## For calendar year 2022 or taxable year beginning

## and ending

Name of taxpayer $\quad$ Identification number $\quad$ Total credits taken this year (add lines 1h and 3i)

## Instructions


 number, enter credits separately by type and the year to which they relate. List credits available whether or not they are being used in the current year.

 Device credits, which must be transferred to each partner, shareholder or beneficiary of the pass-through entity).

## Section 1. Non-Refundable Credits

 shareholder or beneficiary, or shared with affiliates. Note: If you are using a tax credit that does not have an expiration date, fill in the oval for line 1b and leave lines 1c and 1d blank.
Taxpayers taking the Brownfields, Film Incentive and/or Medical Device credits received via credit transfers/sales should complete section 1.

| 1 a. <br> Credit type | 1b. Fill in if non-expiring | 1c. Period end date (mm/dd/yyyy) | 1d. Certificate number | 1e. Credit available or certificate balance | 1f. Credit taken this year | 1g. Credit shared this year |
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| Enter total | credit(s) taken | ar here and where ind |  |  |  |  |

Total refundable credits allowable this year (add lines 2g and 4h)

Name of taxpayer

## Section 2. Refundable Credits

Taxpayers with refundable credits who are requesting a refund from credits not received via Massachusetts K-1 schedules or credit transfer* must complete section 2. For each refundable credit, report the amount of the credit available after taking into consideration any credits that may have been taken or shared as shown in section 1 . Enter the amount by which the available credit balance is being reduced and the amount to be treated as a refundable credit, which may be either $90 \%$ or $100 \%$ of the reduction.
*Taxpayers taking the Film Incentive credit received via credit transfers should complete section 2.

| 2a. <br> Credit type | 2b. Period end date (mm/dd/yyyy) | 2c. Certificate number | 2d. Credit available or certificate balance | 2e. Reduction in balance for refund | 2f. Refundable credit taken (100\% or 90\%) |
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| Enter total am | (s) taken this year here | icated on page 1 | .................... | .............. |  |

Name of taxpayer

## Section 3. Non-Refundable Credits Received from Massachusetts K-1 Schedules

List any credit for which this taxpayer received via Massachusetts K-1 schedules and show the amounts used to reduce the total excise or tax, passed to each partner, shareholder or beneficiary, or shared with affiliates. List all credits available, including those not used in the current year. Note: If you are using one of the two tax credits (Research; Investment Tax) that do not have an expiration date, fill in the oval for line 3c and leave lines 3d and 3e blank.
 request transfers/sales of these credits.

| 3a. Federal ID number of credit source | 3b. Credit type | 3c. Fill in if non-expiring | 3d. Period end date (mm/dd/yyyy) | 3e. Certificate number | $3 f$. Credit received | 3g. Credit taken this year | 3h. Credit shared this year |
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| 3i. Total. Enter total amou | redit(s) taken | ar here and whe | indicated on page 1. | .......... |  |  |  |

3i. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1.

Name of taxpayer

## Section 4. Refundable Credits Received from Massachusetts K-1 Schedules


 treated as a refundable credit, which may be either $90 \%$ or $100 \%$ of the reduction.


| 4a. Federal ID number of credit source | 4b. <br> Credit type | 4c. Period end date (mm/dd/yyyy) | 4d. Certificate number | 4e. Credit available or certificate balance | 4f. Reduction in balance for refund | 4g. Refundable credit taken (100\% or 90\%) |
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