



ALABAMA DEPARTMENT OF REVENUE
**Historic Rehabilitation Credit
 Transfer Statement**

HRC-TS1
 (5/18)

FOR THE HISTORIC REHABILITATION CREDIT OF 2013

This form is to serve as the transfer statement for the owners, partners or members of a project awarded a historic rehabilitation tax credit that will transfer all or part of their allocated credit in accordance with the provisions of Article 1, Chapter 9F of Title 40, *Code of Alabama 1975*. If the transferee allocates any portion of the credit to its partners or members, the transferee's Allocation Schedule must be remitted to the Alabama Department of Revenue with the Historical Rehabilitation Credit Transfer Statement. A transfer is not valid until the Department of Revenue issues a transfer tax credit certificate to the transferee. Once a credit is transferred, only the transferee or the transferee's partners or members may utilize such credit and the credit cannot be transferred again. Mail this form along with a copy of the Tax Credit Certificate, the proposed Historical Rehabilitation Credit Transfer Agreement and \$1,000 fee per transferee to: Alabama Department of Revenue, Commissioner's Office, P.O. Box 327001, Montgomery, AL 36132-7001.

PROJECT INFORMATION

NAME OF PROJECT	DATE PROJECT WAS PLACED IN SERVICE	PROJECT NUMBER
PROJECTS ADDRESS	CITY	STATE ZIP CODE

TRANSFEROR INFORMATION

TRANSFEROR NAME	SOCIAL SECURITY NUMBER OR FEIN	TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE

Total Amount of Credit to be Transferred:

Total Amount of Transfer Fees Enclosed (\$1,000 Per Transferee):

TRANSFEEEE INFORMATION

1. RECIPIENT NAME	SOCIAL SECURITY NUMBER OR FEIN	TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE

AMOUNT OF CREDIT TO BE TRANSFERRED

2. RECIPIENT NAME	SOCIAL SECURITY NUMBER OR FEIN	TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE

AMOUNT OF CREDIT TO BE TRANSFERRED

3. RECIPIENT NAME	SOCIAL SECURITY NUMBER OR FEIN	TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE

AMOUNT OF CREDIT TO BE TRANSFERRED

4. RECIPIENT NAME	SOCIAL SECURITY NUMBER OR FEIN	TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE

AMOUNT OF CREDIT TO BE TRANSFERRED

The undersigned is electing to make a transfer of the Alabama historic rehabilitation credit and is notifying the Department of Revenue of this election pursuant to Rule 810-3-136-.02. A copy of the proposed transfer agreement is required to be attached to the transfer statement and remitted to the Department prior to the transfer. A copy of the executed transfer agreement is required to be filed with Department within 30 days after the agreement has been executed. Once a copy of the executed agreement has been received, the Department will issue a Transfer Tax Certificate to each transferee.

Signature _____ Title _____ Date _____

Attach Additional Sheets If Necessary