

SALE/TRANSFER/ASSIGNMENT OF CREDIT

West Virginia
Tax Division

REV02-2024

FOR CAPITAL INVESTMENT IN CHILD-CARE PROPERTY OR OPERATING COSTS OF CHILD-CARE FACILITY

(FOR PERIODS ON OR AFTER JANUARY 1, 2022)

A copy of this form must be submitted with the CIT-120 return when claiming the credit on schedule CIT-120TC. According to WV Code §11-24(g), in part, "Any transferee, purchaser, or assignee of non-profit corporation credits certified to a non-profit corporation under this section takes the transferred, purchased, or assigned credits subject to any limitations placed on the amount of credit taken in a given year by §11-24-44(b), §11-24-44(c), §11-24-44(e), and §11-24-44(f) of this code." If transferring more than one credit, a separate form must be completed for each.

| SECTION A: TRANSFEROR INFORMATION | | | | |
|-----------------------------------|---|---|-----|----------------------------------|
| 1 | NAME OF TRANSFEROR | | | |
| | | | | |
| 2 | MAILING ADDRESS OF TRANSFEROR | | | |
| | | | | |
| 2 | CITY | STATE | ZIP | |
| | | | | |
| 3 | CONTACT PERSON | | | |
| | | | | |
| 4 | WV TAX ID NUMBER / SSN OF TRANSFEROR | | | |
| | | | | |
| 5 | ORIGINAL QUALIFIED TAX CREDIT | CAPITAL INVESTMENT IN CHILD-CARE PROPERTY | \$ | CERTIFICATE LETTER ID (REQUIRED) |
| | | OPERATING COSTS OF CHILD -CARE FACILITY | \$ | CERTIFICATE LETTER ID (REQUIRED) |
| | | | | |
| 6 | YEAR IN WHICH CREDIT(S) WAS GENERATED (YYYY) THIS IS THE YEAR IN WHICH QUALIFIED INVESTMENT OR OPERATING COSTS OCCURRED | | | |
| | | | | |

| SECTION B: TRANSFEEE INFORMATION | | | | |
|---|--|---|-----|--|
| If more than one transferee, a separate form must be completed for each. Credit from Non Profit may only be claimed on the WV CIT-120. Transferees must complete Schedule CIP or OCF when claiming the credit. | | | | |
| 1 | NAME OF TRANSFEEE: | | | |
| | | | | |
| 2 | MAILING ADDRESS | | | |
| | | | | |
| 2 | CITY | STATE | ZIP | |
| | | | | |
| 3 | WV CORPORATE INCOME TAX ACCOUNT NUMBER OR FEIN | | | |
| | | | | |
| 4 | AMOUNT OF TAX CREDIT TRANSFERRED/SOLD/ASSIGNED | CAPITAL INVESTMENT IN CHILD-CARE PROPERTY | \$ | |
| | | OPERATING COSTS OF CHILD -CARE FACILITY | \$ | |
| | | | | |
| 5 | DATE OF TRANSFER/SALE/ASSIGNMENT (MM/DD/YYYY) | | | |
| | | | | |

| TO BE COMPLETED BY WEST VIRGINIA TAX DIVISION | | | |
|---|----------------------|-----------------------------|------|
| | | | |
| TAX DIVISION AUTHORIZED SIGNATURE | NAME (PRINT OR TYPE) | TAX DIVISION CONTACT NUMBER | DATE |