



California Tax Credit Allocation Committee

**NOTICE OF RESALE OF CERTIFICATED  
STATE CREDITS**

ORIGINAL APPLICANT BEFORE ORIGINAL SALE

CTCAC Project Number:

CTCAC Project Name:

Original Seller Name:

Original Seller Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Original Seller Contact Name:

Original Seller FEIN:

Date Original Credit Sold:

Original Credit Amount Sold:

Original Consideration Received for Sale:

Resale Certification Seller

Reseller Name:

Reseller Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Reseller Contact Name:

Reseller FEIN:

Date Credit Resold:

Credit Amount Resold:

Credit Price at Resale:

Consideration Received for Resale:

### Resale Certification Buyer 1

Buyer Name:

Buyer Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Buyer Contact Name:

Buyer FEIN:

Credit Price at Purchase:

Credit Amount Purchased:

Consideration Given for Purchase:

Does Buyer Request Reissuance of 3521A form? YES ☐ NO ☐

### Resale Certification Buyer 2

Buyer Name:

Buyer Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Buyer Contact Name:

Buyer FEIN:

Credit Price at Purchase:

Credit Amount Purchased:

Consideration Given for Purchase:

Does Buyer Request Reissuance of 3521A form? YES ☐ NO ☐

### Resale Certification Buyer 3

Buyer Name:

Buyer Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Buyer Contact Name:

Buyer FEIN:

Credit Price at Purchase:

Credit Amount Purchased:

Consideration Given for Purchase:

Does Buyer Request Reissuance of 3521A form? YES ☐ NO ☐

THE SIGNATURES BELOW REPRESENT THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Signature of Reseller:

Signature of Buyer 1:

Title of Seller:

Title of Buyer:

Signature of Buyer 2:

Signature of Buyer 3:

Title of Buyer:

Title of Buyer: