



# Form MDCTA Medical Device Credit Transfer Application

2012  
**Massachusetts**  
**Department of**  
**Revenue**

**For calendar year 2012 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** Medical device credit amount eligible for transfer (amount on line 4 of Form MDCC unused by the medical device company/transferor) . . . . . **2**

**3** Certificate number issued by the Department of Revenue with respect to amount shown in line 2 above (from line 3 of Form MDCC) . . . . . **3**

**4** Amount of medical device credit in line 2 above to be transferred with this application. . . . . **4**

**5** Amount of financial assistance provided . . . . . **5**   
If the financial assistance is other than in cash, please explain: \_\_\_\_\_

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

**6** Date(s) financial assistance provided . . . . . **6**

**7** Describe the Massachusetts use(s) to which the private financial assistance will be put: \_\_\_\_\_

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

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 \_\_\_\_\_

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

**A copy of Form MDCC must be enclosed with this application.**

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 5 above has been provided.

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

Notary seal