



# Form BCTA Brownfields Credit Transfer 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:

Certificate number issued by DOR \_\_\_\_\_ Certificate expiration date \_\_\_\_\_

Amount of Brownfields credit in line 1 to be transferred with this application \_\_\_\_\_

**1** Brownfields credit amount eligible for transfer (amount on line 1 of Form BCC unused by the taxpayer/transferor) . . . . . **1**

**Note:** The taxpayer desiring to make a transfer, sale or assignment of a Brownfields credit must submit to the Commissioner a statement describing the amount of the credit, which is eligible for such a transfer, sale or assignment. See M.G.L. Ch. 63, sec. 38Q(g) and M.G.L. Ch. 62, sec. 6(j)(5).

Name of purchasing company \_\_\_\_\_ Federal Identification or Social Security number \_\_\_\_\_

Mailing address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 \_\_\_\_\_ Title of authorized representative \_\_\_\_\_ Date \_\_\_\_\_

A copy of Form BCC must be enclosed with this application. Mail to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn.: Brownfields Unit.**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, provided to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name was signed above, and who swore or affirmed to me that the private financial assistance specified in line 1 above has been provided.

Signature of notary public \_\_\_\_\_ Date of expiration of commission \_\_\_\_\_

Notary seal