

Alaska Notice of Assignment of Tax Credit Certificates under AS 43.55.029

1. ASSIGNOR (Tax Credit Applicant)

<input type="checkbox"/> FEIN	Notice of Assignment Date	Taxpayer Name	
<input type="checkbox"/> SSN			
Mailing Address		Contact Name	Contact Title
City	State	Zip Code	Contact Telephone
			Fax Number
Business Type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Contact Email
<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other _____	

2. ASSIGNEE (Rights Assigned to)

<input type="checkbox"/> FEIN	Company Name		
<input type="checkbox"/> SSN			
Mailing Address		Contact Name	Contact Title
City	State	Zip Code	Contact Telephone
			Fax Number
Business Type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Contact Email
<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other _____	

3. Production Tax Credit Certificate Being Assigned

Type of Credit: <input type="checkbox"/> AS 43.55.023 <input type="checkbox"/> AS 43.55.025	Date of Tax Credit Application
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4. Define the interest in the production tax credit being assigned as either an amount in dollars on line (a) below or a percentage of the credit to be issued by the Department on line (b) below.

Amount of Tax Credit Certificate Requested*	
a. Amount of Tax Credit Certificate to Assign** or	
b. Percentage of Tax Credit to Assign	

* Should match the amount on the AS 43.55.025 and 43.55.023 credit applications completed through Revenue Online.

**May not exceed 90% of credit requested

5. Pursuant to AS 43.55.029(b)(4) bank information is required to be filed with the notice of assignment. The "Electronic Payment Agreement for Vendors Doing Business with the State of Alaska" form at http://doa.alaska.gov/dof/forms/resource/EDI_agreement.pdf must be completed and attached to this notice of assignment. The Department will transmit to the assignee any cash purchase payment under AS 43.55.028 consistent with this notice of assignment.

6. _____ Last four digits of bank account included on "Electronic Payment..." form identified above.

Confirm that the "Electronic Payment..." form identified above is complete and attached to this application.

(Optional) The limited Waiver of Confidentiality is attached to this application.

I certify that I am an officer or legally qualified agent of the assignor. In accordance with AS 43.55.029, I acknowledge that once filed with the Department, the assignment is irrevocable and cannot be modified without the written consent of the assignee. I agree that the disclosure to assignee of the amount of a tax credit certificate assigned by this notice of assignment is not a violation of AS 43.05.230. I authorize the Department to transmit to the assignee any cash purchase payment under AS 43.55.028 consistent with this notice of assignment.

Signature	Date
Printed Name	Printed Title

I certify that I am an officer or legally qualified agent of the assignee.

Signature	Date
Printed Name	Printed Title