



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 2. 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..... \$					

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.

Certification	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)

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			%			%		
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)				

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*
- 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
920 Main Street, Suite 1400
Kansas City, MO 64105
Phone: (816) 759-6878

- Affordable Housing Assistance (AHAP)

Form MO-TF (Revised 04-2023)

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



1400000001