

**Maryland Historical Trust
Historic Revitalization Tax Credit
Part 3 Itemized Expense Sheet
Small Commercial Project
Instructions & Example**

Revised 5/7/2021

For projects with Qualified Rehabilitation Expenditures of \$100,000 or less, the Part 3 application must be accompanied by the Itemized Expense Sheet and documentation accounting for all project expenses. Please use the Itemized Expense Sheet provided by MHT, as it is part of the application and has been formatted to include all necessary information and to auto-calculate totals. Instructions on filling out the Itemized Expense Sheet are below. Note – a project that includes both owner-occupied (homeowner) and income-producing (small commercial) components must use the spreadsheet for mixed-use properties.

Column 1: Date of payment

The spreadsheet must be filled out chronologically according to the date of payment, starting from your first payment. You should use the date of the cancelled check or credit card payment as your “Date of Payment” – not the date of the invoice.

Column 2: Your page #(s) of invoice / receipt / check

For each item on the spreadsheet you must include BOTH (1) a copy of the invoice or receipt, showing which goods or services were purchased, and (2) certifiable proof of payment. In many cases a credit card receipt (such as an itemized receipt from Home Depot) will suffice for both purposes. Please submit copies of the proof of payment with sensitive information and account numbers redacted or blacked out for security purposes.

Certifiable proof of payment must consist of one of the following:

1. A dated credit card receipt
2. A cancelled check
3. A bank statement showing the (i) check number, (ii) date, (iii) payee name, and (iv) amount paid
4. A signed statement from the contractor or vendor stating the amount paid and date of payment. An invoice simply marked ‘PAID’ or with a \$0 balance is not sufficient documentation. *A signed statement will only be accepted as certifiable proof of payment for payments made in cash.

MHT recommends that you provide one invoice, receipt, or certifiable proof of payment per sheet of paper. The upper corner of each sheet must be numbered in chronological order, organized with the invoice followed by the certifiable proof of payment for each item on the spreadsheet. If you are using a bank statement that includes payment for multiple invoices on the same statement, the page number of the correlating invoice must be written next to the payment. The page number that you have assigned to the invoice / receipt / proof of payment must be entered in Column 2 on the spreadsheet.

Column 3: Payee for item (name of contractor, company, etc.)

The name of the contractor, vendor, or company to whom you made the payment must be written in this column.

Column 4: Part 2 Work Item #

In this column you will indicate the Work Item number from the Part 2 application that corresponds to the expenditure. If the work was approved in a later Amendment, you can simply write 'Amend' in this column. If one expenditure applies to multiple Work Items, please list all Work Item numbers using one of two methods.

(1) If several Work Items apply, you may either list all Work Item numbers in one line:

Date of Payment	Your page #(s) of invoice / receipt / check	Payee for Item (name of contractor, company, etc.)	Part 2 Work Item #	Description of Expenditure	Expenditure Amount	Eligible Expense	Ineligible Expense
1/5/2019	1	Home Depot	2, 5, 6	Door hinges, electrical cable, new bathroom sink	\$97.67	\$97.67	

(2) Or you may use one line for each Work Item number:

Date of Payment	Your page #(s) of invoice / receipt / check	Payee for Item (name of contractor, company, etc.)	Part 2 Work Item #	Description of Expenditure	Expenditure Amount	Eligible Expense	Ineligible Expense
1/5/2019	1	Home Depot	2	Door hinges	\$32.37	\$32.37	
			5	Electrical cable	\$19.98	\$19.98	
			6	New bathroom sink	\$45.32	\$45.32	

Column 5: Description of Expenditure

This column will include a brief description of the expenditure. It is not necessary to reiterate the full description of the Work Item. Rather, it is important to be clear about what work or what item was paid for.

Column 6: Expenditure Amount

In this column you will note the amount of the total expenditure (or portion of expenditure, depending on how you fill out Column 4, as shown above. If the expenditure includes a portion of ineligible work, you must still include the total expenditure and separate out eligible vs. ineligible costs in Columns 7 and 8.

Column 7: Eligible Expense

In this column you will list the total amount from Column 6 that is an eligible expense. The program FAQs and Application Instructions give general guidance about eligible expenditures. If you have specific questions, please contact MHT tax credit staff for clarification.

Column 8: Ineligible Expense

In this column you will list the total amount from Column 6 that is an ineligible expense. The program FAQs and Application instructions give general guidance about ineligible expenditures. If you have specific questions, please contact MHT tax credit staff for clarification.

Additional Instructions:

The spreadsheet is set up to include formulas that will automatically calculate totals when you enter amounts into Columns 6-8. If you need more lines on the spreadsheet, you should click to select a row number on the left-hand side of the spreadsheet, then right-click on the selected row and select "Insert". This should not affect the formulas that have been entered – *but it is always important to double check all totals are correct before you submit.*

If you have ineligible funding sources, you will note those on the appropriate line within the grey box on the spreadsheet. The spreadsheet should automatically calculate – *but it is always important to double check all totals are correct before you submit.*

Insurance Reimbursement Funds – any expenses that are covered by an insurance reimbursement and are not out-of-pocket costs to the property owner are considered ineligible. If you are reimbursed for any expenses through an insurance claim, you must note this on the spreadsheet.

Local Government Funding – any expenses that are covered by a local grant, loan, etc. program is considered ineligible. If you are receiving a local grant or loan, you must note this on the spreadsheet.

State Government Funding – any expenses that are covered by a State grant, loan, or tax credit are considered ineligible. If you are receiving additional funding by the State, you must note this on the spreadsheet.

**Additional funding from the Federal Government does not need to be backed out of the eligible expenses.*

The totals calculated in the Itemized Expense Spreadsheet must be used to fill out Section 2 of the Part 3 application form. An example spreadsheet and supporting documentation are shown on the following pages.

Property Address:

Part 3 Itemized Expense Sheet

FOR MHT USE ONLY

Project Number: _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
Date of Payment	Your page #(s) of invoice / receipt / check	Payee for Item (name of contractor, company, etc.)	Part 2 Work Item #	Description of Expenditure	Expenditure Amount	Eligible Expense	Ineligible Expense
							\$0.00
SUBTOTALS (will auto-calculate):					\$0.00		
SUBTRACT Non-Personal (ineligible) Funding Sources:					SUBTOTAL of eligible costs:		
Insurance Reimbursement Funds (enter value):					\$0.00	\$0.00	
Local Government Funding (list type, i.e. grants, loans) (enter value):							
State Government Funding (list type, i.e. grants, loans, credits) (enter value):							
SUBTOTAL of ineligible funding sources to subtract:						\$0.00	
SUBTRACT Non-Personal (ineligible) Funding Sources:						SUBTOTAL of ineligible funding sources to subtract:	
Insurance Reimbursement Funds (enter value):							
Local Government Funding (list type, i.e. grants, loans) (enter value):							
State Government Funding (list type, i.e. grants, loans, credits) (enter value):							
SUBTOTAL of ineligible funding sources to subtract:							\$0.00
Part 3 Total Qualified Rehabilitation Expenditures as submitted:						\$0.00	

Project Number: _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
Date of Payment	Your page #(s) of invoice / receipt / check	Payee for Item (name of contractor, company, etc.)	Part 2 Work Item #	Description of Expenditure	Expenditure Amount	Eligible Expense	Ineligible Expense
1/22/2015	1	Home Depot	4	Kitchen floor tile and materials	\$545.85	\$458.35	\$87.50
2/1/2015	2	Lowe's	3	Bathroom - plumbing supplies	\$11.14	\$11.14	
3/5/2015	3	Home Depot	4	Kitchen lighting	\$28.72	\$28.72	
3/29/2015	4	Lowe's	4	Kitchen countertops (laminated)	\$63.53	\$63.53	
4/12/2015	5	Home Depot	4	Kitchen cabinet hinges and knobs	\$14.35	\$4.94	\$9.41
4/15/2015	6, 7	Master Builders	1	Roof replacement	\$2,874.90	\$2,874.90	
6/19/2015	8	Lowe's	4	Kitchen lighting	\$372.39	\$372.39	
8/10/2015	9, 10	XYZ, Inc.	10	Architectural Services	\$2,111.64	\$500.00	\$1,611.64
9/2/2015	11, 12	Bob the Builder	2	Basement sump pump	\$250.00	\$250.00	
			5	Replace hot water heater	\$1,200.00	\$1,200.00	
			9	Construct new patio	\$2,500.00		\$2,500.00
11/21/2015	13, 14	General's Contracting	6	Interior painting	\$3,098.00	\$3,098.00	
			7	New exterior door hardware	\$210.00	\$210.00	
			3	Bathroom lighting, register, toilet seat	\$190.00	\$190.00	
			8	Electrical - new plugs and plates	\$250.00	\$250.00	
			6	Remove wallpaper	\$250.00	\$250.00	
			9	Remove debris from shed	\$200.00		\$200.00
SUBTOTALS (will auto-calculate):					\$14,170.52		\$4,408.55
SUBTOTAL of eligible costs:						\$9,761.97	
SUBTRACT Non-Personal (ineligible) Funding Sources:							
Insurance Reimbursement Funds (enter value):					\$600.00		
Local Government Funding (list type, i.e. grants, loans) (enter value):							
State Government Funding (list type, i.e. grants, loans, credits) (enter value):							
SUBTOTAL of ineligible funding sources to subtract:						\$600.00	
Part 3 Total Qualified Rehabilitation Expenditures as submitted:						\$9,161.97	



1

More saving.
More doing.™

0295 YODER AVENUE BOX 5420
AVON, CO 81620 (970)7489483

1525 00010 85257 01/22/15 10:31 AM
CASHIER ANNELIESE - AMS1952

744704335524 12 " FLR TL <A>
12X12 FANTESA CAMEO-CA-15SF
~~15020.70~~ 310.50

kitchen
floor

~~051141340302 RESPIRATOR <A>~~ 4.97

~~SANDING & FIBERGLASS RESPIRATOR 3PK~~

~~080596028695 SCRAPER <A>~~ 9.97

~~DREMEL RIGID SCRAPER~~

~~010306700054 XLG SPONGE <A>~~

~~XL GROUTING SPONGE~~

~~201.97~~ 3.94

~~010306100069 1/16 SPACERS <A>~~

~~1/16" PRO TILE SPACERS 250 PER BAG~~

~~202.97~~ 5.94

~~010306100625 ECON. FLOAT <A>~~

~~ECONOMY GROUTING FLOAT~~ 4.87

~~010306760003 HNDPTGROUTBG <A>~~

~~INSTALLER GROUT BAG~~ 4.97

Returned

010186763279 TLGR&TSLRGA <A> 29.97

GROUT & TILE SEALER GALLON TILELAB

010186772240 GROUT <A> 22.97

PREMIXED GROUT #180 SANDSTONE GAL

010186771731 FLOORPATCH <A> 6.97

FLOOR PATCH - QUART

010186771595 THINSET <A> 44.97

PREMIX TILE&STONE THINSET WHT 3.5GAL

010186772202 THINSET <A> 42.97

PREMIXED TILE THINSET GRAY 3.5 GAL

kitchen
floor

~~171300 FOAM KNEEPAD <A>~~ 8.98

~~FOAM KNEEPADS~~

total
= \$458.35

SUBTOTAL 501.99
SALES TAX 43.86
TOTAL \$545.85

XXXXXXX
AUTH CODE TA

3



More saving.
More doing.

449 N. MAIN ST
LAYTON, UT 84041 (801)5432296

8583 00056 03527 03/05/15 03:26 PM
CASHIER SELF CHECK OUT - SCOT56

810048024971 ES 6 MR DOWN <A> 26.97
ECOSMART 6" MID RANGE LED DOWNLIGHT

SUBTOTAL	26.97
SALES TAX	1.75
TOTAL	\$28.72
	28.72
AUTH CODE 	TA



8583 56 03527 03/05/2014 2897

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A 1	90	05/03/2014

THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

4



NEVER STOP IMPROVING

LOWE'S HOME CENTERS, LLC
1901 HIGHWAY 287 W
MANFIELO, TX 76063 (817) 473-4412

ORDER INFORMATION
TO OBTAIN A STATUS OF YOUR ORDER VISIT
WWW.LOWES.COM/STATUS

AFTER BEING NOTIFIED THAT THE PICKUP LATER ORDER IS AVAILABLE, PLEASE COME TO THE CUSTOMER SERVICE DESK TO PICK UP THE MERCHANDISE.

SOS SALE -

SALES#: S15111R2 069130 TRANS#: 67656721 03-29-15


634131 FN3603 58.69
LAMINATE CHOCOLATE CHERRY
(PICK UP LATER - LOWES # 1511 on 04/13/2015)

PO #: 1427608	
INVOICE 71060 SUBTOTAL:	58.69
SUBTOTAL:	58.69
TAX:	4.84
BALANCE DUE:	63.53
VISA:	63.53

ACCOUNT: 63.53

SWIPE REF ID: 656741151111

STORE: 1511 TERMINAL: 1



THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER:

WE HAVE THE LOWEST PRICES. GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

YOUR OPINIONS COUNT!
REGISTER FOR A CHANCE TO WIN A
\$500 LOWE'S GIFT CARD!

5



More saving.
More doing.™

450 HACKENSACK AVE. HACKENSACK, NJ 07601
STORE MGR TINO LONGOBARDI 201.336.3041

0983 00058 94332 04/12/15 02:34 PM
CASHIER SELF CHECK OUT - SCOT53

026634147379 HINGE <A>	2.98	} total 4.94
039257934004 KNOB <A> 2@0.98	1.96	
070462098501 CANDY <A>	0.99	
098945051881 1X1.2X4 NO.2 <A>	7.48	

SUBTOTAL 13.41

SALES TAX 0.94

TOTAL \$14.35

~~XX~~

AUTH CODE ~~XXXXXXXXXX~~

14.35

D JOHN + JANE DOE
1 DOE STREET
JOHNSVILLE MD 21111

DATE 15 April 2015

PAY TO THE ORDER OF Master Builders

\$ 2874.90

Two thousand eight hundred seventy-four and ⁹⁰/₁₀₀ DOLLARS

B The Bank of Banking
Johnsville, Maryland

Jane Doe

FOR roof

FOR DEPOSIT ONLY
MASTER BUILDERS INC
Acct # 1235555

TR 11501 MD 12355555 00000004

7

MASTER BUILDERS INVOICE

84 Main Street · Johnsville MD 21111

Invoice Number 12-365-02
Invoice Date 04-02-15

Bill To:	Name John Doe	Description:
	Attn:	
	Address: 1 Doe Street Johnsville MD 21111	
	Phone:	
	email:	

Item #	Description	Hours	Rate/hr	Amount	
1	Remove old built-up roofing at gravel drip edge	10	20	\$200.00	
2	Install new 2 ply modified bitumen waterproofing	30	50	\$1,500.00	
3	Remove existing metal eave drip	21	30	\$630.00	
4	Remove hinge	8	21	\$168.00	
5	Install new roof	20	12	\$240.00	
				Total Amount	\$2,738.00
				Tax	\$136.90
				Total Payable	\$2,874.90

Make all checks payable to:
MASTER BUILDERS
 Bank name _____
 Bank Account _____

8



NEVER STOP IMPROVING

LOVE'S HW, INC.
1275 SIMI TOWN CENTER WAY
SIMI VALLEY, CA 93065 (805) 426-2780

- SALE -

SALES#: S1971PF1 1607899 TRANS#: 14120701 06-19-15

78215 OSI LED 6IN RECESSED DWNL	324.74
13 9 24.98	
78215 OSI LED 6IN RECESSED DWNL	22.48

SUBTOTAL:	347.22
TAX:	25.17
(NVOICE 14950 TOTAL:	372.39
VISA:	372.19

AMOUNT: 372.39 AUTHCD:
SWIPEID REFID: 06/19/12 08:45:25

STORE: 1971 TERMINAL: 14 06/19/12 08:45:35
OF ITEMS PURCHASED: 14
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOVE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: MIKE FISHMAN

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

 * YOUR OPINIONS COUNT! *
 * REGISTER TO WIN A \$5,000 LOWE'S GIFT CARD! *
 * REGISTRESE PARA GANAR UNA TARJETA DE REGALO LOVE'S! *
 * REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY *
 * WITHIN ONE WEEK AT: www.lowes.com/survey *
 * YOUR ID# *
 * NO PURCHASE NECESSARY TO ENTER OR WIN. *
 * VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *
 * OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 1971 TERMINAL: 14 06/19/12 08:45:35

D JOHN + JANE DOE
1 DOE STREET
JOHNSVILLE MD 21111

DATE 8/10/2015

PAY TO THE
ORDER OF XYZ, INC

\$ 2111.64

Two thousand one hundred eleven and ⁶⁴/₁₀₀ — DOLLARS

B The Bank of Banking
Johnsville, Maryland

For invoice #2

Jane Doe

FOR DEPOSIT ONLY
XYZ, INC.

TRF: 05/02/2011 000004

10

XYZ, Inc.
123 Anywhere St
Olympia WA 98501
000-000-0000 Fax 000-000-0000

INVOICE

INVOICE NO. 2
DATE: August 9, 2015

To: Mr. and Mrs. Jones

Billing Period: July 2015

ACTIVITY	DESCRIPTION	AMOUNT
P.M.C.	Building Permit	1200.00
	Architectural services	500.00
	Order rental	1000.00
	Pool order rentals	80.00
SUBTOTAL		\$1780.00
Profit & overhead		178.00
TOTAL SUBJECT TO TAX		\$1958.00
SALES TAX @ 5%		97.90
TOTAL DUE		\$2116.60

Make all checks payable to: XYZ, Inc.

THANK YOU FOR YOUR BUSINESS!

D JOHN + JANE DOE
1 DOE STREET
JOHNSVILLE MD 21111

DATE 2 sept 2015

PAY TO THE ORDER OF Bob the Builder

\$ 3,950.00

Three thousand nine hundred fifty DOLLARS

B The Bank of Banking
Johnsville, Maryland

For construction

Jane Doe

Bob the Builder
FOR DEPOSIT ONLY
BOB THE BUILDER INC

BOB THE BUILDER
 20 W. MARKET ST.
 JOHNSVILLE MD 21111

(12)

DATE: August 23, 201
 PO #

TO: Jane Doe
 1 Doe Street
 JohnsVille MD 21111

FOR:

DESCRIPTION	QTY	RATE	AMOUNT
Install sump pump in basement			\$ 250.00
Replace hot water heater			\$ 1200.00
Construct new patio			\$ 2500.00
B:			\$ 3,950.00
		TAX RATE	
		SALES TAX	\$
		LESS PAYMENTS	
		BALANCE DUE	\$

D JOHN + JANE DOE
1 DOE STREET
JOHNSVILLE MD 21111

DATE 11/21/2015

PAY TO THE ORDER OF General's Contracting

\$ 4,198.00

Four thousand and one hundred ninety eight DOLLARS

B The Bank of Banking
Johnsville, Maryland

Jane Doe

FOR paint, bathroom work

General's Contracting
for deposit only
acct # 12345678

GENERAL'S CONTRACTING
 5 John Street
 Johnsville MD 21111

(14)
 Invoice

Date	Invoice #
11-4-15	10012

Bill To
John + Jane Doe 1 Doe Street Johnsville MD 21111

P O No	Terms	Project
	Payment	

Quantity	Description	Rate	Amount
	Complete paint At cabinets		3,098.00
7	INSTALL New Door Hardware		210.00
2	Lights in Bathrooms		70.00
1	new Register		50.00
2	new Toilet seats		70.00
	INSTALL new Plugs & Plates		250.00
	Repair Drywall in House		
	Remove crown molding installed in 2009		250.00
	Remove wall paper		
	Remove all debris from shed corners		
			300.00
		Total	\$ 4,198.00