

## Oregon Department of Energy Energy Incentive Program Tax Credit Transfer Form

Application/Informational Filing #

| 1. Transfer Eligibility Information   |     |    |
|---|-----|----|
| Is it within 12 months of the issuance of the tax credit certificate? If no, the tax credit cannot use this transfer process.   | Yes | No |
| Did the project owner use any of the tax credit before the transfer? A tax credit is considered used when any portion of the tax credit reduces or offsets any portion of the project owner's tax liability. If yes, none of the remaining credit can be transferred. | Yes | No |
| Has the tax credit been transferred previously? If yes, the tax credit cannot be transferred again.   | Yes | No |
| Is the original tax credit certificate is attached to this form? If no, complete affidavit for lost or destroyed certificate below.   | Yes | No |

## 2. Affidavit for Lost or Destroyed Certificate

| On   | Only use if unable to provide original tax credit certificate.   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| I,   | , affirm that:   |  |  |  |  |  |  |
|  | After diligent search and careful inquiry, the original energy incentive program tax credit certificate referenced above has been lost and is unavailable.   |  |  |  |  |  |  |
|  | The original energy incentive program tax credit certificate referenced above was destroyed during a process to store documents electronically, without knowing the requirement to provide the original tax credit certificate as part of the transfer process. (attach print out of electronically stored document) |  |  |  |  |  |  |
| If the original tax credit certificate referenced above is located, the certificate will be returned to the Oregon Department of Energy. |  |  |  |  |  |  |  |
|  | Signature (project owner):   |  |  |  |  |  |  |

Print Name:\_\_\_\_\_ Date: \_\_\_\_\_

| 3. Affidavit of Project Owne   | r – Transfer Payme   | nt Information                  |                                |                             |  |  |  |
|--|--|---------------------------------|--------------------------------|-----------------------------|--|--|--|
| A tax credit can only be transferred in exchange for a cash payment that is equal to the present value of the tax credit. Note that associated transfer fees will be assessed for each certificate issued. |  |                                 |                                |                             |  |  |  |
| I,   | , affirm that no portion of the tax credit has been claimed. |                                 |                                |                             |  |  |  |
| I further affirm that I have received the following cash payment(s) (equal to the present value of the tax credit form the following transferee(s) on the dates noted                                      |  |                                 |                                |                             |  |  |  |
| Transferee Name  | Tax ID Number  | <u>Payment</u><br><u>Amount</u> | <u>Date</u><br><u>Received</u> | Percent of<br><u>Credit</u> |  |  |  |
|  |  |                                 |                                | %                           |  |  |  |
|  |  |                                 |                                | %                           |  |  |  |
|  |  |                                 |                                | %                           |  |  |  |
|  |  |                                 |                                | %                           |  |  |  |
|  |  |                                 |                                | %                           |  |  |  |
| Attached additional sheets if nece   | ssary for additional   | transferees.                    |                                |                             |  |  |  |
| Signature (project owner):   |  |                                 |                                |                             |  |  |  |
| Print Name: Date:  |  |                                 |                                |                             |  |  |  |
| Signature (Witness):   |  |                                 |                                |                             |  |  |  |
| Print Name: Date:  |  |                                 |                                |                             |  |  |  |

|   | 4. Tax Credit Recipient Statement   |        |    |             |         |                |          |        |   |          |  |
|---|---|--------|----|-------------|---------|----------------|----------|--------|---|----------|--|
| Photocopy this page for each tax credit recipient identified. Note that associated pass-through fees will be  |   |        |    |             |         |                |          |        |   |          |  |
| assessed for each certificate issued.   |   |        |    |             |         |                |          |        |   |          |  |
| 2.  | I understand that the Oregon Administrative Rules authorize ODOE to use my federal tax identification or social security number as an identification number in maintaining internal records and may be shared with the Oregon Department of Revenue to establish the identity of an individual in order to administer state tax law.<br>I understand that the tax credit recipient must comply with Oregon Department of Revenue requirements to document that the credit has been appropriately assigned, allocated or transferred, and claimed, and that  |        |    |             |         |                |          |        |   |          |  |
| 3.  | compliance is subject to audit.<br>I understand that this tax credit application is a public record and that ODOE may be required by law to disclose<br>information in this tax credit application to the public on request. I have marked any information that I request be<br>kept confidential. I understand that marking information does not guarantee that it will be kept confidential and<br>that the Director of ODOE will make any decisions regarding public disclosure of information contained in this<br>application in accordance with Oregon Public Records Law.  |        |    |             |         |                |          |        |   |          |  |
|   | I understand that ODOE does not endorse any company that requests information on this application and does not  |        |    |             |         |                |          |        |   |          |  |
| 5.  | <ul> <li>employees, contractors, and agents, and agrees to defend and indemnify the foregoing from and against any claims, demands, or costs (including attorney and expert witness fees at trial and on appeal) arising from or in any way related to claims made by the Tax Credit Recipient or any parent or subsidiary of the Tax Credit Recipient and which are related in any way to ODOE's issuance or failure to issue any pre-certification or final certification to an applicant for an Energy Incentives Program tax credit, or the inability to obtain an Energy Incentives Program tax credit. This release and indemnification does not affect the right of the undersigned to claim an Energy Incentives Program tax credit on an Oregon tax return under a final certification issued by ODOE and in accordance with applicable law.</li> <li>6. I verify that the tax credit recipient does not restrict membership, sales, or services on the basis of race, color, creed, religion, national origin, sexual preference, or gender.</li> </ul> |        |    |             |         |                |          |        |   |          |  |
|   |   |        |    |             | TAX CRE | DIT RECEIPIENT | INFORM   | ATION  |   |          |  |
| Name  |   |        |    | 1           |         |                |          | 1      |   | <b>I</b> |  |
| Federal Tax ID or SSN     Tax credit share  |   |        |    |             | %       |                |          |        |   |          |  |
| Tax ye  | ar is   |        | (  | Calendar Ye | ar      | Тах уеа        | r ending | 8      |   |          |  |
| Mailin  | g add   | ress   |    |             |         |                |          |        |   |          |  |
| City  |   |        |    |             | State   |                |          |        | : | Zip      |  |
| Phone   | :   |        |    |             |         |                | Email    |        |   |          |  |
| By signing this statement, I certify that I am the above named project owner, or an owner, partner, member or shareholder<br>of the above named project owner*. I have read and agree with the terms and conditions of the Tax Credit Recipient<br>Statement above and have not altered it in any way. I certify that I am an individual or a corporation that has an Oregon tax<br>liability (a Pass-through tax credit may <b>not</b> be issued to a partnership, an LLC, or an LLP filing taxes as a partnership). |   |        |    |             |         |                |          |        |   |          |  |
|   | Sig   | nature |    |             |         |                |          | Title: |   |          |  |
|   | Pri   | nt Nam | e: |             |         |                |          | Date:  |   |          |  |

\* Tax credits not issued to the project owner, owners, partners, members, or shareholders of the project must use the pass-through option to obtain a tax credit. Information will be shared with Oregon Department of Revenue to administer state tax law. Contact ODOE for more information.

| 5. <u>Transfer Fee</u>  |          |  |  |  |  |  |  |  |
|---|----------|--|--|--|--|--|--|--|
| <ol> <li>Payment must be received with the application to transfer the credit.</li> <li>Application will be incomplete if this payment is not submitted with application.</li> <li>Payment is considered "Received" when a signed check is included or credit card information is filled in and signed by the cardholder.</li> <li>If payment is unable to be processed or is declined, the application will be considered incomplete.</li> </ol> |          |  |  |  |  |  |  |  |
| EIP Transfer Fee =  |          |  |  |  |  |  |  |  |
| \$200 + \$100 per tax credit certificate issued   |          |  |  |  |  |  |  |  |
| Examples: 1 transferee, project owner pays \$300<br>4 transferees, project owner pays \$600   |          |  |  |  |  |  |  |  |
| Payment Method<br>Mail completed application and application fee to:<br>Oregon Department of Energy<br>EIP Transfer Fee<br>550 Capitol Street NE, 1 <sup>st</sup> Floor<br>Salem, OR 97301  |          |  |  |  |  |  |  |  |
| CHECK: Please make check payable to <u>Oregon Department of Energy</u> (indicate the EIP application number on the check.   |          |  |  |  |  |  |  |  |
| OR  |          |  |  |  |  |  |  |  |
| Visa MasterCard Discover  | Discover |  |  |  |  |  |  |  |
| Credit card number Expiration date  |          |  |  |  |  |  |  |  |
| Name of cardholder (as shown on credit card)  |          |  |  |  |  |  |  |  |
| Security code (3 digits on back of card)  |          |  |  |  |  |  |  |  |
| Billing address     Zip code  |          |  |  |  |  |  |  |  |
| Email address (for receipt)   |          |  |  |  |  |  |  |  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_