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.

2023

Massachusetts Department of Revenue

Schedule U-IC
Member's Individual Credits

For calendar year 2023 or taxable period beginning **2023 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**

E-File Only.
Paper returns will not be accepted.
See TIRs 16-9 and 21-9 for more information.