5

65 66

HERITAGE STRUCTURE REHABILITATION TAX CREDIT





75 77 79 8 **2024**

> 65 66

7				7
8	Print using blue or black ink only.			8
9				9
10				10
11				11
12	Name of taxpayer(s) Taxpayer Identification Number			12
13				13
14	Check here if this credit is derived from an entity other than that shown above.			14
15	Enter the entity's Federal Employer Identification Number			15
16	• YOUR MARYLAND RESTORATION AND QUALIFIED COSTS MUST BE CERTIFIED BY THE MARYLAND HISTOR	ICAL	_	16
17	TRUST (MHT). Attach a copy of your approved Certification Application (Part 3) and Form 502S to your tax return.			17
18	• REMINDER: Do not send photographs to the Revenue Administration Division. All photographs are to be sent to the	MHT	at:	18
19	100 Community Place, 3rd Floor, Crownsville, Maryland 21032-2023.			19
20	For more information or to obtain applications, contact the MHT at or mht.maryland.gov			20
21				21
22	Check here if a credit is being claimed for more than one property. See Special Instructions for Multiple Properties.			22
23				23
24	1. Enter MHT Project Number			24
25	Location of Property		_	25
26			_	26
27			_	27
28	Street Address			28
29			_	29
30				30
31	City or Town State ZIP Code+4			31
32			0.0	32
33	2. Certified rehabilitation expenditures		00	00
34		++	00	34
35	3. Credit for certified rehabilitation expenditures (Multiply line 2 by 20% (.20) and enter on line 3.) 3.	+++	112	36
36			-	37
38	4. Additional credit for certified rehabilitation of a high performance building. (If applicable,	$\overline{}$	0.0	38
39	multiply line 2 by 5% (.05) and enter on line 4. Otherwise, enter 0.)		-	39
40	5. Total credit amount (Add lines 3 and 4. For commercial rehabilitations, enter the lesser of the total			40
41	5. Total credit amount (Add lines 3 and 4. For commercial rehabilitations, enter the lesser of the total or \$3,000,000. For all other rehabilitations, enter the lesser of the total or \$50,000.) 5.	$\overline{}$	0.0	_
42	of \$5,000,000. For all other reliabilitations, efficer the lesser of the total of \$50,000.)			42
43	6. Total credit amount less recaptures (Enter line 5 less any recaptures if applicable.			43
44	If less than 0, enter negative amount. See Instructions.)	\Box	0.0	44
45	i ess ciul o, citer negutite unionici see inscruetoris.			45
46	If you are filing Form 502 or Form 505, enter the amount from line 6 on line 2, Part CC of Form 502CR.			46
47	If you are filing Form 504, add the amount from line 6 on line 30 of Form 504.			47
48	Corporations and PTEs will claim this credit on line 1, Part DDD of Form 500CR.			48
49	If negative, enter the negative amount on the appropriate form.			49
50				50
51				51
52				52
53				53
54		$\perp \downarrow \downarrow$		54
55		$\perp \downarrow \downarrow$	4	55
56		111	4	56
57		$\perp \downarrow \downarrow$	_	57
58		$\perp \downarrow \downarrow$		58
59		$\perp \downarrow \downarrow$	4	59
60		+++	_	60
61		+++	_	61
62		+++		62
				4