

**Form NAA-02**

**2017 Connecticut Neighborhood Assistance Act Business Application**

Each business firm applying for a tax credit under the Neighborhood Assistance Act (NAA) Program must complete and submit **Form NAA-02** for each cash contribution for which a tax credit is being requested. Form NAA-02 may be submitted on or after **September 15, 2017**, but no later than **October 2, 2017**.

To electronically submit your application, email a signed copy of Form NAA-02 to **NAAProgram@ct.gov**.

Any Form NAA-02 that is not electronically submitted may be mailed or hand-delivered (no faxes will be accepted), to:

Department of Revenue Services  
 Research Unit  
 450 Columbus Blvd Ste 1  
 Hartford CT 06103-1837

The business must make its contribution during its income year that begins in 2017.

Business firms requesting a tax credit under the NAA program must be authorized to do business in Connecticut and subject to the Insurance Premiums Tax (Chapter 207), Corporation Business Tax (Chapter 208), the Public Services Companies taxes (Chapters 209, 210, 211 or 212) or the Business Entity Tax (Chapter 213a). For purposes of a business entity subject to the Business Entity Tax, the credit may only be used by the members or partners of the entity that are subject to the Corporation Business Tax.

For additional information, contact the Department of Revenue Services (DRS), Research Unit at **860-297-5687**.

**Part I - Business Firm Information**

|   |  |                                 |          |
|---|--|---------------------------------|----------|
| Business name   |  | CT Tax Registration Number      |          |
| Business address  |  | Number and street               | PO Box   |
| City or town  |  | State                           | ZIP code |
| Name of contact person  |  | Telephone number                |          |
| Title   |  | Email address of contact person |          |
| May DRS approve this application through an email to your contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                                 |          |
| Enter income year beginning _____, 2017, and ending _____, _____  |  |                                 |          |
| Type of business<br><input type="checkbox"/> C Corporation <input type="checkbox"/> Other (specify) _____   |  |                                 |          |
| Tax type against which the credit will be used<br><input type="checkbox"/> Corporation Business Tax <input type="checkbox"/> Insurance Premiums Tax <input type="checkbox"/> Public Service Companies Tax |  |                                 |          |

**Part II - Program Proposal Information**

|  |    |
|--|----|
| Organization/municipal agency                |    |
| Program title                                |    |
| Municipality approving program               |    |
| Amount of cash contribution (\$250 minimum). | \$ |

\_\_\_\_\_  
 Authorized representative's name (print)

\_\_\_\_\_  
 Authorized representative's title

\_\_\_\_\_  
 Authorized representative's signature (**Do not use black ink**)

\_\_\_\_\_  
 Date