

Live Local Program Notice of Intent to Transfer a Tax Credit

DR-446200 N. 10/23 Rule 12-29, F.A.C. Effective 01/24 Page 1 of 3

To transfer a tax credit available under the Live Local Program, the transferring business and the receiving business must both be members of the same affiliated group of corporations.

Part I - Transferring Business Information

Business Name:			Federal Employer Identification Number (FEIN):			
Business Address:			.1			
City:		State:		ZIP:		
Contact Person Name:	Telephone Number:	Email Address:*	L		L	
* Your privacy is important to the Florida I administration purposes are confidential a						
Florida law requires you to authorize the I does not require additional steps before y application, you may wish to receive uner unencrypted email by selecting 'Yes' below	ou can access infor acrypted email rega	rmation in the e rding this applic	mail. To exped	ite the pro	ocessing of your	
☐ Yes. I authorize the Florida Departmenemail.	t of Revenue to ser	nd information r	egarding this a	pplication	using unencrypted	
☐ No. I wish to receive encrypted emails requires a one-time passcode or a use		epartment of Re	evenue. (The so	oftware us	sed to encrypt email	
If the transferor is included in a consolidated Florida corporate income tax return, provide the Parent Co			tion Name: Parent FEIN:			
Indicate the type of tax credit allocation or tax credit to be transferred, information on the original amount of the tax credit allocation, any approved carryforward amounts, the amount of any previous transfers, and the amount to be transferred.	☐ Corporate Income	Live Local Program: (choose one) Corporate Income Tax Insurance Premium Tax				
Transfer of Tax Credit Allocation						
Tax Credit Allocation Confirmation Number						
Original Amount of Tax Credit Allocation		\$				
Prior Transfer of This Credit Allocation						
Requested Transfer of This Credit Allocation (Must be made in sufficient time for transferee to timely make the contribution to earn the credit and the Department to approve the transfer of the credit allocation.)		\$				
Transfer of Credit or Carryforward Credit						
Credit Earned Under This Tax Credit Allocation Confirmation Number						
Amount of Credit and Carryforward Credit Claimed / Used		\$				
Tax Year Claimed / Used						
Prior Transfer of This Credit or Carryforward Credit						
Requested Transfer of This Credit or Carryforward Credit (Must be made in sufficient time for the transferee to timely claim the transferred credit or transferred carryover credit and the Department to approve the transfer of the credit or carryforward credit.)		\$				

Part II - Receiving Business Information - A separate notice is required for each receiving business.

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Business Name:			Federal Empl	Federal Employer Identification Number (FEIN):	
Business Address:					
City:		State:		ZIP:	
Contact Person Name:	Telephone Numb	per:	Email Address:		
If the transferee is included in a consolidated Florida corporate income tax return, provide the Parent Corp			tion Name: Parent FEIN:		
				-	
Part III - Transferring Business Certifi may sign this notice.		-		-	
I understand that section 420.50872, Florida Statutes denial it issues with respect to this application to the F		•		orovide a copy of any approval or	
Under penalties of perjury, I certify that the Transferrir group of corporations. I understand that the Florida D allocation or a tax credit authorized under the Live Lo Notice and the facts stated in it are true.	epartment of I	Revenue will provide	information re	garding the transfer of a tax credit	
Signature of Authorized Officer of Transferring Business		Title	Title		

Date

Printed Name of Authorized Officer

Instructions for Completing Form DR-446200 Live Local Program Notice of Intent to Transfer a Tax Credit

To transfer a tax credit or a tax credit allocation under the Live Local Program, both parties to the transfer must be members of the same affiliated group of corporations.

The transferring member must notify the Department of any tax credit transfer prior to the receiving member reporting the tax credit on a tax return.

A separate notice must be submitted for each member of an affiliated group of corporations receiving a transfer and for each tax type. A transfer of a tax credit allocation may not be submitted on the same notice as a transfer of credit or carryforward credit.

The completed notice must be signed by an officer authorized to sign on behalf of the transferring business. Submit the completed and signed notice to:

Revenue Accounting
Florida Department of Revenue or Fax 850-921-1171
PO Box 6609
Tallahassee FL 32314-6609

The Department will send you written correspondence either approving an amount of tax credits to be transferred or providing the reason a tax credit transfer could not be approved.

The following tax allocations or tax credits may be transferred from one member of an affiliated group to another member of the same affiliated group:

- Tax credit allocations prior to making a contribution to the Florida Housing Finance Corporation.
- Tax credit allocations for which contributions have been made to the Florida Housing Finance Corporation, but the tax credit has not been claimed on a tax return.
- Carryforward tax credit amounts that have not been claimed on a tax return.

A transferred tax credit may only be used against the same tax as the original tax credit approved by the Department. For example, if the transferring member received a corporate income tax credit allocation, the receiving member may only use the transferred tax credit as a corporate income tax credit.

Members receiving a tax credit allocation must make a contribution to the Florida Housing Finance Corporation during the same period that the transferring member was required to make the contribution. The contribution must be made before the member may claim the tax credit.

A transferred tax credit may only be taken by the receiving member of the affiliated group during the same period that the transferring member was approved to take the tax credit.

A transferred carryforward amount may only be taken as a tax credit during the same time period as the transferring member was authorized to take the carryforward tax credit amount.

Contact Information

For additional information regarding the Live Local Program, contact **Revenue Accounting**:

Phone: 850-617-8586 Fax: 850-921-1171

Email: RevenueAccounting@floridarevenue.com

References: Section 420.50872, Florida Statutes; Rule 12-29, Florida Administrative Code