

	CTION 1 - INFORMATION ON THE CURRENT TAX CREDIT CERTIFICATE HOLDER			
DATE	NAME OF HOLDER			
ADDRESS (STREET/P.O. BOX)				
СІТҮ	STATE		ZIP CODE	
		· · · · · · · · · · · · · · · · · · ·		
CONTACT PERSON (NAME AND TITLE)	TELEPHONE NUMBE		3	
FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER	APPROVED TAX C	LEDIT NUMBER		
AMOUNT OF APPROVED TAX CREDIT TO BE TRANSFERRED	DATE OF TRANSFE	ER (MONTH/DAY/YEAR)	
Under penalties of perjury, we declare that we have examined this for	rm, and to the be	st of our knowledg	e 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	
NOTARY			MY COMMISSION EXPIRES	
NOTARY			MY COMMISSION EXPIRES	
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE	(S)		MY COMMISSION EXPIRES	
	(S)		MY COMMISSION EXPIRES	
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SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX)				
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE	(S) STATE		MY COMMISSION EXPIRES	
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX)				
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX)				
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SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY TELEPHONE NUMBER				
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY				
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY TELEPHONE NUMBER TAXPAYER Corporation Partnership Individual S-Corporation	STATE	t 🗌 Limited Lia		
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY TELEPHONE NUMBER TAXPAYER	STATE	t 🗌 Limited Lia	ZIP CODE	
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY TELEPHONE NUMBER TAXPAYER Corporation Partnership Individual S-Corporation	STATE		ZIP CODE	
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY TELEPHONE NUMBER Corporation Partnership Individual S-Corpor Other (please describe):	STATE		ZIP CODE	
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY TELEPHONE NUMBER TAXPAYER Corporation Partnership Individual S-Corpor F.E.I.N. OR S.S.N.	STATE		ZIP CODE	
SECTION 2: INFORMATION ON THE TRANSFER AND ASSIGNEE NAME OF PURCHASER ADDRESS OF PURCHASER (STREET/P.O. BOX) CITY TELEPHONE NUMBER Corporation Partnership Individual S-Corpor Other (please describe):	STATE		ZIP CODE	

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.

Under penalty 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

SECTION 3: CERTIFICATION OF CITIZENSHIP/ IMMIGRATION STATUS

By affixing my (our) signature below, I (we) hereby certify, subject to penalty 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" on page 2 for allowed alternatives.

SECTION 4: 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)

I DO NOT employ others in an employer- employee relationship.

I employ others in an employer- employee relationship. (If this statement is chosen you must also complete Section 5: Affidavit of Authorized Workers.)

SIGNATURE		TITLE	DATE
SIGNATURE		TITLE	DATE
RETURN COMPLETED APPLICATION AND \$50.00 TRANSFER FEE TO:			
	MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)		
	P.O. BOX 630		
	1616 MISSOURI BLVD		
		ELEPHONE: (573) 751-2129	

SECTION 5: 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 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 and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

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. This documentation includes the Memorandum of Understanding (MOU) established with the USCIS Verification Division when enrolling in 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.

SIGNATURE		TITLE		DATE
SIGNATURE		TITLE		DATE
NOTARY				•
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE SUBSCRIBED AND SWORN BEFORE ME, THIS		COUNTY (OR CITY OF ST. LOUIS	6)
	DAY OF	YEAR	USE BUBBER STAMP I	N CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	-	CELATAILA DECON.

ADDITIONAL DOCUMENTATION

If a valid Missouri driver's license is not available for this verification, other items that can be provided are listed below. Please provide one or more of the following from each of the categories below.

Proof of Lawful Presence for U.S. Citizens*

One of the following:

- · 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

Proof of Identity

Provide Social Security Number, if one has been assigned; or If a Social Security Number has not been assigned, the applicant must present a letter from the Social Security Administration (SSA) regarding the status of the applicant's Social Security Number.

Proof of Name Change:

One of the following:

If the name on the document you present for proof of lawful presence does not match your current name, present one of the documents below showing your current name.

- U.S. Passport (valid)
- Social Security Card/Medicare Card
- Certified Marriage License
- Certified Divorce Decree
- Certified Court Order
- Certified Adoption Papers or Amended Birth Certificate

Proof of Residency (A Post Office Box will not be allowed as a resident address.)

One of the following:

- Utility bill, most recent (phone, water, gas, electric, trash or sewer, etc.)
- · Voter registration card, most recent
- · Bank statement, most recent
- · Government check, most recent
- · Pay check, most recent
- · Property tax receipt, most recent
- Housing rental contract of current residence
- Mortgage documents of current residence
- An official letter or document from another state or local government agency, not previously listed, which is on the agency's letterhead or contains the official seal of the issuing agency issued within the previous 30 days
- Letter or other documentation issued by the postmaster within the previous 30 days establishing residency
- Other government document that contains the name and address of the applicant issued within the previous 30 days

*For any other immigrant status, please call MASBDA for more information.

MO 350-1580 (1-18)