

CERTIFICATION OF UNUSED DELAWARE HISTORIC PRESERVATION TAX CREDITS

PART A - NAME AND ADDRESS OF CURRENT QUALIFIED PROPERTY OWNER

STATE OF DELAWARE DIVISION OF REVENUE 820 No rth French St. P.O. Box 8763 Wilm., DE 19899-8763

1.	Enter Federal Employer Identification	Number or Social Secu	rity Number:	
2.	Name of Current Qualified Property Ow	ner		
3.	Address			
	City		State	Zip
4.	Location of Qualifying Historic Property	(If different from above)		
	City		State	Zip
5.	Qualifying Dates S	tage II Approval: M M D I	Y Y Certificate	e of Completion Issued: MMDDDYY
PA	RT B - NAME AND ADDRESS OF CF	EDIT PURCHASER/TRANS	FEREE/ASSIGNEE	
1.	Enter Federal Employer Identification	Number or Social Secu	rity Number:	
2.	Name of Credit Purchaser/Transferee/A	ssignee		
3.	Address			
	City		State	Zip
	perly identified above to the Gredit Furchaser/Transferee/As	<u> </u>	are purpose or certifying a	ne amount of Delaware Historic Preservation Tax Credits
	NAME	TITLE		DATE
ST	OP: Only complete Part A and F	Part B of this form. Part 0		be completed and certified by the
		Part B of this form. Part (oue and the Delaware Sta	ate Bank Commis	be completed and certified by the
PA	OP: Only complete Part A and F Delaware Division of Rever	Part B of this form. Part (oue and the Delaware Sta	ate Bank Commis X CREDIT	be completed and certified by the
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GENERAL INSTRUCTIONS FOR COMPLETION OF FORM 1811CC 0701

Section 1814 of the Delaware Code permits any person eligible for the Delaware Historic Preservation Credit to transfer, sell or assign any unused credits. The eligible person that transfers, sells or assigns any unused portion of the Delaware Historic Preservation Tax Credits must complete Form 1811CC and send to the Delaware Division of Revenue for credit certification. The certified copy of Form 1811CC from the Division of Revenue and the Office of the State Bank Commissioner must be sent to the transferee, purchaser or assignee setting forth the amount of the certified unused credit. If you need assistance completing this form, please contact the Delaware Division of Revenue by email at DOR_CorpTax@Delaware.gov, by phone at (302) 577-8783, or in person at one of the Division of Revenue's public service offices, the addresses of which are available at https://revenue.delaware.gov/contact-information.

SPECIFIC INSTRUCTIONS

PART A - NAME AND ADDRESS OF CURRENT QUALIFIED PROPERTY OWNER

- Line 1. Enter the Federal Employer Identification or Social Security Number of the person or entity currently owning the qualified property.
- Line 2. Enter the name of the person or entity currently owning the qualified property.
- Line 3. Enter the address of the person or entity currently owning the qualified property.
- Line 4. Enter the location of the qualified historic property, if different from Line 3.
- Line 5. Enter the date (MM/DD/YY) in which the qualified property was granted Stage II approval and the date (MM/DD/YY) in which the Certificate of Completion was issued for the qualified property.

PART B - NAME AND ADDRESS OF CREDIT PURCHASER/TRANSFEREE/ASSIGNEE

- Line 1. Enter the Federal Employer Identification or Social Security Number of the credit purchaser, transferee or assignee to whom the unused credits will be purchased, transferred or assigned.
- Line 2. Enter the name of the credit purchaser, transferee or assignee to whom the unused credits will be purchased, transferred or assigned.
- Line 3. Enter the address of the credit purchaser, transferee or assignee to whom the unused credits will be purchased, transferred or assigned.

FORM 1811CC MUST BE SIGNED BY THE CURRENT QUALIFIED PROPERTY OWNER OR AN APPROVED REPRESENTATIVE OF THE CURRENT QUALIFIED PROPERTY OWNER. BY SIGNING FORM 1811CC, THE CURRENT QUALIFIED PROPERTY OWNER AGREES TO THE RELEASE OF INFORMATION TO THE CREDIT PURCHASER/TRANSFEREE/ASSIGNEE AND PERTAINING TO THE DELAWARE HISTORIC PRESERVATION TAX CREDITS FOR THE HISTORIC PROPERTY IDENTIFIED IN PART A OF FORM 1811CC.

PART C - CERTIFICATION OF THE DELAWARE HISTORIC PRESERVATION TAX CREDIT

STOP: ONLY COMPLETE PART A AND PART B OF THIS FORM. PART C OF THIS FORM WILL BE COMPLETED AND CERTIFIED BY THE DELAWARE DIVISION OF REVENUE AND THE DELAWARE STATE BANK COMMISSIONER OFFICE.