



Live Local Program
Application for Tax Credit Allocation for
Contributions to the Florida Housing Finance Corporation

DR-446000
N. 10/23
Rule 12-29, F.A.C.
Effective 01/24
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Apply online at floridarevenue.com/taxes/multitaxcredits. It's fast and secure.

Florida law requires the Florida Department of Revenue to approve allocations of tax credits available under the Live Local Program on a first-come, first-served basis. Applying online will allow you to:

- create a secure, online account where your application information will be stored;
• quickly complete your application and receive a confirmation number with the date and time of submission; and
• view a summary of your applications and the status of each application.

Applying for State Fiscal Year: July 1, _____ through June 30, _____

Form with fields for Business Name, Federal Employer Identification Number (FEIN), Business Address, City, State, ZIP, Contact Person Name, Telephone Number, and Email Address.*

* Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), Florida Statutes.

Florida law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

- [] Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.
[] No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)

If the business income is included in a consolidated Florida corporate income tax return, provide:

Parent corporation _____

Parent corporation's FEIN [] [] - [] [] [] [] [] [] [] []

Total amount of planned contribution to the Florida Housing Finance Corporation: \$ _____

Indicate the amount of credit allocation for each applicable tax. The sum of the amounts must equal the planned contribution amount entered above.

\$ _____ Corporate Income Tax
Beginning Date of Tax Year: _____ Ending Date of Tax Year: _____

\$ _____ Insurance Premium Tax
Prior Calendar Year: _____ or Current Calendar Year: _____

I understand that section 420.50872, Florida Statutes, requires the Florida Department of Revenue to provide a copy of any approval or denial it issues with respect to this application to the Florida Housing Finance Corporation.

Under penalties of perjury, I declare that I have read this application and that the facts stated in it are true.

Signature of officer, owner, or partner

Date

If you are unable to apply online at floridarevenue.com/taxes/multitaxcredits, submit this application to:

Revenue Accounting
Florida Department of Revenue
PO Box 6609
Tallahassee FL 32314-6609

or

Fax 850-921-1171