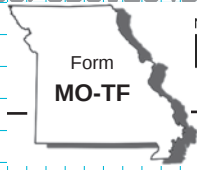


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MISSOURI DEPARTMENT OF
REVENUE
Missouri Tax Credit Transfer Form

Department Use Only
(MM/DD/YY)

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Assignor
Missouri Tax I.D.
Number

--	--	--	--	--	--	--	--	--	--

Assignor
Federal Employer
I.D. Number

--	--	--	--	--	--	--	--	--	--

Assignor
Social Security
Number

--	--	--	--	--	--	--	--	--	--

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	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)		

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

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
		%
		%
		%

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) ____/____/____

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)		



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
- 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 02-2025)

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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