



Form MDCTA Medical Device Credit Transfer Application

2013
Massachusetts
Department of
Revenue

For calendar year 2013 or taxable year beginning

and ending

Medical device company name

Federal Identification or Social Security number

Mailing address

City/Town

State

Zip

Name of contact person

Telephone

E-mail address

1 Type of medical device company:

☐ Corporation ☐ Trust ☐ Partnership ☐ Sole proprietorship ☐ LLC ☐ Other _____

2 Medical device credit amount eligible for transfer (amount on line 4 of Form MDCC unused by the medical device company/transferor) **2**

3 Certificate number issued by the Department of Revenue with respect to amount shown in line 2 above (from line 3 of Form MDCC) **3**

4 Amount of medical device credit in line 2 above to be transferred with this application. **4**

5 Amount of financial assistance provided **5**

If the financial assistance is other than in cash, please explain: _____

6 Date(s) financial assistance provided **6**

7 Describe the Massachusetts use(s) to which the private financial assistance will be put: _____

Name of purchasing company

Federal Identification or Social Security number

Mailing address

City/Town

State

Zip

I declare under the pains and penalties of perjury that to the best of my knowledge, the information contained herein is accurate and complete.

Signature

Title of authorized representative

Date

Mail to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn.: Medical Device Unit.**

A copy of Form MDCC must be enclosed with this application.

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, provided to me through satisfactory evidence of identification, which was _____, to be the person whose name was signed above, and who swore or affirmed to me that the private financial assistance specified in line 5 above has been provided.

Signature of notary public

Date of expiration of commission

Notary seal