State Of Oklahoma

# Reporting Form for the Transfer or Allocation of a Tax Credit

AMENDED REPORT!
Place an 'X' here if this is an Amended Report: ☐

FORM 569
Revised 2015

## Part 1 – General Information

| Tax Year: | FEIN or SSN: |
|---|---|

Name of Person/Entity Transferring or Allocating a Credit:

Address:

City, State and ZIP: | Phone Number:

SELECT ONE: ☐ Individual ☐ Partnership ☐ S-Corporation ☐ Corporation ☐ Fiduciary ☐ Limited Liability Company

SELECT ONE:

☐ 1. You are filing this report as the person/entity who originally generated the credit.

-or-

☐ 2. You are filing this report as the person/entity to whom a credit was transferred or allocated and who is transferring or allocating any portion of such credit to another person.

If you selected Number 2, enter the Name and FEIN/SSN of the person who transferred or allocated the credit to you.

Name: _____ FEIN/SSN: _____

## Part 2 – Credit Information

1. Name of credit from Page 4 or Page 5: _____
2. Enter the line number of this credit (from Page 4 or Page 5): _____
3. Amount of credit: $ _____

## Part 3 – Complete if any portion of the credit was transferred

| Enter the Transferee Name | FEIN/SSN | Transfer Date | $ Amount of Credit Transferred |
|---|---|---|---|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) Total from Supplemental Schedule | | | |
| 10) **Total amount of credit** that was transferred (add Part 3 lines 1 - 9) | | | |

**(For allocated credits, complete Part 4 on page 2)**

Under penalties of perjury, I declare I have examined this return, and to the best of my knowledge and belief it is true, correct and complete.

| Signature | Date | Signature of Preparer | Date |
|---|---|---|---|
| Phone Number | | Preparer Phone Number | |

The Oklahoma Tax Commission is not required to give actual notice to taxpayer of changes in any state tax law.