



Transfer LIHC Low-Income Housing Credit Statement

2003
Massachusetts
Department of
Revenue

For calendar year 2003 or taxable year beginning

and ending

Name of transferor _____ Social Security or Federal Identification number _____

Street address _____ City/Town _____ State _____ Zip _____

Name of transferee _____ Social Security or Federal Identification number _____

Street address _____ City/Town _____ State _____ Zip _____

Name of project _____ Building identification number _____

Street address _____ City/Town _____ State _____ Zip _____

Name of project owner _____ Federal Identification number _____

Street address _____ City/Town _____ State _____ Zip _____

Transfer Information

1 Total amount of credit being transferred **1**

2 Year(s) credit was earned by transferor _____

The undersigned is electing to make a transfer of the Massachusetts low-income housing credit and is notifying the Department of Revenue of this election pursuant to 760 CMR 54.13(4). A copy of this statement should be attached to the transfer contract.

Signature of transferor _____ Date _____

Name of contact person _____ Telephone number _____