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



## Schedule U-CS Credits Shared from Other Members

Department of Revenue

For calendar year 2024 or taxable period beginning			2024 and ending	
Name of member using cree	dits	Fe	deral identification number	
Tax type		Ту	Type of corporation, if taking ITC	
○ Financial institution ○ Business corporation		0	OR&D OManufacturer O Agriculture O Commercial fishing	
Name of member whose credits are being used		Fe	Federal identification number	
Name of principal reporting corporation		Fe	Federal identification number	
Type of credit being claimed	I (choose one only):			
○ Vanpool	○ Research	O Harbor Maintenance	O Economic Opportunity Area	○ Investment Tax
	◯ Brownfields	O Historic Rehabilitation	O Life Science (Jobs)	○ Film Incentive
O Low-Income Housing	O Medical Device	◯ Life Science (RD)	O Certified Housing Development	○ Life Science (FDA)
O Life Science (ITC)	○ Veteran's Hiring	O Community Investment	O Low-Income Housing Donation	
O Vacant Store Front	O Cranberry Bog	O Disability Employment	O Offshore Wind Facility Capital In	vestment
O Offshore Wind Jobs	O National Guard Hiring	O Training Tax	xe	
1 Earliest period end da	ate to which credits being sh	ared relate	$\sim$	1
2 Enter the certificate n	umber for the type of credit	being claimed		
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	Raber	rporations for all years	ne 6.9 and 21.9	