

**Commonwealth of Massachusetts**

**Division of Capital Asset Management and Maintenance (DCAMM)**

**ENERGY EFFICIENT COMMERCIAL BUILDING PROPERTY TAX DEDUCTION**

**ALLOCATION**

*This is an application for the allocation by the Commonwealth of Massachusetts' Division of Capital Asset Management and Maintenance (DCAMM) of an energy efficient commercial building property tax deduction pursuant to Internal Revenue Code §179D.*

*"Property" as used in this form refers to energy efficient commercial building property satisfying the requirements of 26 U.S. Code §179D, which has been installed in a Commonwealth building as part of a DCAMM project*

*Please call 617-727-4050 and ask for General Counsel (Energy) for any questions or further instructions on document submission*

1) **APPLICANT NAME and ADDRESS:** \_\_\_\_\_

2) **COMMONWEALTH BUILDING(S) ON/IN WHICH PROPERTY IS INSTALLED (list buildings and addresses):**

\_\_\_\_\_  
\_\_\_\_\_

3) **DCAMM PROJECT NUMBER:** \_\_\_\_\_

4) **DCAMM PROJECT MANAGER (PM):** \_\_\_\_\_  
Name

5) **COST OF PROPERTY:** \$ \_\_\_\_\_

6) **DATE PROPERTY PLACED IN SERVICE:** \_\_\_\_\_, 20\_\_\_\_

7) **AMOUNT OF DEDUCTION ALLOCATED TO DESIGNER:** 100% of the certified maximum amount of deduction included in the accompanying documents

*THIS SPACE INTENTIONALLY BLANK. SIGNATURES ON FOLLOWING PAGE.*

**APPLICANT**

By executing this, Applicant's authorized representative represents that:

- a) Applicant participated in creating technical specifications for installation of the energy efficient commercial building property that qualifies for the deduction under 26 U.S. Code §179D, of which Applicant is seeking an allocation; and
- b) I have examined this allocation, including accompanying documents and, to the best of my knowledge and belief, the facts presented in support of this allocation are true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

**OWNER**

**The Commonwealth of Massachusetts  
Division of Capital Asset Management and Maintenance**

I declare that I have examined this allocation, including accompanying documents, and to the best of my knowledge and belief, the facts presented in support of this allocation are true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title