



**Massachusetts Department of Revenue**  
**Form MDCTA**  
**Medical Device Credit Transfer Application**

**2020**

**For calendar year 2020 or taxable year beginning**

**and ending**

Medical device company name Federal Identification number Social Security number

Mailing address

City/Town State Zip

Name of contact person Phone number E-mail address

**1** Type of medical device company:

Corporation  Trust  Partnership  Sole proprietorship  LLC  Other (specify)

**2** Medical device credit amount eligible for transfer (amount on line 4 of Form MDCC unused by the medical device company or 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, explain \_\_\_\_\_

**6** Date(s) financial assistance provided (mm/dd/yyyy) ..... **6**

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

Name of purchasing company Federal Identification number Social Security number

Mailing address

City/Town State Zip

**Acknowledgment from the Transferor**

I, the transferor, , acknowledge that I am selling the credit in the amount of \$

Signature Print name Date

**Declaration**

**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 MDCC must be enclosed with this application. Mail to **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn. Credit Unit.**

On this  day of  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