



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

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Assignor  
Federal Employer  
I.D. Number

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Assignor  
Social Security  
Number

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**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**

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)			



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																						
	<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 _____																						
	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.																						
	<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>%</td> </tr> <tr> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td></td> <td>%</td> </tr> </tbody> </table>												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) / /					

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](mailto: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](mailto: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/](http://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](http://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/](http://veteranbenefits.mo.gov/state-benefits/).



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