



# Home Away From Home Tax Credit Notice of Intent to Transfer a Tax Credit

DR-665200  
N. 01/26  
Rule 12-29.003, F.A.C.  
Effective 01/26  
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To transfer a tax credit available under the Home Away From Home Tax Credit, the transferring business and the receiving business must both be members of the same affiliated group of corporations.

## Part I - Transferring Business Information

|                      |                   |                                                |      |
|----------------------|-------------------|------------------------------------------------|------|
| Business Name:       |                   | Federal Employer Identification Number (FEIN): |      |
| Business Address:    |                   |                                                |      |
| City:                |                   | State:                                         | ZIP: |
| Contact Person Name: | Telephone Number: | Email Address:*                                |      |

\* Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), Florida Statutes.

Florida law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

- ☐ Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.
- ☐ No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)

|                                                                                                                           |              |
|---------------------------------------------------------------------------------------------------------------------------|--------------|
| If the transferor is included in a consolidated Florida corporate income tax return, provide the Parent Corporation Name: | Parent FEIN: |
|---------------------------------------------------------------------------------------------------------------------------|--------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate the type of tax credit allocation or tax credit to be transferred, information on the original amount of the tax credit allocation, any approved carryforward amounts, the amount of any previous transfers, and the amount to be transferred. For transfers of the excise tax on liquor beverages, wine beverages, or malt beverages, indicate the license number for which the tax credit allocation was authorized. | <b>Home Away From Home Tax Credit:</b> (choose one)<br><input type="checkbox"/> Corporate Income Tax<br><input type="checkbox"/> Insurance Premium Tax<br><input type="checkbox"/> Excise Tax on Liquor Beverages (enter license number):<br><input type="checkbox"/> Excise Tax on Wine Beverages (enter license number):<br><input type="checkbox"/> Excise Tax on Malt Beverages (enter license number): |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                              |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>Transfer of Tax Credit Allocation</b>                                                                                                                                                                                                                                     |    |
| Tax Credit Allocation Confirmation Number                                                                                                                                                                                                                                    |    |
| Original Amount of Tax Credit Allocation                                                                                                                                                                                                                                     | \$ |
| Prior Transfer of This Credit Allocation                                                                                                                                                                                                                                     |    |
| <b>Requested Transfer of This Credit Allocation</b> (Must be made in sufficient time for transferee to timely make the contribution to earn the credit and the Department to approve the transfer of the credit allocation.)                                                 | \$ |
| <b>Transfer of Credit or Carryforward Credit</b>                                                                                                                                                                                                                             |    |
| Credit Earned Under This Tax Credit Allocation Confirmation Number                                                                                                                                                                                                           |    |
| Amount of Credit and Carryforward Credit Claimed / Used                                                                                                                                                                                                                      | \$ |
| Tax Year or Month / Year Claimed / Used                                                                                                                                                                                                                                      |    |
| Prior Transfer of This Credit or Carryforward Credit                                                                                                                                                                                                                         |    |
| <b>Requested Transfer of This Credit or Carryforward Credit</b> (Must be made in sufficient time for the transferee to timely claim the transferred credit or transferred carryover credit and the Department to approve the transfer of the credit or carryforward credit.) | \$ |

**Part II - Receiving Business Information** - *A separate notice is required for each receiving business.*

|                                                                                                                                                             |                                                                                                                                                                                                                                                   |                                                |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------|
| Business Name:                                                                                                                                              |                                                                                                                                                                                                                                                   | Federal Employer Identification Number (FEIN): |              |
| Business Address:                                                                                                                                           |                                                                                                                                                                                                                                                   |                                                |              |
| City:                                                                                                                                                       |                                                                                                                                                                                                                                                   | State:                                         | ZIP:         |
| Contact Person Name:                                                                                                                                        | Telephone Number:                                                                                                                                                                                                                                 | Email Address:                                 |              |
| If the transferee is included in a consolidated Florida corporate income tax return, provide the Parent Corporation Name:                                   |                                                                                                                                                                                                                                                   |                                                | Parent FEIN: |
| For transfers of the excise tax on liquor beverages, wine beverages, or malt beverages, indicate the license number of the business receiving the transfer. | <input type="checkbox"/> Excise Tax on Liquor Beverages (enter license number):<br><input type="checkbox"/> Excise Tax on Wine Beverages (enter license number):<br><input type="checkbox"/> Excise Tax on Malt Beverages (enter license number): |                                                |              |

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Florida law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

- ☐ Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.
- ☐ No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)

**Part III - Transferring Business Certification** - *Only an authorized officer of the transferring business may sign this notice.*

I understand that section 402.63, Florida Statutes, requires the Florida Department of Revenue to provide a copy of any approval or denial it issues with respect to this application to the eligible charitable organization.

Under penalties of perjury, I certify that the Transferring Business and the Receiving Business are both members of the same affiliated group of corporations. I understand that the Florida Department of Revenue will provide information regarding the transfer of a tax credit allocation or a tax credit authorized under the Home Away From Home Tax Credit to the Receiving Business. I declare that I have read the foregoing Notice and the facts stated in it are true.

\_\_\_\_\_  
Signature of officer, owner, or partner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Authorized Officer

\_\_\_\_\_  
Date

## Instructions for Home Away From Home Tax Credit Notice of Intent to Transfer a Tax Credit

To transfer a tax credit or a tax credit allocation under the Home Away From Home Tax Credit Program, both parties to the transfer must be members of the same affiliated group of corporations.

The transferring member must notify the Department of any tax credit transfer prior to the receiving member reporting the tax credit on a tax return.

A separate notice must be submitted for each member of an affiliated group of corporations receiving a transfer and for each tax type. A transfer of a tax credit allocation may not be submitted on the same notice as a transfer of credit or carryforward credit.

The completed notice must be signed by an officer authorized to sign on behalf of the transferring business. Submit the completed and signed notice using the contact information provided below.

The Department will send you written correspondence either approving an amount of tax credits to be transferred or providing the reason a tax credit transfer could not be approved.

The following tax allocations or tax credits may be transferred from one member of an affiliated group to another member of the same affiliated group:

- Tax credit allocations prior to making a contribution to the eligible charitable organization.
- Tax credit allocations for which contributions have been made to an eligible charitable organization, but the tax credit has not been claimed on a tax return.
- Carryforward tax credit amounts that have not been claimed on a tax return.

A transferred tax credit may only be used against the same tax as the original tax credit approved by the Department. For example, if the transferring member received a corporate income tax credit allocation, the receiving member may only use the transferred tax credit as a corporate income tax credit.

Members receiving a tax credit allocation must make a contribution to an eligible charitable organization during the same period that the transferring member was required to make the contribution. The contribution must be made before the member may claim the tax credit.

A transferred tax credit may only be taken by the receiving member of the affiliated group during the same period that the transferring member was approved to take the tax credit.

A transferred carryforward amount may only be taken as a tax credit during the same time period as the transferring member was authorized to take the carryforward tax credit amount.

**References:** Section 402.63, Florida Statutes; Rule Chapter 12-29, Florida Administrative Code

### Contact Information

For additional information regarding the Home Away From Home Tax Credit Program, contact Revenue Accounting:

**Phone:** 850-617-8586

**Fax:** 850-921-1171

**Email:** [CreditTrackingGroup@floridarevenue.com](mailto:CreditTrackingGroup@floridarevenue.com)

If you are unable to apply online at [floridarevenue.com/taxes/multitaxcredits](http://floridarevenue.com/taxes/multitaxcredits), submit your completed application to:

Revenue Accounting  
Florida Department of Revenue  
PO Box 6609  
Tallahassee FL 32314-6609

**Fax:** 850-921-1171    or    **Email:** [CreditTrackingGroup@floridarevenue.com](mailto:CreditTrackingGroup@floridarevenue.com)