



# Transfer LIHC Low-Income Housing Credit Statement

2013  
**Massachusetts**  
**Department of**  
**Revenue**

**For calendar year 2013 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 \_\_\_\_\_