



MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY
TAX CREDIT REQUEST FOR TRANSFER

MISSOURI FORM
TT

PLEASE TYPE OR PRINT

SECTION 1 - INFORMATION ON THE CURRENT TAX CREDIT CERTIFICATE HOLDER

TAX CREDIT PROGRAM <input type="checkbox"/> New Generation Cooperative <input type="checkbox"/> Meat Processing Facility Investment <input type="checkbox"/> Agricultural Products Utilization Contributor <input type="checkbox"/> Family Farm Breeding Livestock		NAME OF HOLDER
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ADDRESS (STREET/P.O. BOX)

CITY	STATE	ZIP CODE
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CONTACT PERSON (NAME AND TITLE)	TELEPHONE NUMBER
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FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER	APPROVED TAX CREDIT NUMBER
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AMOUNT OF APPROVED TAX CREDIT TO BE TRANSFERRED	DATE OF TRANSFER (MONTH/DAY/YEAR)
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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
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SECTION 2: INFORMATION ON THE TRANSFER AND PURCHASER

NAME OF PURCHASER

ADDRESS OF PURCHASER (STREET/P.O. BOX)

CITY	STATE	ZIP CODE
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TELEPHONE 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.
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TOTAL AMOUNT OF CREDIT TO BE TRANSFERRED	AMOUNT OF CREDIT PURCHASED	SALE PRICE
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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 (PURCHASER)

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

*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 (PURCHASER)

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

RETURN COMPLETED FORM AND \$50.00 TRANSFER FEE TO:
MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)
P.O. BOX 630, 1616 MISSOURI BLVD
JEFFERSON CITY, MO 65102-0630
TELEPHONE: (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	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

USE RUBBER STAMP IN CLEAR AREA BELOW.

This application will only be accepted if ALL of the following information is included: Is

the \$50.00 processing fee made payable to MASBDA enclosed?

this form notarized for both the seller and the purchaser?

a copy of the purchaser's valid Missouri driver's license attached? This is required for each member, beneficiary, or shareholder listed on Page 1. If you do not have a Missouri driver's license, or are an out of state applicant, you must provide a copy of 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.

Proof of Name Change: 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 or expired), Social Security card/Medicare card, Certified marriage license, Certified divorce decree, Certified court order, Certified adoption papers or Amended birth certificate.

all trust or company information included?

(i.e.: Joe Doe SS#000-00-0000 50% owner; Jane Doe SS#000-00-0001 50% owner)

**RETURN COMPLETED FORM AND
ALL OF THE INFORMATION LISTED ABOVE TO:**

MASBDA
P.O. BOX 630, 1616 MISSOURI BLVD
JEFFERSON CITY, MO 65102-0630
TELEPHONE: (573) 751-2129