Massachusetts Department of Revenue

Schedule CMS
Credit Manager Schedule

2024

For calendar year 2024 or taxable year beginning **and ending**

Name of taxpayer	Identification number	Total credits taken this year (add lines 1h and 3i)	Total refundable credits allowable this year (add lines 2g and 4h)

Instructions

Taxpayers with credits available for use in the current year must file this schedule to report the credits and the amount of each credit used. For credits tracked by certificate numbers issued by the Department of Revenue (DOR) or another state agency that must be used to claim the credit, enter each certificate number and the associated credits separately. For credits not tracked by certificate 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.

For each credit, report the amount of the credit available for use and the amount of credit taken this year to reduce tax. For corporations filing a combined report, report the amount of credit shared with affiliates. For pass-through entities, report the amount of credits distributed to each partner, shareholder or beneficiary in the credit shared column (except for Brownfields, Film Incentive and Medical Device credits, which must be transferred to each partner, shareholder or beneficiary of the pass-through entity).

Section 1. Non-Refundable Credits

List all credits available not received via Massachusetts K-1 schedules, including those not used in the current year. Show the amounts used to reduce the total excise or tax, passed to each partner, 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.

1a. 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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1h. Total. Enter total amount of credit(s) taken this year here and where indicated above . . . . . .

Name of taxpayer Identification number

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. 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%)

2g. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1 . . . . . .

Name of taxpayer | Identification number

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.

The Brownfields, Film Incentive and/or Medical Device credits cannot be reported in this section. Taxpayers receive new certificate numbers to be used in section 1 after applying through DOR to 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	3f. Credit received	3g. Credit taken this year	3h. Credit shared this year
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3i. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1 . . . . . .

Name of taxpayer Identification number

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

Taxpayers who are requesting a refund with refundable credits received via Massachusetts K-1 schedules must complete section 4. 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 3. 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.

Note: The Film Incentive credit cannot be reported in this section. Taxpayers receive new certificate numbers to be used in section 2 after applying through DOR to request transfers of these credits.

4a. Federal ID number of credit source	**4b. 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%)

4h. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1 . . . . . .