



ALABAMA DEPARTMENT OF REVENUE
**Historic Rehabilitation Credit
 Transfer Statement**
FOR THE HISTORIC REHABILITATION CREDIT OF 2017

HRC-TS2
 (1/21)

This form is to serve as the transfer statement for the recipient of a historic rehabilitation tax credit electing to transfer all or part of their credit in accordance with the provisions of Article 2, Chapter 9F of Title 40, Code of Alabama 1975. 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 may utilize the transferred credit and the credit cannot be transferred again.

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):

TRANSFEEE 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 810-3-137-.02. The Department must receive a copy of the executed transfer agreement, transfer statement, and applicable fees before the transfer certificate can be issued. All applicable fees must be remitted to Alabama Department of Revenue, Commissioner's Office, P.O. Box 327001, Montgomery, AL 36132-7001.

Signature _____ Title _____ Date _____

Attach Additional Sheets If Necessary