



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Missouri Tax Credit Transfer Form**

Department Use Only  
 (MM/DD/YY)

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Assignor Missouri Tax I.D. Number

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Assignor Federal Employer I.D. Number

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Assignor Social Security Number

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<b>Assignor</b>	Name				
	Contact Person		Title		
	Address		City	State	ZIP Code
	Telephone Number ( ) - - - - -	Fax Number ( ) - - - - -	E-mail		

The Missouri Tax Credit Transfer Form (MO-TF) must be used when transferring any transferable Missouri tax credits listed on page 3. Submit a separate Form MO-TF for each tax credit transfer.

<b>Transfer</b>	Tax Credit Program		Approved Tax Benefit Number	
	Issued For the Calendar Year _____ or Tax Year Beginning _____, Ending _____.			
	Amount of Tax Credits Sold	Discount Rate	Sale Price	
	\$	%	\$	
	\$	%	\$	
	\$	%	\$	
Total amount of credits to be transferred.....			\$	

**Certification**

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I certify that I am an authorized representative of the Assignor and I am authorized to make the statement of affirmation contained herein. I hereby certify that the foregoing information, including any supplemental information or information attached hereto, is true, complete, and correct to the best of my knowledge. I further certify that I am properly authorized to make such certification, and that I understand any false statements or false information herein are provided under penalty of false affidavit pursuant to Section [575.050 RSMo](#), which may result in a sentence not to exceed one year of jail time and a fine not to exceed \$2,000.

Assignor Signature	Title
Print Name	Date (MM/DD/YYYY) ____ / ____ / ____



Assignee	Name					
	Federal Employer I.D. Number (FEIN)		Missouri Tax I.D. Number		Social Security Number	
	Contact Person			Title		
	Address		City		State	ZIP Code
	Telephone Number (____)____-____		Fax Number (____)____-____		E-mail	

Assignee Type	Select One												
	<input type="checkbox"/> C Corporation <input type="checkbox"/> Financial Institution <input type="checkbox"/> Individual <input type="checkbox"/> Individual Filing a Joint Return <input type="checkbox"/> Limited Liability Company (LLC)												
	<input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____												
	<p>If the taxpayer is an individual filing a joint return, list the primary and secondary names and social security numbers below. If the taxpayer is a Partnership, S Corporation, or other entity with a flow through tax treatment, identify the names, social security numbers, and proportionate share of ownership of each beneficiary, partner, or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership must be less than 100%. Attach a separate sheet if necessary.</p> <table border="1"> <thead> <tr> <th>Name(s)</th> <th>Federal Employer I.D. Number, Missouri Tax I.D. Number, or Social Security Number</th> <th>% Ownership Year End</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: right;">%</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">%</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">%</td> </tr> </tbody> </table>		Name(s)	Federal Employer I.D. Number, Missouri Tax I.D. Number, or Social Security Number	% Ownership Year End			%			%		
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	Assignee Signature	Title
Print Name	Date (MM/DD/YYYY) ____ / ____ / _____	



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**Mailing and Contact Information**  
Mail Form MO-TF to the address below or email to [taxcredit@dor.mo.gov](mailto:taxcredit@dor.mo.gov)

Missouri Department of Revenue  
P.O. Box 27  
Attention: Income Tax  
Jefferson City, MO 65105  
**Phone:** (573) 751-3220  
**E-mail:** [taxcredit@dor.mo.gov](mailto:taxcredit@dor.mo.gov)

- Adoption Tax Credit\*
- Brownfield Remediation Tax Credit
- Business Facility Tax Credit
- Capitol Complex Tax Credit
- Enhanced Enterprise Zone Tax Credit\*
- Entertainment Industry Jobs Tax Credit\*\*
- Historic Preservation Tax Credit - Issued after 08/28/1998
- Homestead Disaster Tax Credit
- Missouri Quality Jobs
- Missouri Works Tax Credit
- Neighborhood Preservation Act
- Rebuilding Communities Tax Credit
- Remediation Tax Credit
- Small Business Incubator Tax Credit\*
- Show-Me Sports Investment Tax Credit
- Show MO Act Tax Credit
- Sporting Event Tax Credit
- Sporting Event Contribution Tax Credit
- Wood Energy Tax Credit

\* Must be sold for at least 75% of transferred credit value

\*\* Must be sold for at least 60% of transferred credit value

Missouri Housing Development Commission  
Attn: AHAP Administrator  
1201 Walnut Street, Suite 1800  
Kansas City, MO 64106  
**Phone:** (816) 759-6878

- Affordable Housing Assistance (AHAP)

Form MO-TF (Revised 02-2026)

Visit <http://dor.mo.gov/taxcredit/> for additional information.



**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR) to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



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