DISTRICT OF COLUMBIA CERTIFIED INVESTOR ANNUAL NOTIFICATION OF CREDIT TRANSFER

Government of the District of Columbia
Department of Insurance, Securities and Banking

Certified Investor must complete and attach a Transfer Affidavit (Form CPC 05- 002) for each insurer to whom credits are transferred.

Notification for Tax Year _____

• See instructions on back.

Name of Certified Investor	Taxpayer Number

Address

City   **State**   **ZIP Code**

Name of Contact Person

Phone Number (Area code and number)	FAX number (Area code and number)	Email address

CAPCO THAT RECEIVED INVESTMENT	AMOUNT OF ORIGINAL INVESTMENT	TOTAL CREDITS TO BE TRANSFERRED *(Whole dollars only)*
	$	$

Insurer Receiving Credit Transfer	Taxpayer NAIC Number	AMOUNT OF CREDIT TRANSFERRED	PROPORTIONATE ANNUAL SHARE OF CREDIT AVAILABLE TO EACH INSURER
Transferee Contact Name	Contact phone (Area code and number)	$	$
Insurer Receiving Credit Transfer	Taxpayer NAIC Number	AMOUNT OF CREDIT TRANSFERRED	PROPORTIONATE ANNUAL SHARE OF CREDIT AVAILABLE TO EACH INSURER
Transferee Contact Name	Contact phone (Area code and number)	$	$
Insurer Receiving Credit Transfer	Taxpayer NAIC Number	AMOUNT OF CREDIT TRANSFERRED	PROPORTIONATE ANNUAL SHARE OF CREDIT AVAILABLE TO EACH INSURER
Transferee Contact Name	Contact phone (Area code and number)	$	$
Insurer Receiving Credit Transfer	Taxpayer NAIC Number	AMOUNT OF CREDIT TRANSFERRED	PROPORTIONATE ANNUAL SHARE OF CREDIT AVAILABLE TO EACH INSURER
Transferee Contact Name	Contact phone (Area code and number)	$	$
Insurer Receiving Credit Transfer	Taxpayer NAIC Number	AMOUNT OF CREDIT TRANSFERRED	PROPORTIONATE ANNUAL SHARE OF CREDIT AVAILABLE TO EACH INSURER
Transferee Contact Name	Contact phone (Area code and number)	$	$
Insurer Receiving Credit Transfer	Taxpayer NAIC Number	AMOUNT OF CREDIT TRANSFERRED	PROPORTIONATE ANNUAL SHARE OF CREDIT AVAILABLE TO EACH INSURER
Transferee Contact Name	Contact phone (Area code and number)	$	$
Insurer Receiving Credit Transfer	Taxpayer NAIC Number	AMOUNT OF CREDIT TRANSFERRED	PROPORTIONATE ANNUAL SHARE OF CREDIT AVAILABLE TO EACH INSURER
Transferee Contact Name	Contact phone (Area code and number)	$	$
TOTALS		$	$6ythhh

I declare that the information in this document and all attachments are true and correct to the best of my knowledge and belief.

sign here ▶   Authorized agent

Preparer's name (please print)

Daytime phone (area code and number)	Date

INSTRUCTIONS

EXAMPLE of Maximum Annual Credit Allowed Determination:

Company A (certified investor) has $4 million in tax credits and is therefore entitled to use a maximum of $1 million in tax credits per year over 4 years. Company A is only able to use $500,000 in the first year of the credits, but is allowed to roll the unused $500,000 forward to future years.

For the second tax year, Company A has a balance of $3.5 million in tax credits and is allowed to use a maximum of $1 million in tax credits that year, except that it transfers $1 million in credits to Company B and $1 million in credits to Company C. In the subsequent tax years, the total allowable credits are $1 million between the three companies. Assuming that beginning in Year 2, the three companies use the maximum annual credit allowed, the credits would be applied as follows

	Company	CREDIT BALANCE	MAXIMUM ANNUAL CREDIT ALLOWED	
Year 2	A B C	$1,500,000 $1,000,000 $1,000,000	$ 333,334 333,333 333,333 $1,000,000	($500,000 carries forward to future years)
Year 3	A B C	$1,166,666 666,667 666,667	$ 333,332 333,334 333,334 $1,000,000	
Year 4	A B C	$833,332 333,334 333,334	$ 333,332 333,334 333,334 $1,000,000	
Year 5	A B C	$500,000 0 0	$500,000 0 0 $500,000	(unused balance from year 1)

Questions regarding submission of the Annual Notification of Credit Transfer or the Transfer Affidavit should be directed to:

Mr. Dana Sheppard,
Associate Commissioner for the Risk Finance Bureau
Phone: (202) 442-7820
Email: dana.sheppard@dc.gov

MAIL INQUIRY TO:

Mr. Dana Sheppard
Associate Commissioner for the Risk Finance Bureau
District of Columbia
Department of Insurance
Securities and Banking
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