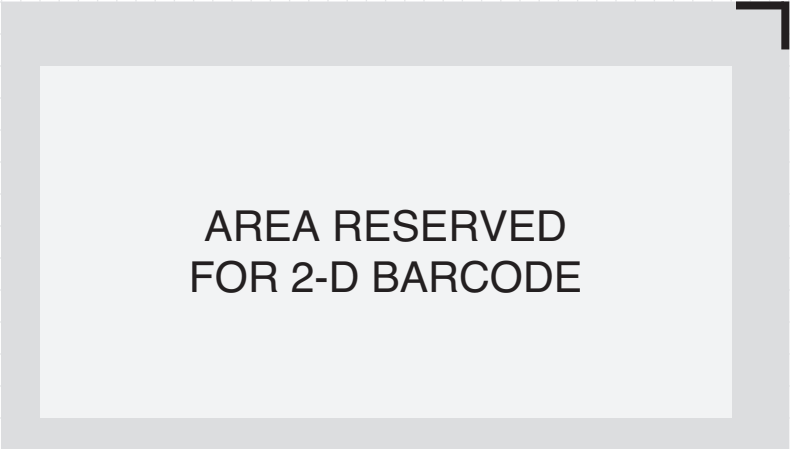
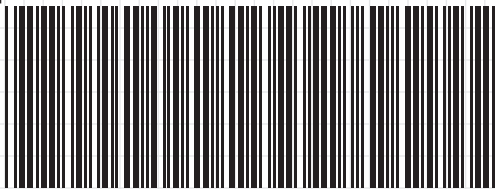




2016 Schedule LP

XXXXXXXXXXXXXX

Credit for Removing or Covering Lead Paint on Residential Premises

AREA RESERVED
FOR 2-D BARCODE

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXX SOCIALSECNO

ADDRESS OF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX)

CITY/TOWN

STATE ZIP + 4

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXX

- a. Check if this credit originated from a pass-through entity X
b. If Yes, enter name and ID number of the pass-through entity

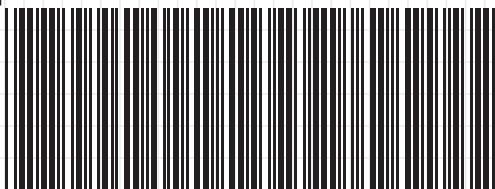
IDENTIFICNO NAMEOFPTXXXXXXXXXXXXXXXXXXXXX

Part 1. Interim Control Deleading

1a. Address(es) of Massachusetts unit(s) under an emergency lead management plan	b. Lic. number	c. Date of compliance or payment	d. Total cost	e. 50% of col. d	f. Lesser of col. e or \$500
STREETADDRESS1XXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXX
CITYTOWNPOSTOFFICEXXXXXXX	ST	ZIP+FOURX			
STREETADDRESS2XXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXX
CITYTOWNPOSTOFFICEXXXXXXX	ST	ZIP+FOURX			
STREETADDRESS3XXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXX
CITYTOWNPOSTOFFICEXXXXXXX	ST	ZIP+FOURX			

4. Total amounts qualifying for interim control deleading 4 XXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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XXXXXXXXXXXXXX

SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE

Part 2. Full Compliance Deleading

1a. Address(es) of Massachusetts unit(s) deleading	b. Lic. number	c. Date of compliance or payment	d. Total cost	e. Lesser of col. d or \$1500	f. Col. e less Part 1, col. f
STREETADDRESS1XXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXX
CITYTOWNPOSTOFFICEXXXXXXX	ST	ZIP+FOURX			
STREETADDRESS2XXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXX
CITYTOWNPOSTOFFICEXXXXXXX	ST	ZIP+FOURX			
STREETADDRESS3XXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXX
CITYTOWNPOSTOFFICEXXXXXXX	ST	ZIP+FOURX			
4. Total amounts qualifying for full compliance deleading				4	XXXXXXXXXXXXXX

Part 3. Current Year Credit

5. Total Lead Paint Credits for this year. Add Part 1, line 4 and Part 2, line 4	5	XXXXXXXXXXXXXX
6. Enter unused credits from prior year (from 2015 Schedule LP, line 11, col. c)	6	XXXXXXXXXXXXXX
7. Massachusetts Lead Paint Credit available this year. Add lines 5 and 6	7	XXXXXXXXXXXXXX
8. Tax from return (see instructions)	8	XXXXXXXXXXXXXX
9. Massachusetts Lead Paint Credit allowable this year (smaller of lines 7 or 8). You must enclose Schedule LP with your return	9	XXXXXXXXXXXXXX

Part 4. Unused Lead Paint Carryover

10. Year	a. Unused credits from prior years and current year credit	b. Portion used this year	c. Unused credit available
2010	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 2017
2011	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 2017-2018
2012	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 2017-2019
2013	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 2017-2020
2014	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 2017-2021
2015	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 2017-2022
2016	(2016 Sch. LP, line 5) XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 2017-2023
11. Totals	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX