



Transfer LIHC Low-Income Housing Credit Statement

2012
Massachusetts
Department of
Revenue

| For calendar year 2012 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. A copy of this statement must also be submitted to the Department of Revenue. Mail to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, Attn.: Low-Income Housing Unit.**

| | |
|-------------------------|------------------|
| Signature of transferor | Date |
| Name of contact person | Telephone number |