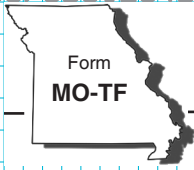


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Missouri Department of Revenue
Missouri Tax Credit Transfer Form

Department Use Only
(MM/DD/YY)

Yellow boxes for Department Use Only date.

Assignor Missouri Tax I.D. Number

Assignor Federal Employer I.D. Number

Assignor Social Security Number

Assignor section: 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 2. Submit a separate Form MO-TF for each tax credit transfer.

Transfer section: 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 section: 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 section: Embosser 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	

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Assignee Type

Select One

C Corporation Financial Institution Individual Individual Filing a Joint Return Limited Liability Company (LLC)

S Corporation Partnership Sole Proprietor 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.

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) ____/____/____

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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)		



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Mailing and Contact Information

Mail Form MO-TF to the appropriate address below with regards to the program for which tax credits were originally issued.

Missouri Department of Revenue
301 W High Street, Room 102
Attention: Personal Tax
Jefferson City, MO 65105
Phone: (573) 751-3220
E-mail: taxcredit@dor.mo.gov

- Alternative Fuel Infrastructure
- Brownfield Remediation Tax Credit
- Business Facility Tax Credit
- Certified Capital Companies (CAPCO) Tax Credit
- Champion for Children Tax Credit
- Charcoal Producers Tax Credit
- Community Bank or Community Development Tax Credit
- Development Tax Credit
- Distressed Area Land Assemblage Tax Credit
- Dry Fire Hydrant Tax Credit
- Enhanced Enterprise Zone Tax Credit*
- Historic Preservation Tax Credit - Issued after 08/28/1998
- Missouri Quality Jobs
- Missouri Works Tax Credit
- Neighborhood Preservation Act
- New Enterprise Creation Act or Prolog Ventures
- Rebuilding Communities Tax Credit
- Seed Capital Tax Credit
- Small Business Incubator Tax Credit*
- Small Business Investment Capital Tax Credit
- Special Needs Adoption Tax Credit*
- Sporting Event Tax Credit
- Sporting Event Contribution Tax Credit
- Transportation Development Tax Credit
- Wood Energy Tax Credit

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

Missouri Housing Development Commission
Attn: Gus Metz
920 Main Street, Suite 1400
Kansas City, MO 64105
Phone: (816) 759-6878

- Affordable Housing Assistance (AHAP)

Form MO-TF (Revised 12-2014)

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



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