



Massachusetts Department of Revenue
Form MDCTA
Medical Device Credit Transfer Application

2021

For calendar year 2021 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