NEW MEXICO MORTGAGE FINANCE AUTHORITY

State of New Mexico Affordable Housing Tax Credit **INVESTMENT VOUCHER CERTIFICATION**	**MFA USE ONLY** Project No._____ Qualifying Contribution:_____ Approved Tax Credit Amount:_____ Reviewed By:_____ Date:_____ Voucher Number:_____ Approved by:_____

Part I: Donor Identification

Business or Individual's name:_____

Mailing address:_____

_____

Contact person:_____email:_____

Daytime phone No._____Fax_____

Part II: Entity Eligibility

Please complete the section below that describes your filing status *at the time the contribution was made*

1.) ☐ A Corporation filing New Mexico Corporate Income and Franchise tax return (Form CIT)
Corporation name:_____CRS ID No.:_____FEIN:_____

2.) ☐ An entity filing New Mexico Income and Information Return for Pass-through Entities (Form PTE)

(Complete part III and attach an additional sheet if necessary to include all members, partners, or shareholders)

Business name and owner:_____CRS ID No.:_____FEIN:_____

3.) ☐ An individual or entity filing a New Mexico Fiduciary Return (Form FID)

Individual name:_____FEIN:_____

4.) ☐ A business or corporation filing New Mexico Combined Report System Return (Form CRS-1)

Business name and owner:_____CRS ID No.:_____

5.) ☐ An individual filing New Mexico Personal Income Tax Return (Form PIT-1)

Individual name:_____SSN:_____

6.) ☐ An eligible company filing NM Enhanced 911 Services Surcharge Return (Form RPD-41114)

Company name:_____CRS ID No.:_____

7.) ☐ A telecommunications company filing NM Telecommunication Relay Service Surcharge Return (Form RPD-41116)

Company name:_____CRS ID No.:_____

Part III: Pass-through Entity Information

Please provide information on all members, partners, or shareholders. If an entity listed is also a pass-through entity provide the information on all members, partners, or shareholders of that entity by attaching an additional schedule.

Name(s)	Social Security Numbers	% Ownership
		%
		%
		%
		%
		%
		%

NM MFA - Investment Voucher Form

Part IV: Description of Donation

Name of Project or organization which donation was made to __New Mexico Affordable Housing Charitable Trust_____

Total amount of donation (monetary value):_____ Date(s) donation(s) made:_____

Brief description:_____

Proof attached: ☐ Check

Part V: Notarized Statement (completed by donor)

I have examined the above application and attachments and that all matters stated therein are, to the best of my knowledge, information and belief, true, correct and complete. I am the authorized representative of the entity and as such am authorized to make the statement of affirmation contained herein.

_____Date:_____

Print

_____

Sign

State of New Mexico)
)ss.
County of_____City of_____)

This instrument acknowledged before me this_____ day of _____, 20__,
by_____as_____

of_____

My Commission expires_____ _____

Notary Public

_____

Notary Public

Part VI: Statement of Receipt (completed by Project Sponsor)

I have examined this application in its entirety and believe it to be an accurate description of the contribution actually received to support the development of Affordable Housing and approved by the NM MFA.

_____Date:_____

Print

_____

Sign