MISSOURI
Department of Economic Development

Missouri Form 447-T

BROWNFIELD REDEVELOPMENT PROGRAM (SECTIONS 447.700 TO 447.718, RSMo.): REMEDIATION TAX CREDIT REQUEST FOR TRANSFER

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.
PLEASE TYPE OR PRINT
IMPORTANT: You must submit a separate Form 447-T for each tax credit certificate being requested.

FOR CALANDAR YEAR _____ OR TAX YEAR BEGINNING _____, ENDING _____

SECTION 1: ASSIGNOR

NAME OF ASSIGNOR	DATE

ADDRESS (STREET, P.O.BOX, CITY, STATE, ZIP CODE)

SPOKESPERSON (NAME AND TITLE)	TELEPHONE NUMBER

F.E.I.N. OR S.S.NO.	MO.TAX I.D. NO.	AMOUNT OF APPROVED CREDIT

APPROVED TAX CREDIT NO.	DATE OF TAX CREDIT APPLICATION OR EFFECTIVE DATE OF TRANSFER

TAXPAYER (CIRCLE ONE)

☐ CORPORATION ☐ FIDUCIARY ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ S-CORP ☐ INDIVIDUAL PROPRIETORSHIP

NOTE: If the taxpayer is a fiduciary, partnership or S-Corporation, attach separate sheet to this application and identify the names, social security numbers and proportioned share of ownership of each beneficiary, partnership or shareholder. Aggregate proportionate shares or percent of total ownership may not exceed 100%.

SECTION2: TRANSFERRING OF CREDIT – USE A SEPARATE FORM FOR EACH ASSIGNEE

ASSIGNEE'S TAX PERIOD:
FOR CALENDAR YEAR _____ OR TAX YEAR BEGINNING _____, ENDING _____

NAME OF ASSIGNEE

ADDRESS OF ASSIGNEE (STREET/P.O.BOX, CITY, STATE, ZIP CODE)

F.E.I.N. OR S.S.NO.	MO. TAX I.D. NO.	TELEPHONE NUMBER	TOTAL AMOUNT OF CREDIT TO BE TRANSFERRED
			$

ASSIGNEE (CIRCLE ONE)

☐ CORPORATION ☐ FIDUCIARY ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ S-CORP ☐ INDIVIDUAL PROPRIETORSHIP

IF TRANSFERRED TAX CREDITS ARE BEING SOLD TO THE ASSIGNEE, ENTER THE PERCENT OF PAR VALUE FOR WHICH SUCH CREDITS ARE BEING SOLD.

AMOUNT OF CREDIT SOLD	@	% OF PAR VALUE EQUALS	SALE PRICE
$			

NOTE: THE AMOUNT OF CREDIT SOLD MUST EQUAL THE "TOTAL AMOUNT OF CREDIT TO BE TRANSFERRED (SEE ABOVE).

THE SALE OR TRANSFER OF TAX CREDITS MAY HAVE INCOME TAX CONSEQUENCES FOR THE ASSIGNOR AND ASSIGNEE. CONSULT YOUR TAX PREPARER, THE IRS, OR THE DEPARTMENT OF REVENUE WITH QUESTIONS.

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 hereto on this _____ day of _____, _____.

MUST BE SIGNED IN PRESENCE OF NOTARY

ASSIGNOR

ASSIGNEE

NOTARY PUBLIC EMBOSSER OR BLACK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____, _____

USE RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)