



**Form NC-10**  
State Form 49176 (R2/7-05)

Indiana Department of Revenue  
**Neighborhood Assistance  
Tax Credit Application**

(File with the recipient organization participating in the Neighborhood Assistance Program)

**Contributor Information** (To be completed by the contributor and the qualified Neighborhood Assistance Organization)

Name of contributor	Social Security or Federal Identification Number
Address	Telephone number
City State Zip Code	Contributor's tax year ending

Type of income tax return filed by contributor. *Check One:*

- Individual Form IT-40    
  Fiduciary Form IT-41    
  Partnership Form IT-65    
  Nonprofit Form IT-20NP  
 Corporation Form IT-20    
  S Corporation Form IT-20S    
  Financial Institution Form FIT-20

**Credit Computation**

(Contributor must sign below, provide proof of payment and/or a statement of the value of all services and materials donated)

Date of contribution	Program Number <b>NP-011-138</b>
1. Amount of contribution. <i>Indicate type:</i> <input type="checkbox"/> Cash <input type="checkbox"/> Service <input type="checkbox"/> Property .....	1. \$
2. Multiply line 1 by 50% (x .50) .....	2. \$
3. Tentative amount of credit (lessor of line 2 or \$25,000) .....	3. \$

Signature of contributor ➤

**Recipient Organization Information**

Name of organization <b>Porter County Aging &amp; Community Services</b>	Indiana Taxpayer Identification Number or Federal Identification Number <b>35-1296781</b>
Address <b>1005 Campbell Street</b>	City State Zip Code <b>Valparaiso IN 46385</b>

**Certification of Contribution for Donation to Neighborhood Assistance Program**

*I certify that the contributor donated the amount on line 1 to the Neighborhood Assistance Program and that the information stated is true, correct and complete.*

Signature of neighborhood assistance organization officer <b>Bruce H. Lindner</b>	<b>Executive Director</b> Title	<b>219-464-9736</b> Telephone Number	 Date
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**Please complete ONLY the lines in the boxes outlined in purple and enclose this form with your donation.  
Thank you so much for your participation in NAP!!!**