

STATE OF MISSISSIPPI
DEPARTMENT OF ARCHIVES AND HISTORY

STATEMENT OF INTENT

**MISSISSIPPI STATE
HISTORIC PRESERVATION TAX CREDIT**

1. PROPERTY TO BE REHABILITATED:

Property Name: _____

Street Address: _____ City: _____

County: _____

2. STATEMENT OF INTENT

I am applying for both the 20% federal and the 25% state historic preservation tax credits.
(The federal credit is only available for the rehabilitation of income-producing properties.)

Complete the National Park Service's Historic Preservation Certification Application according to the instructions and submit two copies to the Department of Archives and History at the address provided below. A separate application for the state tax credit is not required. A review fee will be assessed by both the National Park Service and the Department of Archives and History. The Fee Payment Form must be submitted with Part 2 of the Application.

I am applying for the 25% Mississippi state owner-occupied residential tax credit.

Complete the Mississippi State Income Tax Credit: Historic Preservation Certification Application according to the instructions and submit one copy to the Department of Archives and History at the address provided below. A review fee will be assessed by the Department. The Fee Payment Form must be submitted with Part 2 of the Application

I am applying for the Mississippi state tax credit for an income-producing property.

Complete the Mississippi State Income Tax Credit: Historic Preservation Certification Application and submit one copy to the Department of Archives and History at the address provided below. A review fee will be assessed by the Department. The Fee Payment Form must be submitted with Part 2 of the Application

3. APPLICANT:

Name: _____

Signature: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone No.: _____

Email: _____

Return Completed Application to: Katherine Anderson
Tax Incentives Coordinator
Historic Preservation Division
Mississippi Department of Archives and History
P.O. Box 571
Jackson, MS 39205-0571
Email: kanderson@mdah.ms.gov