Department of Revenue Services
State of Connecticut
(Rev. 02/09)

Form NAA-02

2009 Connecticut Neighborhood Assistance Act (NAA) Business Application

Each business firm requesting a tax credit under the Neighborhood Assistance Act (NAA) 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:

Department of Revenue Services
25 Sigourney St Ste 2
Hartford CT 06106
Attn: Research Unit

on or after **September 15, 2009**, but no later than **October 1, 2009**. 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 2009 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