CAUTION:

This tax return must be filed electronically.

Paper versions of this return **will not** be accepted.

If you have questions about filing electronically, contact us at 617-887-6367.

See https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements for further information about our electronic filing and payment requirements.

Schedule U-IC
Member's Individual Credits

For calendar year 2021 or taxable period beginning _____ **2021 and ending** _____

Member's name _____ Federal Identification number _____

Tax type: _____ End date of group's tax year _____

☐ Financial institution ☐ Business corporation

Name of principal reporting corporation _____ Federal Identification number _____

1 Member's total excise used for determining the credit limitation (from this member's Schedule U-ST, line 37) . . . . **1** _____

Credits Subject to 50% Limitation (See instructions)

2 Total of this member's BRWFLD, EDIPCR, EOACC, INVTAX, VACSTR and VANPOL credits used against its excise . . . . **2** _____

3 Total of other members' BRWFLD, EDIPCR, EOACC, INVTAX, VACSTR and VANPOL credits used by this member . . . ► **3** _____

4 Total BRWFLD, EDIPCR, EOACC, INVTAX, VACSTR and VANPOL credits used by member against its own excise. Combine lines 2 and 3 . . . . **4** _____

Massachusetts Research Credit

5 Total of this member's section 38M credits used against its own excise. . . . . **5** _____

6 Total of section 38M credits of other members used by this member . . . . ► **6** _____

7 Total of all section 38M credits used by this member. Combine lines 5 and 6 . . . . **7** _____

Other Credits

8 Total of this member's other credits being used against its own excise . . . . **8** _____

9 Total of other credits of other members being used by this member . . . . ► **9** _____

10 Total of other credits used by this member against excise. Combine lines 8 and 9 . . . . **10** _____

Summary

11 Total of member's own credits being used against excise. Combine lines 2, 5 and 8. . . . . **11** _____

12 Credits from other members used against this corporation's excise. Combine lines 3, 6 and 9 . . . . **12** _____

13 Pass-through entity withholding. Payer identification number ► _____ . . . . ► **13** _____