



# Form MDCA Medical Device Credit Application

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

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

Medical device company name \_\_\_\_\_ Federal Identification or Social Security number \_\_\_\_\_

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

Name of contact person \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

**1** Type of medical device company:  
 Corporation  Trust  Partnership  Sole proprietorship  LLC  Other \_\_\_\_\_

**2** Qualified user fees paid to U.S. Food and Drug Administration during the taxable year. ("Qualified user fees" are "user fees" as defined in TIR 06-22.)  
**Note:** Include only those qualified user fees related to new medical devices or to upgrades, changes or enhancements to existing medical devices, developed or manufactured in Massachusetts. A new medical device or an upgrade, change or enhancement to an existing medical device is "developed or manufactured in Massachusetts" if more than 50% of the development or manufacturing costs associated with the medical device or the upgrade, change or enhancement are incurred in Massachusetts. . . . . **2**

**3** Date(s) of qualified user fee payment(s) \_\_\_\_\_

**4** Address of Massachusetts plant or facility \_\_\_\_\_

**5** Brief description of medical device(s) to which the user fees above relate \_\_\_\_\_

**6** Percentage of development or manufacturing costs incurred in Massachusetts . . . . . **6**

**Note:** Attach copies of all USDA Department of Health and Human Services Food and Drug Administration Medical Device User Fee Cover Sheets associated with this application.

**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.: Medical Device Unit.**