



LOUISIANA
DEPARTMENT of REVENUE

**Agreement to Transfer
Tax Credits**

This form evidences a binding agreement to transfer Tax Credits. Use this form to transfer credits that are to be claimed for tax year 2022 or fiscal tax years ending in 2023. **The taxpayer must purchase the credit before filing the return.**

PLEASE PRINT OR TYPE

| Taxpayer Information | | | |
|------------------------|---|-----|------------------|
| Name | LA Revenue Account Number or Social Security Number | | |
| Address | Spouse's Social Security Number if Joint Filer | | |
| City | State | ZIP | Telephone Number |
| Transferor Information | | | |
| Name | Telephone Number | | |
| Address | Fax | | |
| City | State | ZIP | Email |

Agreement by Taxpayer – Notarized Signature Required

Taxpayer hereby agrees to acquire Tax Credits from the Transferor. Taxpayer hereby acknowledges that failure to execute this form prior to the due date of the return, without regard to the granting of any extension, will prevent any credits purchased pursuant to this binding agreement from being claimed on any return subsequently filed by the transferee. Further, taxpayer hereby acknowledges that execution of this form will in no way alter or change the tax period against which the purchased credits may be applied. Finally, taxpayer hereby acknowledges that failure to purchase credits from the transferor named herein in accordance with the terms of this binding agreement will result in the imposition of all applicable penalties and interest from the due date of the return, without regard to the granting of any extension.

| | | |
|---|-------------------|--|
| Signature of Taxpayer or Taxpayer's Authorized Representative | Print Name | |
| Title | Date (mm/dd/yyyy) | |

Sworn to and subscribed by Taxpayer before me this _____ day of _____, _____.

Signature of Notary Public _____ Notary ID Number _____

Printed Name of Notary Public _____

Agreement by Transferor – Notarized Signature Required

Transferor hereby agrees to transfer Tax Credits to the Taxpayer.

| | | |
|---|-------------------|--|
| Signature of Transferor or Transferor's Authorized Representative | Print Name | |
| Title | Date (mm/dd/yyyy) | |

Sworn to and subscribed by Taxpayer before me this _____ day of _____, _____.

Signature of Notary Public _____ Notary ID Number _____

Printed Name of Notary Public _____