

**Missouri Agricultural and Small Business Development Authority  
FAMILY FARM BREEDING LIVESTOCK LOAN PROGRAM  
REQUEST FOR TRANSFER**

**MISSOURI FORM  
FT  
Chapter 348.500 RSMo  
Page 1 of 2**

**IMPORTANT:** A separate Form FT must be submitted for each tax credit voucher being requested.

**PLEASE TYPE OR PRINT**

**SECTION 1: Information on the current certificate holder.**

Date: \_\_\_\_\_

Name of Taxpayer: \_\_\_\_\_

Address: \_\_\_\_\_

STREET/P.O. BOX

CITY

STATE

ZIP CODE

Spokesperson: \_\_\_\_\_ Telephone: \_\_\_\_\_

NAME AND TITLE

F.E.I.N. OR S.S.N.: \_\_\_\_\_ MO Tax I.D.: \_\_\_\_\_

Approved Tax Credit Number: \_\_\_\_\_

Amount of Unclaimed Tax Credit to be transferred: \$ \_\_\_\_\_

Date of contribution or effective date of transfer: \_\_\_\_\_

MONTH/DAY/YEAR

- |                         |  |  |
|-------------------------|--|--|
| Tax Certificate Holder: | <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership                   |
|                         | <input type="checkbox"/> Trust                     | <input type="checkbox"/> S-Corporation                 |
|                         | <input type="checkbox"/> Individual proprietorship | <input type="checkbox"/> Individual                    |
|                         | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership |
|                         | <input type="checkbox"/> Other _____               |  |

**PLEASE DESCRIBE**

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%.

**NOTARY**

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 \_\_\_\_\_, \_\_\_\_\_.

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
ASSIGNOR

\_\_\_\_\_  
ASSIGNOR NOTARY

My commission expires: \_\_\_\_\_

FAMILY FARM BREEDING LIVESTOCK LOAN PROGRAM
REQUEST FOR TRANSFER

SECTION 2: Information on the transfer and assignee(s).

Name of Assignee: \_\_\_\_\_

Address of Assignee: \_\_\_\_\_

STREET/P.O. BOX

CITY

STATE

ZIP CODE

Taxpayer: [ ] Corporation [ ] Partnership [ ] Individual [ ] S-Corporation [ ] Individual proprietorship
[ ] Trust [ ] Limited Liability Company [ ] Limited Liability Partnership [ ] Other \_\_\_\_\_
PLEASE DESCRIBE

Assignee Tax Year: \_\_\_\_\_ to \_\_\_\_\_ Phone Number: \_\_\_\_\_

F.E.I.N. or S.S. N.: \_\_\_\_\_ Missouri Tax I.D.: \_\_\_\_\_

Total Amount of Credit to be Transferred: \$ \_\_\_\_\_

Amount of Credit Sold Sale Price
\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

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.

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%.

NOTARY

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 \_\_\_\_\_, \_\_\_\_\_.

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_

ASSIGNEE

ASSIGNEE NOTARY

My commission expires: \_\_\_\_\_

RETURN
COMPLETED
FORM AND
\$50 FEE TO:

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

## Additional Documentation

Recent changes to Missouri's immigration law requires that applicants for any state administered benefit provide certification and evidence of legal residence and those that employ others must also provide certification and evidence that your employees' legal status is verified.

**You must provide a copy of your valid Missouri Driver's license with this application.** If you do not have one or are an out of state applicant, you must provide one of the documents listed below:

- U.S. Birth Certificate (certified with embossed or raised seal issued by state or local government)
- U.S. Passport (valid)
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal presence in the U.S.

### Additional Instructions:

#### All Applicants:

All applicants must fill out BOTH sections of the Certification of Citizenship/ Immigration Status and Employer Status document. You do NOT have to complete the Affidavit of Authorized Workers section and you do NOT have to enroll in E-verify if you have no employees.

#### If you have employees:

If you employ workers with your business you must indicate that you do on the Employer Status Section and complete the Affidavit of Authorized Workers. You also must enroll in the federal worker authorization program, E- Verify and send in a copy of the MOU you received when enrolling with this application. You can enroll by visiting [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify). E- Verify is a free service provided by the US Department of Homeland Security.

### **Checklist: Please use this checklist to ensure a complete application.**

#### All Applicants:

\_\_\_\_\_ MO Driver's License (or other document listed above)

\_\_\_\_\_ Signed Certification or Citizenship/ Employer Status

(Both Section completed and signed)

\_\_\_\_\_ Completed Missouri Form FT

\_\_\_\_\_ \$50 tax credit transfer fee made payable to MASBDA

#### Applicants with Employees:

\_\_\_\_\_ Affidavit of Authorized Workers

\_\_\_\_\_ Executed MOU from E- Verify

## 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 permanent residence\* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity 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, identity, and residency 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 or cannot provide this, please see "Additional Documentation" for allowed alternatives.

## Employer 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:

(Please select the statement that applies)

**Do you have employees or subcontractors in connection with this application in the state of Missouri?**

\_\_\_\_\_ **NO**

\_\_\_\_\_ **YES** (If yes, you must complete the attached Affidavit of Authorized workers, along with enrolling in the federal worker authorization program and enclose evidence of such enrollment)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Affidavit of Authorized Workers

**BEFORE ME**, the undersigned Notary, \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be a credible person and of lawful age, who being by me first duly sworn, on \_\_\_\_\_ oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant \_\_\_\_\_) and as such am authorized to make the statement of affirmation contained herein.

**I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.**

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired by me, my business, and/or any other business entity for which I have hiring or management authority from the date of enrollment in the federal work authorization program.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you received when enrolling in e-verify.** To enroll visit [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify).

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

State of Missouri  
County of \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Notary Seal:]

\_\_\_\_\_  
[signature of Notary]

My commission expires: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[typed name of Notary]  
NOTARY PUBLIC