

**South Carolina Department of Commerce
Community Development Tax Credit Program**

TAX CREDIT RESERVATION FORM

Taxpayer Name: _____

Taxpayer ID #: _____

Taxpayer Address: _____

Taxpayer Phone: _____

Taxpayer Email: _____

Organization Name: _____

Organization Type: CDC CDFI

Contribution Amount: \$ _____

Contribution Type: Cash Donation Equity Investment

Contribution Description: _____

OFFICIAL USE ONLY

Application #: _____

Certified Organization:

Tax Credit Amount:
\$ _____

Date Received: _____

Approved

Denied

Signature
Executive Director, CDC/CDFI

Date

This application was reviewed by the SC Department of Commerce and it has been determined that the tax credit requested is available to allocate to the taxpayer, as identified above. The allocation will be held for 10 business days from the date signed below. Please provide proof of investment within this timeframe in order to receive a certificate authenticating this allocation.

Commerce Signature

Date