Department of Revenue Services
State of Connecticut
(Rev. 02/08)

Reset Form

Form NAA-02
2008 Connecticut Neighborhood Assistance Act Business Application

Each business firm requesting a tax credit under the Neighborhood Assistance Act Program must complete and submit this form for each cash contribution for which a tax credit is being requested. **Form NAA-02** must be mailed or hand-delivered to the **Department of Revenue Services, 25 Sigourney Street, Hartford CT 06106, Attn: Research Unit**, on or after **September 15, 2008**, but no later than **October 1, 2008**. A faxed **Form NAA-02** will **not** be accepted.

Subchapter S Corporations, Limited Liability Companies, Limited Liability Partnerships, and Limited Partnerships are **not eligible** for the credit. For additional information, contact the Research Unit at **860-297-5687**.

Part I: Business Firm Information

Business Firm Name: _____

Address: _____

Federal Employer Identification Number: _____

Connecticut Tax Registration Number: _____

Income Year Ending: _____

Name of Contact Person: _____

Title: _____

Email Address of Contact Person: _____

Telephone Number: ( ) _____

Part II: Program Proposal Information

Organization/Municipal Agency: _____

Program Title: _____

Municipality Approving Program: _____

Amount of Cash Contribution: $ _____

($250 Minimum)

Has this contribution been made? ❒ Yes ❒ No

If **Yes**, date made: _____ If **No**, date to be made: _____

Note: The business must make its contribution during its 2008 income year.

_____
Signature of Authorized Representative of Business Firm
(Do Not Use Black Ink)

_____
Name and Title of Authorized Representative of Business Firm
(Please Print)

_____
Date