

**Virginia
Form PVT**

**Notification of Transfer of
Virginia Port Volume Increase Tax Credit**

Mail form to:
Virginia Department of Taxation
Tax Credit Unit
P.O. Box 715
Richmond, VA 23218-0715
or fax to: (804) 774-3902
For assistance, call: (804) 786-2992

Use this form to transfer a Virginia Port Volume Increase Tax Credit earned during the calendar year to another taxpayer for use on a Virginia income tax return. Transfers of credits must occur within one calendar year of the date the original credit earner received an allocation of credits. Prior to transferring any Port Volume Increase Tax Credit amount, your credit application must be approved by and you must receive an allocation of credits from the Virginia Port Authority.

Section I – Transferor Information			
Name as shown on Virginia Port Authority Form PVI			<input type="checkbox"/> FEIN <input type="checkbox"/> SSN
Trading As		Contact Name	
Street Address		City, State, ZIP Code	
Phone Number	Fax Number	Email Address	

Section II – Credit Information	
A) Total Credit Earned During Calendar Year: \$ _____	C) Credit Certification Number from Virginia Port Authority: _____
B) Amount of Credit to be Transferred: \$ _____	D) Original Credit Issue Date (MM / DD / YYYY): _____

Section III – Transferee Information
If transferring a Virginia Port Volume Increase Tax Credit to more than 3 taxpayers, submit additional pages.

Transferee Information			Credit Transfer Amount
TRANSFEEE 1	Name	FEIN / SSN	
	Street Address	City, State, ZIP Code	
	Phone Number	Email Address	
	Entity Type	Date of Credit Transfer (MM / DD / YYYY)	
			.00
TRANSFEEE 2	Name	FEIN / SSN	
	Street Address	City, State, ZIP Code	
	Phone Number	Email Address	
	Entity Type	Date of Credit Transfer (MM / DD / YYYY)	
			.00
TRANSFEEE 3	Name	FEIN / SSN	
	Street Address	City, State, ZIP Code	
	Phone Number	Email Address	
	Entity Type	Date of Credit Transfer (MM / DD / YYYY)	
			.00
Total Amount of Credit Transferred (Must equal the amount shown in Section II, Line B).			.00

Section IV – Declaration and Signature

I (we) the undersigned declare, under the penalties provided by law, that this form (including any accompanying schedules, statements, and attachments) has been examined by me (us) and is, to the best of my (our) knowledge and belief, a true, correct, and complete application, made in good faith pursuant to the income tax laws of the Commonwealth of Virginia. If a person other than the taxpayer prepares this application, this declaration is based on all information of which he or she has knowledge.

Signature		Title	Date
Printed Name		Phone Number	Email Address