



Neighborhood Assistance Program (NAP)

**Receipt**

<b>Contributor</b>	<b>SSN/EIN</b>	<b>Amount Contribution</b>	<b>Type of Contribution Cash/Property/Service</b>
	<b>Credit Amount</b> (multiply <i>contribution amount</i> by 50%(x .50))		<b>Date of Contribution</b>

**Calendar Year** \_\_\_\_\_

**SSN= Social Security Number**  
**EIN= Employer Identification Number**  
**TIN= Taxpayer Identification Number**  
**FIN= Federal Identification Number**

**NAP Organization**

**Name & Indiana TIN or FIN:**

**Address:**

**Telephone:**

**Signature** \_\_\_\_\_

Authorized Signatory

**\*this is not to be filed with your IN State Return/ it's just for your records.**

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