Massachusetts Department of Revenue

Transfer LIHC

Low-Income Housing Credit Statement 2023

For calendar year 2023 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 | Certificate 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