

## Missouri Development Finance Board INFRASTRUCTURE DEVELOPMENT FUND TAX CREDIT <u>REQUEST FOR TRANSFER</u>



The Missouri Form L must be submitted for each tax credit v Number and signature of all ir	oucher being r	equested.	If more that								
ASSIGNOR / Current (	Certificate H	Iolder									
Date	Name of Assignor(s)										
Federal ID No. (FEIN)	Miss	Missouri Tax ID No.				Social Security Number(s)					
Contact Person				Title	<u>I</u>						
Address			Cit	y			State	ZIP Code			
Telephone Number	elephone Number		Fax Number								
TRANSFER											
			Tax Credit Number   Data			Date of Contrib	oution	Date of Transfer			
Per RSMo Section 100.286 (7 amount not to exceed 100% of				n seventy-five p	percent (75%	-		h credits or an			
Amount of Tax (	Amount of Tax Credits Sold					Sale	Price				
\$				%	\$						
Total Amount of Credit to be Transferred\$											
<ul> <li>CERTIFICATION</li> <li>I certify that I am an contained herein.</li> <li>I certify under penalt the best of my knowl</li> </ul>	ies of perjury, i	nformatior		-							
Assignor Signature(s)					Title						
Print Name(s)						Date					
NOTARY FOR ASSIG	NOR										
			20					to me			
Appeared before me this personally known to be the pe executed the same for the purp	rson who execu	ited the abo				nd states on his/h	her oath t	to me to me that he/she			
State of					County (o	or City of St. Lou	uis)				
Notary Public Printed Name			My Comm	Commission Expires Notary Public Seal/Sta			)				
Notary Public Signature											
RETURN COMPLETED FORM TO:	P.O. Box 5	Mailing Address Missouri Development Finance Boa P.O. Box 567 Jefferson City, Missouri 65102			UPS or Fed-Ex Overnight Address Missouri Development Finance Board 200 Madison Street, Suite 1000 Jefferson City, Missouri 65101						



## Missouri Development Finance Board INFRASTRUCTURE DEVELOPMENT FUND TAX CREDIT REQUEST FOR TRANSFER



ASSIGNEE / New Certificate Holder											
Name of Assignee(s)											
Federal ID No. (FEIN)	ax ID No.			Social Security Number(s)							
Contact Person			Title								
Address								Stata	ZID Code		
Address			City					State	ZIP Code		
Telephone Number	Fax Nun	Fax Number			E-mail						
ASSIGNEE/TAXPAYER TYPE (check one)											
Corporation Fiduciary	Individua	1 Proprietor	rship	Pa	rtnership	ership S-Corporation Individua			Individual		
Issued for Calendar Year	Issued for Calendar Year or Tax Yea			ar Beginning				Ending			
If the taxpayer is a Fiduciary, Partnership, or 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. The aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.											
Name(s)		S	Social Security Numbers				% Ownership Year End				
							%				
									<u>%</u>		
									<u>%</u>		
143, excluding withholding tax imposed by Sections 143.191 to 143.261, RSMo Chapter 147, or RSMo Chapter 148. Per RSMo 100.286 (7), notwithstanding any other provision of law to the contrary, the amount received by the assignor of such credit shall be taxable as income of the assignor, and the excess of the par value of such credit above the price paid shall be taxable as income of the assignee. These credits cannot be used to amend a previously filed return by the original contributor or any subsequent assignee. An assignee may apply, claim and use the credit against taxes due in the immediately preceding tax year if the assignee's return has not yet been filed AND the return is for a tax year beginning on or after the tax year of the contribution. Credits may be carried forward by the original Donor for up to five years after the year the contribution was made or may be transferred provided all credits shall be claimed and must be redeemed within ten years following the tax years in which the original contribution was made.											
CERTIFICATION											
<ul> <li>I certify that I am an authorized representative of the Assignee and as such am authorized to make the statement of affirmation contained herein.</li> <li>I certify under penalties of perjury, information contained in this document and attachments are complete, true, and correct to</li> </ul>											
the best of my knowledge and Assignee Signature(s)					,	Title					
Print Name(s)					]	Date					
NOTARY FOR ASSIGNEE											
Appeared before me this day of		, 20	) .						to me		
personally known to be the person who executed the same for the purpose there	executed the a	bove certif	ication, and	ackno	wledged and	l sta	tes on his/her	oath to	o me that he/she		
State of				County (or City of St. Louis)							
					N / D 1	1.	7 1/0				
Notary Public Printed Name		My Com	mission Ex	oires	Notary Pub	olic :	Seal/Stamp				
Notary Public Signature											