

Virginia Department of Education
Neighborhood Assistance Tax Credit Program (NAP) for Education
Contribution Notification Form (CNF)

1. Donor's Tax ID# (SSN or EIN): _____
(Please provide only one (1) SSN or EIN.) (9 digit number, no hyphens)
2. Donor Name (Individual or Business associated with Tax ID#): _____
(Please provide only one (1) Donor Name)
3. Contact Name for Business: _____
4. Donor's Mailing Address: _____

 City, Town or PO Box State ZIP
5. Donor's Phone Number: _____
 Home number Alternative number
7. Name of NAP Organization that received your donation: **Norfolk Collegiate Educational Foundation**

8. Donation information (complete the appropriate box below):

<p>a. Individual Donor</p> <p>i. Enter the Value of the Donation (<i>minus any goods and services received in return for the donation</i>): \$ _____ <i>(See Instructions - minimum initial donation for tax credit is \$500; maximum donation for tax credit is \$125,000.)</i></p> <p>ii. Date of Donation (See Instructions): _____ (mm/dd/yyyy) <i>(If multiple donations are attached, enter the date of the last donation. All donations must have been made in the same taxable year.)</i></p> <p>iii. Type of Donation (<i>Mark all that apply.</i>):</p> <p><input type="checkbox"/> cash <input type="checkbox"/> marketable securities</p> <p>iv. If you have previously received or requested NAP credits from DSS or DOE this tax year, enter the total value of the NAP credits received or requested: \$ _____</p>	<p>b. Business Donor</p> <p>i. Enter the Value of the Donation (<i>minus any goods and services received in return for the donation</i>): \$ _____ <i>(See Instructions - minimum initial donation for tax credit is \$616; there is no maximum donation limit.)</i></p> <p>ii. Date of Donation (See Instructions): _____ (mm/dd/yyyy) <i>(If multiple donations are attached, enter the date of the last donation. All donations must have been made in the same taxable year.)</i></p> <p>iii. Type of Donation (<i>Mark all that apply.</i>):</p> <p><input type="checkbox"/> cash <input type="checkbox"/> marketable securities <input type="checkbox"/> real estate <input type="checkbox"/> motor vehicle <input type="checkbox"/> rent/lease of facility <input type="checkbox"/> professional services <input type="checkbox"/> merchandise donated for use by the NAP organization <input type="checkbox"/> merchandise donated to be sold, auctioned, or raffle</p> <p>iv. If taxable year is other than a calendar year:</p> <p>1) Taxable year in which the donation was made: _____ (yyyy); 2) Tax year begin date: _____ (mm/dd/yyyy).</p>
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9. Type of Donor (*Select only one.*):
- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Partnership (LP) | <input type="checkbox"/> Professional Limited Company (PLC) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Professional Limited Company (PLC) | |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Professional Limited Liability Company (PLLC) | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Professional Association (PA) | <input type="checkbox"/> Public Limited Company (PLC) | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Professional Corporation (PC) | <input type="checkbox"/> Trust | |

10. Certification by the Donor:

I certify that the value of the donation and the date of the donation were determined in accordance with the instructions for this form. I also certify that the above information is accurate and describes a donation made to the approved non-profit Neighborhood Assistance Program (NAP) organization named above. I understand that this information will be shared with the Department of Taxation and the Department of Social Services for purposes of administering the *Neighborhood Assistance Act Tax Credit* program, and that failure to provide this information may limit my ability to claim the tax credit. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Department of Taxation.

 Date Signature

**Donor/authorized representative of donor must sign and return this form to the organization to which the donation was made.*

11. Certification by the Approved NAP Organization:

I certify that the above described donation was received by this organization on the date of donation indicated above and appropriate documentation supporting the date and value of the donation is attached and will be maintained. I certify that no goods or services were provided to the donor in exchange for this gift. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Department of Taxation and the Virginia Department of Education may terminate this organization's eligibility to participate in the program.

 Date Printed Name Signature

**An authorized representative of the NAP organization must sign and submit the form, along with appropriate documentation of the donation, to the Virginia Department of Education, 25th Floor, P.O. Box 2120, Richmond, VA 23218-2120, Attention: Neighborhood Assistance Tax Credit Program for*

Education. A state tax credit certificate will be issued by the Virginia Department of Education upon receipt of the completed form and appropriate documentation.