

Taypayor's Name As Chown On Deturn

CONTRIBUTIONS TO A MATERNITY HOME, CHILD PLACING AGENCY, OR PREGNANCY HELP CENTER

OFFICE OF STATE TAX COMMISSIONER SFN 28748 (12-2024)

Schedule MCP 2024

Attach to Form ND-1, 38, 40, 58 or 60

. List each qualified organization	n, address, and amount contributed.	
(a) Qualified Organization	(b) Address (number, street, city, state ZIP code)	(c) Amount contributed
and back of the canceled che	ther document from the qualified organization ck(s), to support your contribution(s).	on, or a copy of the front
column (c), line 1		2
 Maternity home, child placing age North Dakota Schedule K-1 (Attach c 	ncy, or pregnancy help center credit from copy of North Dakota Schedule K-1)	3
4. Add lines 2 and 3		4
If filing Form ND-1, continue to li	ne 5. Passthrough entities and C corporation	ns complete only lines 1-
Form 38 Schedule 3	Schedule TC, line 21, and if consolidated, Schedul Schedule K, line 23	le CR, Part III, line 21
	, line 20 5	_
6. Multiply line 5 by 50% (.50)		
. Maximum credit allowed		/
3. Total Credit. Enter the smaller of	lines 4 6 or 7	

General instructions

An income tax credit is allowed for contributing to a child placing agency licensed by the North Dakota Department of Health and Human Services (DHS), a nonprofit maternity home located in North Dakota, or a pregnancy help center recognized by DHS.

You must provide a copy of a letter or other document from the qualified organization, or a copy of the front and back of the canceled check(s), to support your contribution(s).

The credit is equal to the taxpayer's contribution made in a tax year to a maternity home, child placing agency, or pregnancy help center.

The credit may not exceed 50% of the taxpayer's tax liability (before tax credits) or \$2,500, whichever is less.

The amount of credit in excess of the limitation may not be carried back or forward.

The credit is available to corporations, individuals, estates, trusts, and passthrough entities.

Line 3

If you own an interest in a partnership or S corporation, or you are the beneficiary of an estate or trust, enter on this line the credit reported to you, if any, from a North Dakota Schedule K-1 received from that entity.