



# Form BCA Brownfields Credit Application

2011  
**Massachusetts**  
**Department of**  
**Revenue**

**For calendar year 2011 or taxable year beginning** **and ending**

Name of company/nonprofit organization Federal Identification or Social Security number

Mailing address City/Town State Zip

Name of contact person Telephone E-mail address

Type of entity:  
 Corporation  Trust  Partnership  Sole proprietorship  LLC  Nonprofit  Other:

Address of property City/Town State Zip

Date(s) eligible costs incurred

**1** Percentage of costs with respect to the assessed value of the property prior to remediation . . . . . **1**

**2** Net response and removal costs incurred during the taxable year. Net response and removal costs are eligible costs as described in TIR 99-13. However, the environmental response action commencement cutoff date has been extended to August 5, 2011 and the time for incurring eligible costs that qualify for the credit has been extended to January 1, 2012 . . . . . **2**

**Note:** Include only those eligible costs pertaining to an environmental response action which has been commenced and diligently pursued and which achieves and maintains a permanent solution or remedy operation status in compliance with M.G.L. Ch. 21E and the regulations promulgated there under. Eligible costs must pertain to a property owned or leased for a business purpose and which is located in an economically distressed area as defined in M.G.L. Ch. 21E, sec. 2. The costs must be equal to or greater than 15% of the assessed value of the property prior to remediation. The credit cannot be claimed until a response action outcome statement or remedy operation status submittal has been filed with the Massachusetts Department of Environmental Protection.

**3** Brief description of environmental response action to which the eligible cost relate \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare under the pains and penalties of perjury that to the best of my knowledge, the information contained herein is accurate and complete.**

Signature Date

Mail to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn.: Brownfields Unit.**