West Virginia Tax Division

SALE/TRANSFER/ASSIGNMENT OF CREDIT 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."

| f transferring more than one credit, a separate form must be completed for each. | | | | | | | | |
|--|---|--|------------------------------------|--|----------|--------------------------------|-----|--|
| SECTION A: TRANSFEROR INFORMATION | | | | | | | | |
| | NAME OF TRANSFEROR | | | | | | | |
| 1 | | | | | | | | |
| | MAILING ADDRESS OF TRANSFEROR | | | | | | | |
| | | | | | | | | |
| 2 | CITY | | | | STA | TE | ZIP | |
| | | | | | | | | |
| | CONTACT PERSON | | | | | | | |
| 3 | | | | | | | | |
| | WV TAX ID NUMBER / SSN OF TRANSFEROR | | | | | | | |
| 4 | | | | | | | | |
| 5 | ORIGINAL QUALIFIED | CAPITAL INVESTMENT IN CHILE | CARE PROPERTY | \$ | LET* | RTIFICATE TER ID QUIRED) | | |
| J | TAX CREDIT | OPERATING COSTS OF CHI | LD -CARE FACILITY | \$ | LET | RTIFICATE TER ID QUIRED) | | |
| | YEAR IN WHICH CREDIT(S) WAS GENERATED (YYYY) THIS IS THE YEAR IN WHICH QUALIFIED INVESTMENT OR OPERATING COSTS OCCURRED | | | | | | | |
| 6 | | | | | | | | |
| | | | | | | | | |
| SECTION B: TRANSFEREE INFORMATION | | | | | | | | |
| If more than one transferee, a separate form must be completed for each. | | | | | | | | |
| Cre | Credit from Non Profit may only be claimed on the WV CIT-120. Transferees must complete Schedule CIP or OCF when claiming the credit. | | | | | | | |
| | NAME OF TRANSFEREE: | | | | | | | |
| 1 | | | | | | | | |
| | MAILING ADDRESS | | | | | | | |
| | W/ (IEII TO / IBE | PRESS | | | | | | |
| 2 | WALINGABL | PRESS | | | | | | |
| 2 | CITY | PRESS | | | STATE | Ž | ZIP | |
| 2 | | PRESS | | | STATE | 2 | ZIP | |
| 2 | CITY | ATE INCOME TAX ACCOUNT NUM | BER OR FEIN | | STATE | 2 | ZIP | |
| 3 | CITY | | BER OR FEIN | | STATE | 2 | ZIP | |
| 3 | CITY | ATE INCOME TAX ACCOUNT NUM | | TMENT IN CHILD-CARE PROPERTY | STATE \$ | 1 | ZIP | |
| | CITY WV CORPOR AMOUNT OF | ATE INCOME TAX ACCOUNT NUM | CAPITAL INVES | TMENT IN CHILD-CARE PROPERTY GOSTS OF CHILD -CARE FACILITY | | 2 | ZIP | |
| 3 | CITY WV CORPOR AMOUNT OF TRANSFERR | ATE INCOME TAX ACCOUNT NUM | CAPITAL INVES | | \$ | 2 | ZIP | |
| 3 | CITY WV CORPOR AMOUNT OF TRANSFERR | ATE INCOME TAX ACCOUNT NUM TAX CREDIT ED/SOLD/ASSIGNED | CAPITAL INVES | | \$ | | ZIP | |
| 3 | CITY WV CORPOR AMOUNT OF TRANSFERR | ATE INCOME TAX ACCOUNT NUM TAX CREDIT ED/SOLD/ASSIGNED | CAPITAL INVES OPERATING DD/YYYY) | COSTS OF CHILD -CARE FACILITY | \$ | | ZIP | |
| 3 | CITY WV CORPOR AMOUNT OF TRANSFERR | ATE INCOME TAX ACCOUNT NUM TAX CREDIT ED/SOLD/ASSIGNED | CAPITAL INVES OPERATING DD/YYYY) | | \$ | | ZIP | |

NAME (PRINT OR TYPE)

TAX DIVISION CONTACT NUMBER DATE

TAX DIVISION AUTHORIZED SIGNATURE