Print Form

ILLINOIS FILM TAX CREDIT

Request for Tax Credit Transfer

Today's Date:

ORIGINAL TAX CREDIT RECIPIENT

TAX CREDIT NUMBER:		**DATE CREDIT AWARDED:**	
Title of Project:			
COMPANY		FEIN #	
ADDRESS		PO BOX / SUITE	
CITY			
STATE		ZIP	
CONTACT		TITLE	
E-MAIL		TELEPHONE	

Original Tax Credit Amount:	
- Amount Previously Transferred:	
Balance Available To Transfer:	
Amount To Be Transferred:	

TRANSFEREE

NAME		FEIN or SSN#	
ADDRESS		PO BOX / SUITE	
CITY			
STATE		ZIP	
CONTACT		TITLE	
E-MAIL		TELEPHONE	

***ATTACH COPY OF TRANSFEREE'S W-9**

SIGNATURE

By signing and dating this transfer request, I certify that I am authorized to act on behalf of the original tax credit recipient.

Authorized Representative:

Name and Title:

Company:

Signature: _____ **Date:** _____

Mail form to: Illinois Film Office
555 W. Monroe, Suite 1200
Chicago, Illinois 60661

Form may be emailed to: FilmTaxCredit@Illinois.gov (include "TAX CREDIT TRANSFER" in the Subject line)