

**Maryland Department of Housing and Community Development**  
***Endow Maryland Tax Credit Program***  
**COMMUNITY FOUNDATION AND DONOR WAIVER OF INFORMATION**

*In order for a contribution to be eligible to receive tax credits from the Endow Maryland Tax Credit program, this form must be completed and signed by both the donor and the community foundation that is utilizing the tax credits to support one or more of the foundation's qualified permanent endowment funds (QPEF) - prior to any contribution being made. The donor is required to submit this form annually for every community foundation to which the donor makes a contribution that is eligible for tax credits. It is the responsibility of the community foundation to provide this form to the donor and submit the form, completed by both the donor and foundation, to the Maryland Department of Housing and Community Development.*

**NOTICE AND WAIVER:** The statute authorizing the Endow Maryland Tax Credit program requires the Department to make information available to the Maryland General Assembly, Comptroller of Maryland, Maryland State Department of Assessments and Taxation, and the Maryland Insurance Administration. Information includes identification of the community foundation, a description of the qualified permanent endowment fund (QPEF), the type and amount of contributions, and the Donor's identity and Social Security Number or Federal Tax Identification Number. In signing this Tax Credit Certification waiver, the Community Foundation and the Donor acknowledge this obligation and to the extent necessary, waive any rights to confidentiality in this or related information.

**DISCLAIMER:** The tax credit is based on the donor's eligibility under Program requirements and under tax laws or other requirements affecting the donor. Neither the Department nor the community foundations make any representations about the tax consequences in connection with a particular contribution.

**DONOR INFORMATION:** *Please sign and complete the information below.*

**Donor Type:**  Individual       Business      **Federal ID or SSN # :** \_\_\_\_\_

*If Business, provide tax year (as reported to the IRS):*

Calendar Year     Fiscal Year: (month to month) \_\_\_\_\_ to \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: (if applicable) \_\_\_\_\_

Name of Business: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Check the type of tax you intend to use this credit against:** *(Choose only one).*

State income tax on individuals or corporations       Public service company franchise tax

Insurance premiums tax [NAIC No. \_\_\_\_]

**COMMUNITY FOUNDATION INFORMATION:** *Please sign and complete the information below.*

**Foundation Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Foundation: \_\_\_\_\_

Name of QPEF : \_\_\_\_\_