



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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Assignor

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.

Transfer

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 also certify that I am an authorized representative of the Assignor and I am authorized to make the statement of affirmation contained herein.

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

Notary Information

Embossor or black ink rubber stamp seal	Subscribed and sworn before me, this		
	day of year		
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____/____/____
	Notary Public Signature		
Notary Public Name (Typed or Printed)			



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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 _____																						
	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.																						
	<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>%</td> </tr> <tr> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td></td> <td>%</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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		%																					
		%																					
		%																					

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 Assignee and as such am authorized to make the statement of affirmation contained herein.	
	Assignee Signature	Title
	Print Name	Date (MM/DD/YYYY) / /

Notary Information	Embossed or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
		State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) / /
		Notary Public Signature		
			Notary Public Name (Typed or Printed)	



14305020001

Mailing and Contact Information
Mail Form MO-TF to the address below or email to 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

- Adoption Tax Credit*
- Brownfield Remediation Tax Credit
- Business Facility Tax Credit
- Capitol Complex Tax Credit
- Enhanced Enterprise Zone 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 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

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 12-2025)

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/ 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 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/.



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