

**Virginia Department of Education  
Neighborhood Assistance Tax Credit Program (NAP) for Education**

**Tax Credit Request Form for INDIVIDUALS (TCR-19-I)**

All donations submitted on the same form must be in the same taxable year. All three sections of the TCR must be completed before the NAP organization submits a request via the NAP system to the Virginia Department of Education (VDOE), Tax Credit Programs. Completed TCR and supporting documentation must be submitted no later than 40 days from the latest date of donation. If any field is incomplete or illegible, or if the form does not contain original signatures, then the form will be returned to the NAP organization.

<b>Section 1: Individual Donor Information</b>			
<b>Social Security Number:</b>			
<b>First Name</b>		<b>Middle Name</b>	
<b>Last Name</b>			
<b>Mailing Address</b>			
<b>Mailing Address Line 2</b>			
<b>City</b>		<b>State</b>	
<b>Zip Code</b>			
<b>Section 2: Donation Information</b>		<b>For Multiple Donations</b>	
<b>NAP Organization</b>	English Empowerment Center		If a donor has met the minimum required donation during a tax year, each subsequent donation must be submitted separately.
<b>Donation Type</b>			<ul style="list-style-type: none"> <li>Use Multiple Donation Table on page two.</li> <li>Use the last date of donation as Donation Date</li> <li>Include Total donation amount of all donations</li> </ul>
<b>Donation Date</b>			
<b>Total Donation Amount</b>	\$		
<b>Tax Credit Percentage if less than 65%</b>	%	<b>Donor Initial (for reduced Tax Credit Percentage Only)</b>	
		<i>By initialing, I agree to the stated reduced tax credit percentage</i>	
<b>Value of goods and/or services received by the donor</b>	\$ 0	<i>The value of any portion of the donation not considered a charitable contribution</i>	
<b>Total Value of Donation</b>	\$	<i>Donation Amount – Value of good/services</i>	
<b>Tax Credit Amount</b>	\$	<i>Value of Donation x Tax Credit Percentage</i>	
<b>Section 3: Certification</b>			
<p><b>Certification by the Donor:</b> <i>I 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. I understand that if my Virginia tax return is filed before tax credits have been reported to the Virginia Department of Taxation (see instructions), the tax credits will be questioned.</i></p>			
<b>Date:</b>		<b>Donor Signature</b>	
<p><b>Certification by an Authorized person from the Approved NAP Organization:</b> <i>I certify that the above described donation was received by this organization and appropriate documentation supporting the date and value of the donation indicated above is attached and will be maintained. I certify that if not amount is listed below 3.g., no goods or services were provided to the donor in exchange for the donation. 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.</i></p>			
<b>Date</b>		<b>Signature</b>	

