



Massachusetts Department of Revenue

Transfer LIHC

## Low-Income Housing Credit Statement

2026

For calendar year 2026 or taxable year beginning

and ending

Name of transferor

Federal Identification number

Street address

City/Town

State

Zip

Name of transferee

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