



Transfer LIHC Low-Income Housing Credit Statement

2015
Massachusetts
Department of
Revenue

For calendar year 2015 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