

**HARFORD COUNTY NONPROFIT SWIM CLUB TAX CREDIT
APPLICATION Bill 23-029
FOR TAX YEAR BEGINNING JULY 1, 2024**

1. Property Owner(s) Name: _____
2. Property Address (*Number Street, City, and Zip Code*) : _____

3. Property Number (located on tax bill): _____
4. Mailing Address, if different from above: _____
5. Contact Person and Title (President, Treasurer, Secretary or other) : _____
6. Phone Number: _____
7. Email Address: _____
8. Employer Identification Number: _____

I, _____, the undersigned, hereby declare and affirm, under the penalty of perjury that the information stated above, including all associated documents provided in support of this application for a tax credit are true, accurate, complete and correct, to the best of my knowledge, information and belief.

(sign here)

Please return this application
by DECEMBER 31, 2023 to:

HARFORD COUNTY GOVERNMENT
DEPARTMENT OF THE TREASURY
ATTN: COLLEEN ORTMAN
BEL AIR, MARYLAND 21014

*(Initial eligibility for credit will be verified when the required documentation is received.)
Please refer to the information sheet that accompanies this application for questions. Inquiries can be
made to 410-638-3450*

**HARFORD COUNTY NONPROFIT SWIM CLUB TAX CREDIT
APPLICATION**

1. Property Owner(s) Name
 - Provide the Owner(s) Name for the property for which you are applying for this credit.
2. Property Address
 - Provide the address for the property for which you are applying for this credit.
3. Property Number
 - The property number can be found on your most recent tax bill or by viewing your account at <http://hcgweb01.harfordcountymd.gov/billpay>
4. Mailing Address, if different from above
 - Provide this information only if the mailing address is different from the property address.
5. Contact Person
 - Provide a contact person for the County to reach out to if they have any questions about the application or eligibility for the tax credit. Should be the same person who signs application.
6. Telephone Number
 - Provide the phone number of an individual to contact with any application questions.
7. E-mail address
 - Provide an e-mail of an individual to contact with any application questions.
8. Employer Identification Number
 - Provide the EIN for the County to verify the Nonprofit status with the IRS.

The Contact Person should print their name and sign the form confirming the information provided on the application.

The application is due by December 31, 2023. Please provide the below required documentation when mailing:

Initial eligibility for credit will be verified when the required documentation is received. Final approval of credit will be completed in June with the receipt and review of the July billing assessment amount.

Please mail your application and required documentation to:

HARFORD COUNTY GOVERNMENT
DEPARTMENT OF THE TREASURY
ATTN: COLLEEN ORTMAN
P.O. BOX 609
BEL AIR, MARYLAND 21014

For questions on this credit please contact Jason Boyle in the Treasury Office at 410-638-3455.