

DO NOT MAIL COMPLETED FORM WITH TAX RETURN.

The transferor must submit this notice to the Department of Revenue within 30 days after the sale or transfer. Each form must be for a transfer of a single credit by a transferor to one or more transferees. If you have more than one credit you are transferring, complete a separate Form 334-O for each credit.

A Transferor Information

Name		TIN	
Address – number and street or PO Box	City, Town or Post Office	State	ZIP Code
Authorized Contact Person		Telephone Number (with area code)	

B Motion Picture Production Company Information

Name		TIN	
Address – number and street or PO Box	City, Town or Post Office	State	ZIP Code
Authorized Contact Person		Telephone Number (with area code)	

C Credit Information

1 Credit post-approval number		4 Transfer credit balance before transfer	\$	00
2 Amount of transfer from page 2, Part D, line 5.....	\$	5 Transfer credit remaining after transfer	\$	00
3 Date of transfer.....	MM DD YYYY			

D Transferee Information

Enter the transferee information on page 2 of this form.

Signature

The transferor hereby represents that it has neither claimed for its own behalf nor conveyed to any other transferee the credit for motion picture production costs transferred in this notice. Effective as of the date of transfer shown in this notice, the transferor agrees to transfer the credit amount shown on line 2 above.

_____ TRANSFEROR SIGNATURE	_____ TAXPAYER NAME (print or type)
_____ TITLE	_____ TELEPHONE NUMBER (with area code)

Do not mail completed form with tax return. Mail form separately to:
Arizona Department of Revenue • Office of Economic Research and Analysis • PO Box 29099 • Phoenix, AZ 85038-9099

Name of Transferor (as shown on page 1)	TIN
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D Transferee Information

List each transferee to whom you are transferring this credit. If you need more space, complete additional schedules.

	Name	TIN	Credit amount	
1			\$	00
	Number and street			
	City or town, state and ZIP code			
	Authorized contact person			
	Telephone number (with area code)			
2			\$	00
	Number and street			
	City or town, state and ZIP code			
	Authorized contact person			
	Telephone number (with area code)			
3			\$	00
	Number and street			
	City or town, state and ZIP code			
	Authorized contact person			
	Telephone number (with area code)			
4			\$	00
	Number and street			
	City or town, state and ZIP code			
	Authorized contact person			
	Telephone number (with area code)			
5	TOTAL: Add lines 1 through 4. Enter the total here and on page 1, Part C, line 2.....		\$	00