



**Massachusetts Department of Revenue**  
**Form MDCTA**  
**Medical Device Credit Transfer Application**

**For calendar year 2016 or taxable year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

Medical device company name \_\_\_\_\_ Federal Identification number \_\_\_\_\_ Social Security number \_\_\_\_\_

Mailing address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of contact person \_\_\_\_\_ Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

**1** Type of medical device company

Corporation    Trust    Partnership    Sole proprietorship    LLC    Other (specify)

**2** Medical device credit amount eligible for transfer (amount on line 4 of Form MDCC unused by the medical device company or 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, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6** Date(s) financial assistance provided (mm/dd/yyyy) ..... **6**

**7** Describe the Massachusetts use(s) to which the private financial assistance will be put \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of purchasing company \_\_\_\_\_ Federal Identification number \_\_\_\_\_ Social Security number \_\_\_\_\_

Mailing address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Declaration**

**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 \_\_\_\_\_

A copy of Form MDCC must be enclosed with this application. Mail to: **Massachusetts Department of Revenue, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn.: Credit Unit.**

On this  day of  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 \_\_\_\_\_