AREA RESERVED
FOR 2-D BARCODE

2016 Schedule LP

XXXXXXXXXXXXX

Credit for Removing or Covering Lead Paint on Residential Premises

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXX SOCIALSECNO

ADDRESS OF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX)	CITY/TOWN	STATE	ZIP + 4
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXX

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 NAMEOFPTEXXXXXXXXXXXXXXXXXXXX

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 CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXX
STREETADDRESS2XXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXX
STREETADDRESS3XXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXX

4. Total amounts qualifying for interim control deleading 4 XXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX

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FOR 2-D BARCODE

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XXXXXXXXXXXXX

SOCIALSECNO

Part 2. Full Compliance Deleading

1a. Address(es) of Massachusetts unit(s) deleaded	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 CITYTOWNPOSTOFFICEXXXXXX	XXXX ST ZIP+FOURX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXX
STREETADDRESS2XXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX ST ZIP+FOURX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXX
STREETADDRESS3XXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX ST ZIP+FOURX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXX

4.	Total amounts qualifying for full compliance deleading	4	XXXXXXXXXXXX

Part 3. Current Year Credit

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

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) XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	2017
2011	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	2017–2018
2012	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	2017–2019
2013	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	2017–2020
2014	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	2017–2021
2015	(2015 Sch. LP, line 11, col. c) XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	2017–2022
2016	(2016 Sch. LP, line 5) XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	2017–2023
11. Totals	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX