KANSAS

HIGH PERFORMANCE INCENTIVE PROGRAM (HPIP) TAX CREDIT TRANSFER APPLICATION AND ACKNOWLEDGMENT

This application is being provided by the Kansas Department of Commerce (Commerce) to assist taxpayers interested in transferring High Performance Incentive Program investment tax credits under SB 65 enacted by the 2021 Kansas Legislature. Neither Commerce or the Department of Revenue (Revenue) is responsible for the calculation of any potential HPIP Investment Tax Credit (ITC) and this worksheet is being provided solely as a courtesy to interested parties. The amounts of eligible capital investment, potential ITC and all other calculations are solely the responsibility of the Taxpayer.

The authority to transfer tax credits is limited to the entity (the Taxpayer) that earned the credits. Members or owners of pass-through entities are not allowed to transfer their respective ITC.

Name of taxpayer (as shown on return)	Employer ID Number (EIN) of entity that earned the credit

PART A — GENERAL INFORMATION

1. Enter the period for which you have received HPIP certification by the Secretary of Commerce. 1. _____ thru _____

a. Certification Letter number(s) a. _____

2. Date the Qualified Business Facility placed the assets into service. 2. _____

PART B — HPIP INVESTMENT CREDIT

3. Address location of qualified business facility:

_____ _____

Full Worksite Address, City, State, Zip | County

4. Complete the following **investment schedule** for the **1st qualifying tax year**:

	(1) Enter a Business Entity Tax Filing Period by Month (Ex: January)	(2) Base Tax Year Ending: _____ Monthly Base Investment Amount	(3) Qualifying Tax Year Ending: _____ Monthly Qualifying Investment Amount
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m	TOTAL		
n	Average Investment		
o	Capitalized Rents		
p	TOTAL		
q	Base		
r	Average Qualified Investment		
s	Minimum Investment Allowed Enter $50,000 or $1,000,000		
t	Qualified Business Facility Investment		
u	Estimated INVESTMENT TAX CREDIT (10% of line 11)		

5. Transfer Subject to Approval / Frequency.

All transfers of HPIP ITC shall be subject to the approval of Commerce as well as the requirements of SB 65. For the purpose of transferring ITC, all transfers must be completed within a single tax year for the tax year above. **Any remaining eligible tax credits for the above tax year may not be transferred in a subsequent tax year.** Limit of 2 transfers per year.

6. Administrative Fee.
For a single transaction, there will be a nonrefundable administrative fee of $1,500.00 charged to the Transferor. This fee will include a transfer to one transferee of an ITC. Each subsequent transferee listed on a single request will be subject to an additional nonrefundable administrative fee of $500.00 charged to the transferor.

7. Acknowledgement of Potential Repayment.
In the event the ITC earned by the Taxpayer and transferred to a Transferee is later disallowed in whole or in part by the Secretary of Revenue, the Taxpayer that originally earned the ITC shall be liable for repayment to the state in the amount disallowed.

8. Year Placed into Service/Amount of Tax Credits.
Taxpayer placed into service, assets and capital investment resulting in an estimated ITC of $_____ in tax year _____.
Taxpayer intends to transfer $_____ of this ITC (not to exceed 50%) to the following transferee(s).

9. TRANSFEREE(S)

1. Name: _____ Email: _____
   Address: _____
   EIN or SSN: _____
   Amount of Transfer: $_____ Consideration: $_____

2. Name: _____ Email: _____
   Address: _____
   EIN or SSN : _____
   Amount of Transfer: $_____ Consideration: $_____

3. Name: _____ Email: _____
   Address: _____
   EIN or SSN: _____
   Amount of Transfer: $_____ Consideration: $_____

4. Name: _____ Email: _____
   Address: _____
   EIN or SSN:_____
   Amount of Transfer: $_____ Consideration: $_____

If additional Transferees, please attach a separate sheet.

You must include a copy of a valid Kansas Tax Credit Clearance Certificate available here.

A tax return must be filed for the above tax year which must include a K-59, and copies of the Transfer Certificate.

10. Certification and Attestation.

I, _____, an officer, owner, principal, or authorized agent of _____ (name of taxpayer transferring credit), hereby certify and attest under the penalty of perjury that all of the information in this worksheet is true and correct.

_____
Name of Entity

_____
EIN

_____
Address

_____
Signature of Officer, Owner, Principal or Authorized Agent

_____
E-Mail Address

_____
Date