



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908

Form HTC-V2

**Rhode Island Historic Structures - Tax Credit
 Processing Fee Form**

Name of Developer	Social Security Number or Federal Identification Number	
Address		
City	State	Zip Code

Pursuant to R.I.G.L. 44-33.2-2 and 44-33.2-3, only projects that received Part I certification from the Rhode Island Historical Preservation and Heritage Commission prior to January 1, 2008 were eligible for tax credits under this chapter. Developers are required to pay a processing fee ranging from 3% to 5% of the Qualified Rehabilitation Expenditures of the certified historic structure. **2.25%** of the Qualified Rehabilitation Expenditures was due on or before **May 15, 2008**, with the balance due on or before **March 5, 2009**, or at the completion of the project, whichever comes first.

THIS FROM MUST BE COMPLETED AND SENT IN WITH PAYMENT TO THE DIVISION OF TAXATION, ALONG WITH THE COST CERTIFICATION REPORT AND A BREAKDOWN OF CERTIFICATE HOLDER INFORMATION.

PART A: PROJECT INFORMATION

Project Name: _____
 Project Location: _____
 Project Number: _____

PART C: PROCESSING FEE CALCULATION

1.	Credit/Fee Structure Checked on May 15, 2008 Voucher Form a) 27% percent credit with a 5% processing fee b) 26% percent credit with a 4% processing fee c) 25% percent credit with a 3% processing fee	Credit _____ Fee _____
2.	Estimated Qualified Rehabilitation Expenditures or Actual Qualified Rehabilitation Expenditures if Project is complete (whichever is lower)	\$ _____
3.	Total processing fee due (Line 2 times fee from line 1)	\$ _____
4.	Processing fee paid on May 15, 2008 (If this is a phased project, enter amount of fee associated with this completed phase only. If this is the final phase, include total fee paid.)	\$ _____
5.	Deposits made to RI Historical Preservation and Heritage Commission	\$ _____
6.	Amount due on March 5, 2009 or at completion of project, whichever comes first. Line 3 less lines 4 and 5. (Make check payable to RI Division of Taxation)	\$ _____

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____ Date _____ Telephone number _____

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For further questions or assistance, please contact Donna Dube at (401) 574-8903.

Mail completed form with payment to: RI Division of Taxation - Historic Tax Credit
 One Capitol Hill
 Providence, RI 02908
 Attn: Donna Dube