Form
MO-TF

MISSOURI DEPARTMENT OF REVENUE

Missouri Tax Credit Transfer Form

Department Use Only (MM/DD/YY)

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)

14305010001

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

❒ 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
		%
		%
		%

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

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)

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
- 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)

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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