Missouri Agricultural And Small Business Development Authority NEW GENERATION COOPERATIVE INCENTIVE TAX CREDIT REQUEST FOR TRANSFER

Chapter 348.432 RSMo

IMPORTANT: A separate Form R must be submitted for each tax credit transfer.

PLEASE TYPE OR PRINT						
SECTION 1:						
Information on the current tax credit certificate holder.						
Date:						
Name of Holder:						
Address (Street /PO Box):						
	CITY STATE ZIP CODE					
Contact person:	Telephone:					
Federal Identification Number OR Social Security Number:						
Approved Tax Credit Number & Benefit Number:						
Amount of approved Tax Credit to be transferred: \$						
Date of transfer:	MONTH/DAY/YEAR					
Under penalties of perjury, we declare that we have examined this form, and to the best of our knowledge and belief, it is true, correct and complete. We do hereby affix our signatures on this day of						
	Seller:					
Subscribed and affirmed b	before me this day of,					
	NOTARY My commission expires:					

SECTION 2:	Information on the transfer	and assignee(s).		
Name of Purchaser:				
Address of Purchaser:	STREET/P.O. BOX			
Phone Number:	СПУ	STATE	ZIP CODE	
Taxpayer:	rporation Partnership Indiv	idual S-Corporation Trust Limite	ed Liability Company	
	her (please describe)			
F.E.I.N. or S.S. N.:		Missouri Tax I.D.:		
Total Amount of Credit to	be Transferred: <u>\$</u>			
<u>Amo</u>	unt of Credit Purchased	Sale Price		
<u>\$</u>		\$		
Note: Total must be equa	to the "Total Amount of Credit to be	e Transferred" from above. Use a separate shee	et if necessary.	
identify the names, social		Company or S-Corporation, attach a separate sl share of ownership of each beneficiary, partner ay not exceed 100%.		
		uired credits to offset up to 100% of the tax liaby sections 143.191 to 143.265, RSMo), Chapte		
	y, we declare that we have examined the by affix our signatures on this	this form, and to the best of our knowledge and day of,		
	Purchaser:			
Subscribed and affirmed before me this day of,,,				
N		My commission expires:		
NOTARY				
RETURN COMPLETED FORM AND \$50 FEE TO:	Missouri Agricultural and Sma P.O. Box 630 Jefferson City, Missouri 65102 (573) 751-2129	all Business Development Authority 2-0630		

Note: This page to be filled out by Purchaser(s)/Assignee(s) only:

Certification of Citizenship/ Immigration Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful* residence of the United States. I understand that I am required by state law to provide proof of my citizenship in order to apply for any state programs.

Signature	Title	Date
Signature	Title	Date

*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship or legal residence at the time of applying for any state administered benefits.

<u>*You must provide a copy of your valid Missouri driver's license with this application.</u>*

If you do not have a Missouri driver's license or are an out of state applicant, you must provide one of these alternative documents:

- U.S. Birth Certificate
- Valid U.S. Passport
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal residence.