



Railroad Modernization Act of 2021 Request for Transfer

REVENUE DIVISION
Tax Credits/Special Refunds
1816 W 7th St., Room 2370
Post Office Box 8054
Little Rock, Arkansas 72203-8054
Phone: (501) 682-7106
Fax: (501) 682-4896
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Project Number: _____

A. Income Tax Credits Earned and Transferor:	
Transferor Name	Transferor FEIN/SSN
Transferor Address	
Year Income Tax Credit Earned	Amount of Tax Credit to be Transferred
Amount of Tax Credit Earned	Amount of Tax Credit Remaining with Transferor
Authorized Official Title	Authorized Official Name

Affirmation of Transfer of Tax Credit:

I, (Print) _____, do hereby agree as the authorized official of the Transferor to the transfer of the income tax credit in the amount of _____ to the Transferee noted in Section B.

Signature

Date

B. Income Tax Credit Transferee:	
Transferee Name	Transferee FEIN/SSN
Transferee Address	
Remaining Tax Years Tax Credit May Be Claimed	
Authorized Official Title	Authorized Official Name

Affirmation of Transfer of Tax Credit:

I, (Print) _____, do hereby agree as the authorized official of the Transferee to receive the income tax credit valued at _____ from the Transferor identified in Section A. I further agree that I will notify the Department of Finance and Administration of this transaction within 30 days of signing this document.

Signature

Date