Department of Taxation and Finance

## **DTF-625**

## Low-Income Housing Credit Allocation and Certification Tax Law - Article 1, Section 18

(See instructions, Form DTF-625-I, for assistance in completing this form.)						
Part 1 – Allocation of credit – Completed by New York State Division of Housing and Community Renewal (DHCR) (see instructions)						
Mark an <b>X</b> in the box if:  Addition to qualified basis  Amended form  Transfer approval and enter the SLIHC tracking ID:  Transfer approval						
Ad	dress of building (do not use PO Box)	Name and address of building owner receiv	ing allocation			
No	Way, Ctata building identification number (DINI)	Towns or identification number of building	verse receiving allegation			
INE	w York State building identification number (BIN)	Taxpayer identification number of building o	when receiving anocation			
		1				
		sing credit dollar amount allowable	1b	.00		
2	Maximum applicable credit percentage allowable		2	%		
	Maximum qualified basis		3a	.00		
3b	Bb Mark an X in the box if the eligible basis used in the computation of line 3a was increased					
	under the high-cost area provisions of Internal Revenue Code (IR	, , , , , ,		0/		
4	the percentage to which the eligible basis was increased Percentage of the aggregate basis financed by tax-exempt bonds		3b 4	<u>%</u>		
	Date building placed in service (mm-dd-yyyy)	s (II 2010, eriter <b>0</b> )	4			
	Mark an <b>X</b> in the box if the date of allocation on line 1a is in	calendar year 2021 or 2022 and the	building is located in	а		
0.0	qualified disaster zone (see instructions).		, zamamig ie ieeasea mi	-		
6	Mark an <b>X</b> in the boxes that describe the allocation for the building (mark all that apply):					
	a Newly constructed and federally subsidized	d IRC section 42(e) rehabilitation expe	enditures federally subsidiz	ed		
	<b>b</b> Newly constructed and <b>not</b> federally subsidized	e IRC section 42(e) rehabilitation e	•			
	c Existing building	f Allocation subject to nonprofit se	et-aside under IRC section	on 42(h)(5)		
Und	er penalties of perjury, I certify that the allocation made is in compliance with the	ne requirements of Article 2-A of the New Y	ork State Public Housing I	Law (PHL)		
	section 42 of the IRC, and that I have examined Part 1 of this form and to the I nature of authorized official Name (type or p		Date	i complete.		
		,				
Part 2 - First-year certification - Completed by building owner with respect to the first year of the credit period (see instructions)						
	Date building placed in service (mm-dd-yyyy) 7b			.00		
8a	Original qualified basis of the building at close of first year of cred	lit period	8a	.00		
8b	Are you treating this building as part of a multiple building project	for purposes of IRC section 42?	Yes 🗀	No 🗀		
00	If box 6a or box 6d is marked, do you elect to reduce eligible basi	in under IBC coation 42(i)(2)(B)2	Voc 🗌	No 🗆		
	For market-rate units above the average quality standards of low-	(,, ,, ,		No		
35	to reduce the eligible basis by disproportionate costs of non-lov			No 🗌		
10	Mark the appropriate box for each election:	v meeme and (m to econom 12(a)(o	//(2//: 100			
	Caution: Once made, the following elections are irrevocable.					
	a Elect to begin credit period the first year after the building is pla	aced in service (IRC section 42(f)(1	)) Yes	No		
	<b>b</b> Elect <b>not</b> to treat large partnership as taxpayer (IRC section 4:	2(j)(5))	Yes			
	c Elect minimum set-aside requirement (IRC section 42(g))			🖂		
	20-50 test 40-60 test	Average income	25-60 (NYC o	nly) 📖		
	d Elect minimum set-aside requirement (PHL, section 21(5)(b))		40-90			
	= 2.55t Hillimitati oot doldo roquiloritoti (1 112, 565tioli 21(5)(5))					
	e Elect deep-rent-skewed project (IRC section 142(d)(4)(B))		15-40			
				104		
485001220094 						

## DTF-625 (2022) (back)

Under penalties of perjury, I certify that the building described on this form qualifies as part of a qualified low-income housing project and meets the requirements of New York State PHL Article 2-A and IRC section 42. I have examined this form and all documents submitted with it, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of building owner or authorized individual	Taxpayer identification number	Date			
Name (type or print)					

## Where to file

Send your properly completed Form(s) DTF-625 to the following address:

INCOME TAX AUDIT ADMINISTRATOR 1 IFDAB W A HARRIMAN CAMPUS ALBANY NY 12227-4299

If not using U.S. Mail, see Publication 55, Designated Private Delivery Services.

Additionally, you must file Form DTF-625-ATT, *Low Income Housing Credit Annual Statement*, with your return for each year of the 15-year compliance period. Use Form DTF-624, *Claim for Low-Income Housing Credit*, to claim the credit. See the instructions for these forms for filing information.



