



Transfer LIHC Low-Income Housing Credit Statement

2016

Massachusetts
Department of
Revenue

For calendar year 2016 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