transfer."

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| PART 5: Request for Transfer, Sa                                                                                                                                              | le, Assignment, or Distribution of Credits                                                                                                                                                 | ? | Help |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------|--|--|
| 1<br>Part 5                                                                                                                                                                   | 2<br>Part 5-A                                                                                                                                                                              |   |      |  |  |
| Enter NHTC Certificate #:                                                                                                                                                     | A160050X162111                                                                                                                                                                             |   |      |  |  |
| Subject Property                                                                                                                                                              |                                                                                                                                                                                            |   |      |  |  |
| Historic Name (if applicable): LG1600<br>Address: d City: d State<br>Placed In Service Date: Dec 21, 2016                                                                     | e: Nebraska ZIP Code (+4): 55555-5555                                                                                                                                                      |   |      |  |  |
| Transfer or Distribution                                                                                                                                                      |                                                                                                                                                                                            |   |      |  |  |
| Select one                                                                                                                                                                    | Transfer ODIstribute                                                                                                                                                                       |   |      |  |  |
| Transfer, Sale, or Assignment of Type A Credit Information           1. Total Type A Credita Held by the Transferor Before Transfer, Sale, or Assignment         \$ 55,000.00 |                                                                                                                                                                                            |   |      |  |  |
| 2. Enter The Total Type A Credits Transferred, Sold, or Assigned                                                                                                              |                                                                                                                                                                                            |   |      |  |  |
| 3. Total Type A Credits Heid by the Transferor After Transfer, Sale, or Assignment \$ 35,000.00                                                                               |                                                                                                                                                                                            |   |      |  |  |
| < Back 🕨 Next                                                                                                                                                                 |                                                                                                                                                                                            |   |      |  |  |
| <ul><li>Line 1</li><li>On line</li></ul>                                                                                                                                      | of a Type A Credit Information.<br>populates with the current credit balance.<br>e 2, enter the total amount of the transfer request.<br>automatically calculates and shows the new credit |   |      |  |  |

- balance after the transfer is complete.
- Click "Next" to continue.

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NHTC – Transfer and Distribution of Credits

- Select "Individual" or "Organization" for each recipient of a transfer of NHTCs.
- The screen will change based on your selection.

| PART 5: Request for Transfer, Sale, Assignment, or Distribution of Credits ? He |                                       |  |  |  |  |  |  |
|---------------------------------------------------------------------------------|---------------------------------------|--|--|--|--|--|--|
| 1 2<br>Part 5 Part 5                                                            | A                                     |  |  |  |  |  |  |
| Transferee, Buyer, or Assignee                                                  |                                       |  |  |  |  |  |  |
| *Individual/Organization:                                                       | OIndividual Organization              |  |  |  |  |  |  |
| *Address 1:                                                                     | Address 1                             |  |  |  |  |  |  |
| Address 2:                                                                      | Address 2                             |  |  |  |  |  |  |
| *City:                                                                          | City                                  |  |  |  |  |  |  |
| * State:                                                                        | State                                 |  |  |  |  |  |  |
| *ZIP Code +4:                                                                   | Zip Code - Plus 4 Zip Code Lookup     |  |  |  |  |  |  |
| *Email:                                                                         | 🗷 Email                               |  |  |  |  |  |  |
| *Confirm Email                                                                  | Confirm Email                         |  |  |  |  |  |  |
| *Date of Transfer, Sale, or Assignment:                                         | Date of Transfer, Sale, or Assignment |  |  |  |  |  |  |
| *Total Transfer Amount:                                                         | \$ 20,000.00                          |  |  |  |  |  |  |
| *Amount of Transfer:                                                            | \$ Amount of Transfer                 |  |  |  |  |  |  |
| Comment:                                                                        |                                       |  |  |  |  |  |  |
|                                                                                 |                                       |  |  |  |  |  |  |
| Add to List                                                                     |                                       |  |  |  |  |  |  |

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### \*\*\*IMPORTANT\*\*\*

- It is very important that the information entered on behalf of a recipient of NHTCs is correct.
- If you enter the wrong information, the recipient will not match up to the pending request upon login.
- Before transferring credits, always verify that you have the recipient's correct SSN/FEIN and email address.

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- Enter the required • information for each individual receiving a transfer of credits.
- Click on "Add to List" ٠ after entering each individual's R information.
- Then, continue to Α ٠ enter any remaining Т recipients.

| PART 5: Request for Transfer, Sale, Assignment, or Distribution | n of Credits 😯 Help                  |
|-----------------------------------------------------------------|--------------------------------------|
| 1 2<br>Part 6 Part 6-                                           | A                                    |
| Transferee, Buyer, or Assignee                                  |                                      |
| Individual/Organization:                                        |                                      |
| •First Name                                                     | First Name                           |
| M.L.                                                            | M.I.                                 |
| Last Name                                                       | Last Name                            |
| Title                                                           | Title                                |
| •Address 1:                                                     | Address 1                            |
| Address 2:                                                      | Address 2                            |
| •City:                                                          | City                                 |
| • State:                                                        | State                                |
| •ZIP Code +4:                                                   | ZIp Code - Plus 4 ZIp Code Lookup    |
| •Email:                                                         | 🖾 Email                              |
| Confirm Email                                                   | Confirm Email                        |
| -SSN                                                            | SSN                                  |
| Confirm \$\$N                                                   | Confirm SSN                          |
| Date of Transfer, Sale, or Assignment:                          | ate of Transfer, Sale, or Assignment |
| Total Transfer Amount:                                          | \$ 20,000.00                         |
| Amount of Transfer:                                             | Amount of Transfer                   |
| Comment:                                                        |                                      |
|                                                                 |                                      |
| Add to List                                                     |                                      |

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- Enter the required • information for each organization receiving a transfer of credits.
- Click on "Add to • List" after entering each organization's R information.
- Then, continue to Α ٠ enter any remaining recipients.

| PART 5: Request for Transfer, Sale, Assignment, or Distri | ribution of Credits ? Help            |
|-----------------------------------------------------------|---------------------------------------|
| 1 2<br>Part 5 Part 5                                      |                                       |
| Transferee, Buyer, or Assignee                            |                                       |
| Individual/Organization:                                  |                                       |
| Organization                                              | Organization                          |
| •Address 1:                                               | Address 1                             |
| Address 2:                                                | Address 2                             |
| •City:                                                    | City                                  |
| • State:                                                  | State                                 |
| •ZIP Code +4:                                             | Zip Code - Plus 4 ZIp Code Lookup     |
| •Email:                                                   | 🖾 Email                               |
| Confirm Email                                             | Confirm Email                         |
| •FEIN                                                     | FEIN                                  |
| Confirm FEIN                                              | Confirm FEIN                          |
| •Date of Transfer, Sale, or Assignment:                   | Date of Transfer, Sale, or Assignment |
| Total Transfer Amount:                                    | \$ 20,000.00                          |
| Amount of Transfer:                                       | Amount of Transfer                    |
| Comment:                                                  |                                       |
| $\frown$                                                  |                                       |
| Add to List                                               |                                       |

| ART 5: Request for Transfer, Sale, Assignment, or Distribution of Credits |                   |         |          |               |                            |             | ? Help       |             |       |         |
|---------------------------------------------------------------------------|-------------------|---------|----------|---------------|----------------------------|-------------|--------------|-------------|-------|---------|
| Part 5                                                                    | 2<br>Part 5-      | A       |          |               |                            |             |              |             |       |         |
| ransferee, Buyer, or Assignee                                             |                   |         |          |               |                            |             |              |             |       |         |
|                                                                           |                   |         |          | Transferee, E | Buyer, or Assignee Informa | tion        |              |             |       |         |
| Individual/Organization                                                   | Mailing Address 🗘 | City    | State    | Zip Code      | Email Address              | SSN or FEIN | Date         | Amount      | Edit  | Delete  |
| John, Smith                                                               | 123 B Street      | Lincoln | Nebraska | 68509-5555    | johnmsmith@gmail.com       | 555-55-5555 | Jun 12, 2017 | \$8,000.00  | ✓Edit | *Delete |
| ABC Corporation                                                           | 987 Z Streeet     | Omaha   | Nebraska | 68102-1836    | abccorp@gmail.com          | 99-9999999  | Jun 12, 2017 | \$12,000.00 | ✓Edit | *Delete |
| Total: \$ 20,000.00                                                       |                   |         |          |               |                            |             |              |             |       |         |

#### List of Recipients.

• After adding all recipients for one transfer request, always verify that the "Total" on this screen equals the amount you intended to transfer.

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# Person Authorized to Sign.

Enter the name of the individual who currently holds the credit if the current credit owner is a sole proprietor; or enter the name of an authorized partner, member, or corporate officer of the credit holder's

| or corporate off    | icer of the credit holder's organization. If the name entered below is someone other than listed above,                      |
|---------------------|------------------------------------------------------------------------------------------------------------------------------|
| A Power of At       | torney, Form 33 is must be signed by the authorized person and attached below.                                               |
|                     |                                                                                                                              |
|                     |                                                                                                                              |
| Person Autho        | orized to Sign, Power of Attorney, Form 33                                                                                   |
|                     |                                                                                                                              |
| + Attach Power      | of Attorney, Form 33                                                                                                         |
|                     |                                                                                                                              |
|                     |                                                                                                                              |
|                     |                                                                                                                              |
| *First Name:        | First Name                                                                                                                   |
| *Last Name:         | Last Name                                                                                                                    |
| *Title:             | Title                                                                                                                        |
| *Telephone:         | Telephone                                                                                                                    |
| *Email:             | Email                                                                                                                        |
| *Confirm Email:     | Confirm email                                                                                                                |
| By including your e | mail address, you are agreeing that the Department may use it to transmit confidential information through a secure website. |

entered below must be the credit holder when the credit holder is a sole proprietor or must be an author

organization if the current credit owner is an organization.

Person Authorized to Sign

- If the name entered is someone other than described above, a Power of Attorney, Form 33, must be signed by an authorized person and submitted to the Department.
- By including an email address, you are agreeing that the Department may use it to transmit confidential information through a secure website.

By checking this box I declare that I am the credit holder and have read the statement below.

The act of e-filing this request is the signature of the credit holder. By submitting this electronic request, I declare under penalties of law that I have examined this electronic request, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information that I have any knowledge of.



#### Check Box.

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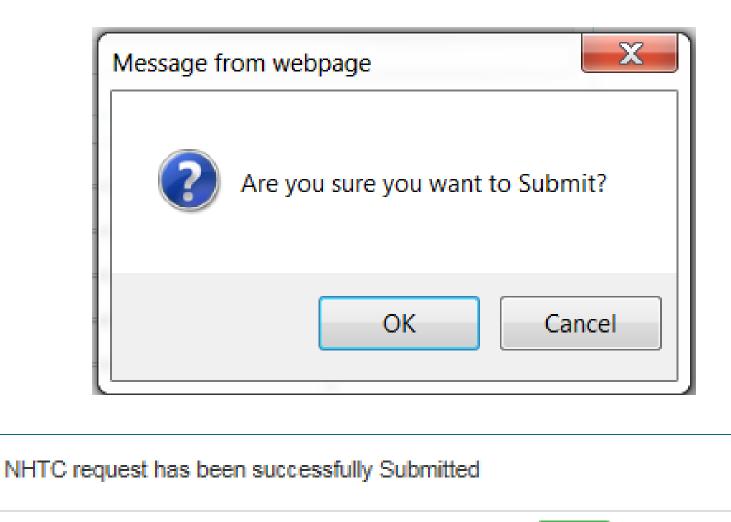
 This box must be checked in the NHTC web application before you are allowed to submit the transfer request.

#### Authorized Signature.

- The "act of e-filing" this request constitutes the signature of the credit holder. "By submitting this electronic request, I declare under penalties of law that I have examined this electronic request, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete."
- This declaration is based on all information that I have any knowledge of.

#### Submitting the Request.

• After all information has been provided and the box is checked, click the "Submit" button to complete the transfer request.



OK

From: <a href="mailto:rev.noreply@nebraska.gov">rev.noreply@nebraska.gov</a>]

Sent: Tuesday, June 13, 2017 3:07 PM

To: Rev NHTC <<u>rev.nhtc@nebraska.gov</u>>

Subject: A Nebraska Historic Tax Credit Certificate Request is Pending and Awaiting Action.

A Nebraska Historic Tax Credit Certificate Request is Pending and Awaiting Action. Use the URL below to link to the Nebraska Historic Tax Credit (NHTC) website to confirm or deny your request. If you do not have an existing username and password, click Register New Applicant or Credit Holder and create a user account for the individual or organization receiving the NHTCs. The request requiring your action is located in the Certificate Requests region. Click the applicable icon in the Review Certificate Request column to start the review. If you are not presented with the request that relates to your transaction, contact the person who initiated the request. If the information reported on your behalf is correct select Confirm. Confirmed requests for transfer of NHTCs will automatically be approved and a certificate/s created. Requests for distribution of NHTCs require an approval by the Department of Revenue before certificates are issued.

If the information reported on your behalf is incorrect select Deny. Denied requests will be returned to the transferor or distributor for correction and resubmission. You will then receive a new pending request for review. Confirmed requests for transfer of NHTCs will automatically be approved and a certificate/s created.

Requests for distribution of NHTCs require an approval by the Department of Revenue before certificates are issued.

NHTC ID Number: xxxxxx

URL: https://nhtc-pre-cat.ne.gov/revshsnhtc/public/login.faces

The NHTC web application sends an email to the recipients of the transfer informing them that a request is pending and awaiting action.

# Distribution of Credits (Type A or Type B)

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#### **Distribution of Credits**

|                |           |                        | Applica                                              | nt/Credit Holde                       | r                              |                            |                 | Refresh  |
|----------------|-----------|------------------------|------------------------------------------------------|---------------------------------------|--------------------------------|----------------------------|-----------------|----------|
| rst<br>me      | Lee       |                        | M.I.                                                 | MI Last<br>Name                       | Glaser                         |                            |                 |          |
| SN             | XXX       | -XX-XXXX               | ]                                                    |                                       |                                |                            |                 |          |
|                |           |                        |                                                      | Certificates                          |                                |                            |                 |          |
| ertificates    | Message C | enter for Certificates |                                                      |                                       |                                |                            |                 |          |
|                |           |                        |                                                      |                                       |                                |                            |                 |          |
| Certifica      | te Number | Property Name          | Address                                              | Placed In Service Date                | Current Balance                | Issue Date                 | Action Required | Download |
| _              | te Number | Property Name          | Address<br>I.,<br>I Nebraska<br>55555-5555           | Placed In Service Date<br>Dec 1, 2016 | Current Balance<br>\$ 2,750.00 | Issue Date<br>Dec 21, 2016 | Action Required | Download |
| <u>B160049</u> |           |                        | l ,<br>I Nebraska                                    |                                       |                                |                            | Action Required |          |
| <u>B160046</u> | 9W787635  | LG180049               | I ,<br>I Nebraska<br>55555-5555<br>d ,<br>d Nebraska | Dec 1, 2016                           | \$ 2,750.00                    | Dec 21, 2016               | Action Required | Download |

#### Certificates.

- Type A certificates begin with a capital 'A' and Type B certificates begin with a capital 'B.'
- From the applicant's home page in the Certificates section, click on the Type A or Type B certificate you want to distribute credits from.

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| Certificate Transaction History for A160050X162111 |                               |              |                      |                  |             |             |                |                |  |
|----------------------------------------------------|-------------------------------|--------------|----------------------|------------------|-------------|-------------|----------------|----------------|--|
|                                                    |                               |              | Transactions         |                  |             |             |                |                |  |
| Certificate Number                                 | Date of Transfer/Distribution | Request Date | Recipient/Owner Name | Transaction Type | Debit       | Credit      | Ledger Balance | Request Status |  |
| ▼ A160050X162111                                   | 12/21/2018                    |              | Glaser, Lee          |                  | \$0.00      | \$55,000.00 | \$55,000.00    | Approved       |  |
| Transaction                                        | 06/12/2017                    | 06/13/2017   | Smith, John          | Transfer         | \$8,000.00  | \$0.00      | \$47,000.00    | Pending        |  |
| Transaction                                        | 06/12/2017                    | 06/13/2017   | ABC Corporation      | Transfer         | \$12,000.00 | \$0.00      | \$35,000.00    | Pending        |  |



#### Transfer/Distribute.

• Click on "Transfer/Distribute."

| PART 5: Request for Transfer, Sale, Assignment, or Distribution of Credits | Help |
|----------------------------------------------------------------------------|------|
| 1 2<br>Part 5 Part 5-A                                                     |      |
| Enter NHTC Certificate #: A160050X162111                                   |      |
| Subject Property                                                           |      |
| Historic Name (if applicable): LG180050                                    |      |
| Address: d City: d State: Nebraska ZIP Code (+4): 55555-5555               |      |
| Placed In Service Date: Dec 21, 2016 NHTC ID Number: 180050                |      |
| Transfer or Distribution                                                   |      |
| Select one OTransfer Distribute                                            |      |
|                                                                            |      |

#### **Distribution.**

- Verify the correct Certificate Number was selected and the Subject Property is correct.
- If the information is correct, select "Distribute."

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|                                                                                                                                                  | Sale, Assignment, or Distribution of                                                               | f Credits    | Help |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------|------|
| Part 5                                                                                                                                           | 2<br>Part 5-A                                                                                      |              |      |
| Enter NHTC Certificate #:                                                                                                                        | A160050X162111                                                                                     |              |      |
| Subject Property                                                                                                                                 |                                                                                                    |              |      |
| Address: d City: d S<br>Placed In Service Date: Dec 21, 2<br>Transfer or Distribution                                                            | State:         Nebraska         ZIP Code (+4): 55555           2016         NHTC ID Number: 160050 | -5555        |      |
| -                                                                                                                                                | ansfer                                                                                             |              |      |
| Select one OTr                                                                                                                                   |                                                                                                    |              |      |
| Selectone                                                                                                                                        | mation                                                                                             |              |      |
| Distribution of Type A Credit Infor                                                                                                              |                                                                                                    | \$ 35,000.00 |      |
| Select one OTra<br>Distribution of Type A Credit Infor<br>1. Total Type A Credits Held by the Distr<br>2. Enter the Total Type A Credits Distrib | ributor Before Current Distribution                                                                | \$ 35,000.00 |      |

#### **Distribution of Credits.**

- Line 1 populates with the current credit balance.
- On line 2, enter the total of the distribution request.
- Line 3 automatically calculates and shows the new credit balance after the distribution is complete.
- Click "Next" to continue.

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#### Individual/Organization.

- Select "Individual" or "Organization" for each recipient of a distribution of NHTCs.
- The screen will change based on your selection.

| PART 5: Request for Transfer, Sale, A | ssign | nment, or Distribution of Credits 3 Help |
|---------------------------------------|-------|------------------------------------------|
| Part 5                                | A     |                                          |
| Distributee                           |       |                                          |
| *Individual/Organization:             |       | vidual Organization                      |
| Mailing Address:                      | Mail  | ing Address                              |
| *City:                                | City  |                                          |
| * State:                              | State | e 🗸                                      |
| *ZIP Code +4:                         | Zip ( | Code - Plus 4 Zip Code Lookup            |
| *Email:                               | ×     | Email                                    |
| Confirm Email ★                       | ×     | Confirm Email                            |
| *Date of Distribution:                |       | Date of Distribution                     |
| *Total Distribute Amount:             | \$    | 5,000.00                                 |
| *Amount of Distribution:              | \$    | Amount of Distribution                   |
| Add to List                           |       |                                          |

### \*\*\*IMPORTANT\*\*\*

- It is very important that the information entered on behalf of a recipient of NHTCs is correct.
- If you enter the wrong information, the recipient will not match up to the pending request upon login.
- Before transferring credits, always verify that you have the recipient's correct SSN/FEIN and email address.

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#### Individual.

- Enter the required information for each individual receiving a distribution of credits.
- Click on "Add to List" after entering each individual's information.
- Then, continue to enter any remaining recipients.

| PART 5: Request for Transfer, Sale, Assignmer | ıt, or                            | Distribution of Credits | 9 | Help |
|-----------------------------------------------|-----------------------------------|-------------------------|---|------|
| 1 2<br>Part 6 Part 6-                         | A,                                |                         |   |      |
| Distributee                                   |                                   |                         |   |      |
| Individual/Organization:                      | )ndh                              | vidual Organization     |   |      |
| First Name                                    | First                             | Name                    |   |      |
| M.I.                                          | M.I.                              |                         |   |      |
| -Last Name                                    | Last                              |                         |   |      |
| Title                                         | Titie                             |                         |   |      |
| Mailing Address:                              | Malling Address                   |                         |   |      |
| City:                                         | City                              |                         |   |      |
| = State:                                      | State                             |                         |   |      |
| ZIP Code +4:                                  | Zip Code - Plus 4 Zip Code Lookup |                         |   |      |
| Email:                                        | 🖾 Email                           |                         |   |      |
| Confirm Email                                 |                                   | Confirm Email           |   |      |
| -SSN                                          | SSN                               | I                       |   |      |
| Confirm \$\$N                                 | Con                               | firm SSN                |   |      |
| Date of Distribution:                         | Ħ                                 | Date of Distribution    |   |      |
| Total Distribute Amount:                      | \$                                | 5,000.00                |   |      |
| Amount of Distribution:                       | \$                                | Amount of Distribution  |   |      |
| Add to List                                   |                                   |                         |   |      |

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#### Organization.

- Enter the required information for each organization receiving a distribution of credits.
- Click on "Add to List" after entering each organization's information.
- Then, continue to enter any remaining recipients.

| PART 5: Request for Transfer, Sale, Assignme | nt, or Distribution of Credits 🔋 Helj |
|----------------------------------------------|---------------------------------------|
| 1<br>Part 5 Part 5                           | A                                     |
| Distributee                                  |                                       |
| Individual/Organization:                     | OIndividual                           |
| <ul> <li>Organization</li> </ul>             | Organization                          |
| Malling Address:                             | Malling Address                       |
| City:                                        | City                                  |
| • State:                                     | State                                 |
| •ZIP Code +4:                                | Zlp Code - Plus 4 Zlp Code Lookup     |
| =Email:                                      | Emall                                 |
| Confirm Email                                | Confirm Email                         |
| =FEIN                                        | FEIN                                  |
| Confirm FEIN                                 | Confirm FEIN                          |
| Date of Distribution:                        | Date of Distribution                  |
| Total Distribute Amount:                     | \$ 5,000.00                           |
| Amount of Distribution:                      | \$ Amount of Distribution             |
| Add to List                                  |                                       |

| Part 6                  | 2<br>Part             |         |          |                |                                |                    |              |            |             |       |         |
|-------------------------|-----------------------|---------|----------|----------------|--------------------------------|--------------------|--------------|------------|-------------|-------|---------|
| istributee              |                       |         |          |                |                                |                    |              |            |             |       |         |
|                         |                       |         |          | Partners, Memi | bers, or Shareholders Receivin | g the Distribution |              |            |             |       |         |
| Individual/Organization | Mailing Address ©     | City    | State    | Zlp Code       | Email Address                  | 88N or FEIN        | Date         | Percentage | Amount      | Edit  | Delete  |
| Buss LLC                | 5555 West Main Street | Noforik | Nebraska | 68701-5555     | norfolk@ne.gov                 | 66-6666666         | Jun 13, 2017 | 80 %       | \$4,000.00  | ✓Edit | ×Delete |
| John, Thomas            | 987 North Street      | Omaha   | Nebraska | 68502-5555     | john.thomas@gmail.com          | 888-88-8888        | Jun 13, 2017 | 20 %       | \$1,000.00  | ✓Edit | XDelete |
|                         |                       |         |          |                |                                |                    | Total:       | 100 %      | \$ 6,000.00 | >     |         |

#### List of Recipients.

• After adding all recipients for one distribution request, always verify that the "Total" on this screen equals the amount you intended to distribute.

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#### Distribution Agreement – Attach Bylaws or Executed Agreement

| + | Attach |  |
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#### **Distribution Agreement.**

 Credit holders distributing credits through the ownership structure of a partnership, limited liability company, or S corporation must upload their most current federal Schedule K-1, the entity's bylaws, or an agreement executed by the partners, members, or shareholders, which support the distribution of credits to the owners.



#### 7/12/2017

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# Person Authorized to Sign.

• Enter the name of the individual who currently holds the credit if the current credit owner is a sole proprietor; or enter the name of an authorized partner, member, or corporate officer of the credit holder's

| Person Authorized to Sign                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------|
| The name entered below must be the credit holder when the credit holder is a sole proprietor or must be an authorized partner, member, |
| or corporate officer of the credit holder's organization. If the name entered below is someone other than listed above,                |
| A Power of Attorney, Form 33 to must be signed by the authorized person and attached below.                                            |
|                                                                                                                                        |
| Person Authorized to Sign, Power of Attorney, Form 33                                                                                  |

| Person Autho                                                                                                                                    | rized to Sign, Power of Attorney, Form 33 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| + Attach Power of Attorney, Form 33                                                                                                             |                                           |  |
| + Attach Power o                                                                                                                                | r Attorney, Form 55                       |  |
|                                                                                                                                                 |                                           |  |
|                                                                                                                                                 |                                           |  |
|                                                                                                                                                 |                                           |  |
| *First Name:                                                                                                                                    | First Name                                |  |
| *Last Name:                                                                                                                                     | Last Name                                 |  |
| *Title:                                                                                                                                         | Title                                     |  |
| *Telephone:                                                                                                                                     | Telephone                                 |  |
| *Email:                                                                                                                                         | Email                                     |  |
| *Confirm Email:                                                                                                                                 | Confirm emsil                             |  |
| By including your email address, you are agreeing that the Department may use it to transmit confidential information through a secure website. |                                           |  |

organization if the current credit owner is an organization.

- If the name entered is someone other than described above, a Power of Attorney, Form 33, must be signed by an authorized person and submitted to the Department.
- By including an email address, you are agreeing that the Department may use it to transmit confidential information through a secure website.

ly checking this box I declare that I am the credit holder and have read the statement below.

The act of e-filing this request is the signature of the credit holder. By submitting this electronic request, I declare under penalties of law that I have examined this electronic request, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information that I have any knowledge of.

📢 Back 🗹 Save 🅩 Submit

#### Check Box.

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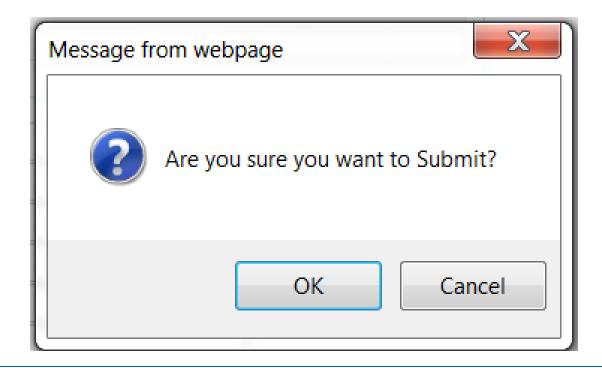
 This box must be checked in the NHTC web application before you are allowed to submit the distribution request.

#### Authorized Signature.

- The "act of e-filing" this request constitutes the signature of the credit holder. "By submitting this electronic request, I declare under penalties of law that I have examined this electronic request, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete."
- This declaration is based on all information that I have any knowledge of.

#### Submitting the Request.

• After all information has been provided and the box is checked, click the "Submit" button to complete the distribution request.



Your request for distribution of the NHTCs has been successfully submitted. After the distributee confirms your request, the Department of Revenue will review the distribution agreement and notify you of the findings.



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From: rev.noreply@nebraska.gov [mailto:rev.noreply@nebraska.gov]

Sent: Tuesday, June 13, 2017 3:07 PM

To: Rev NHTC <<u>rev.nhtc@nebraska.gov</u>>

Subject: A Nebraska Historic Tax Credit Certificate Request is Pending and Awaiting Action.

A Nebraska Historic Tax Credit Certificate Request is Pending and Awaiting Action. Use the URL below to link to the Nebraska Historic Tax Credit (NHTC) website to confirm or deny your request. If you do not have an existing username and password, click Register New Applicant or Credit Holder and create a user account for the individual or organization receiving the NHTCs. The request requiring your action is located in the Certificate Requests region. Click the applicable icon in the Review Certificate Request column to start the review. If you are not presented with the request that relates to your transaction, contact the person who initiated the request. If the information reported on your behalf is correct select Confirm. Confirmed requests for transfer of NHTCs will automatically be approved and a certificate/s created. Requests for distribution of NHTCs require an approval by the Department of Revenue before certificates are issued.

If the information reported on your behalf is incorrect select Deny. Denied requests will be returned to the transferor or distributor for correction and resubmission. You will then receive a new pending request for review. Confirmed requests for transfer of NHTCs will automatically be approved and a certificate/s created. Requests for distribution of NHTCs require an approval by the Department of Revenue before certificates are issued.

NHTC ID Number: xxxxxx

URL: <u>https://nhtc-pre-cat.ne.gov/revshsnhtc/public/login.faces</u>

The NHTC web application sends an email to the recipients of the distribution informing them that a request is pending and awaiting action.

### NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

Questions regarding Part 5 of the Nebraska Historic Tax Credit may be directed to:

### Sinway Bouzid Revenue Tax Specialist Senior, Policy Section

Nebraska Department of Revenue 301 Centennial Mall South PO Box 94818 Lincoln, NE 68509-4818 402-471-5669 <u>sinway.bouzid@nebraska.gov</u> revenue.nebraska.gov

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