



ASSIGNMENT OF TAX CREDIT

Please Type or Print

This notice is to authorize the assignment of tax credit(s)
PLEASE SUBMIT IN DUPLICATE

From:

Assignor (holder of the credit)

Name of Owner (Individual, Partnership, Corporation, etc.)			Federal Employer Identification Number
Trade Name (If other than preceding line)			Type of Tax (Sales, Corporation, etc.)
Street Address	City	State	ZIP Code
			Account Number

TYPE OF TAX AND IDENTIFICATION NUMBER	MONTH/YEAR OR TAX NOTICE NUMBER	CREDIT AMOUNT

To:

Assignee (receiver of credit)

Name of Owner (Individual, Partnership, Corporation, etc.)			Federal Employer Identification Number
Trade Name (If other than preceding line)			Type of Tax (Sales, Corporation, etc.)
Street Address	City	State	ZIP Code
			Account Number

TYPE OF TAX AND IDENTIFICATION NUMBER	MONTH/YEAR OR TAX NOTICE NUMBER	AMOUNT TO BE CREDITED

For value received, the above named Assignor sells, transfers and assigns to the Assignee the credit(s) listed above

Signed this _____ day of _____	If Corporation:
If Proprietorship or Partnership:	(Signature of Corporate Officer)

(Signature)

(Signature)

Officer Title

Telephone Number () _____ - _____

ADDITIONAL INFORMATION

- A.** Assignments are the transfer of available credit between business entities. Credit is available for assignment to the extent that the credit exceeds the debits owed the Commonwealth by the assignor. The application for assignment authorizes the Department of Revenue to transfer available credit as an offset to debits within the account releasing the credit.
- B. Credits** may be used as payment of any Commonwealth tax obligation administered by the Department of Revenue other than a Motor License Fund obligation.
- C. Assignments/Transfers** will be applied as of the date of the payment that created the credit.
- D.** In the case of a **partnership assigning credit**, the signatures of all partners are required (attach a separate sheet of paper if necessary).
- E. For corporations**, the signature of a corporate officer is required.
- F.** For more information, call 717.705.6225, or 800.447.3020 (services for taxpayers with special hearing and/or speaking needs).
- G.** Submit forms in duplicate to the Bureau of Corporation Taxes, Accounting Division, PO Box 280701, Harrisburg, PA 17128-0701.

BUREAU USE ONLY											
CORPORATION TAX JOURNALIZING INSTRUCTIONS											
Batch Number _____		Date _____			Box Number _____						
Name _____											
(1) DATE	(2) TRANS. CODE QTR.	(3) YEAR MM YY	(4) TYPE TAX PREF.	(5) CREDIT CODE	(6) MISC.	(7) TAX DEBIT		(8) TAX CREDIT		(9) METH.	(10) INT.
TOTALS											

Prepared By _____