

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

**MISSOURI FORM
R
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: _____

NAME AND TITLE

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 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

_____ CITY _____ STATE _____ ZIP CODE

Phone Number: _____

Taxpayer: Corporation Partnership Individual S-Corporation Trust Limited Liability Company
 Other (please describe) _____

F.E.I.N. or S.S. N.: _____ Missouri Tax I.D.: _____

Total Amount of Credit to be Transferred: \$ _____

<u>Amount of Credit Purchased</u>	<u>Sale Price</u>
\$ _____	\$ _____

Note: Total must be equal to the "Total Amount of Credit to be Transferred" from above. Use a separate sheet if necessary.

Note: If the taxpayer is a Trust, Partnership, Limited Liability Company or S-Corporation, attach a separate sheet to this form and 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%.

The taxpayer acquiring credits (the assignee), may use the acquired credits to offset up to 100% of the tax liabilities otherwise imposed by Chapter 143, RSMo, (excluding withholding tax imposed by sections 143.191 to 143.265, RSMo), Chapter 147, RSMo, or Chapter 148, RSMo.

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 _____, _____.

Purchaser: _____

Subscribed and affirmed before me this _____ day of _____, _____

NOTARY My commission expires: _____

**RETURN
COMPLETED
FORM TO:**

**Missouri Agricultural and Small Business Development Authority
P.O. Box 630
Jefferson City, Missouri 65102-0630
(573) 751-2129**

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.

You must provide a copy of your valid Missouri driver's license with this application.

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.