

Massachusetts Department of Revenue Form BCTA Brownfields Credit Transfer Application

2022

For calendar year 2022 or taxable year beginning	and ending	
Name of company or nonprofit organization	Federal Identification number	Social Security number
Mailing address		
City/Town	State Zip	
Name of contact person	Phone number	E-mail address
Type of entity:		
○ Corporation ○ Trust ○ Partnership ○ Sole proprietorship ○ LLC	O Nonprofit O Other (specify):	
Certificate number issued by DOR	Certificate expiration date (mm/dd/yyyy)
Amount of Brownfields credit in line 1 to be transferred with this application	Amount paid by the purchaser for the B	rownfields credit
Brownfields credit amount eligible for transfer (amount on line 1 of Form BCC Note: The taxpayer desiring to make a transfer, sale or assignment of a Brov	, , ,	
which is eligible for such a transfer, sale or assignment. See MGL ch 63, § 3		<u> </u>
Name of purchasing company	Federal Identification number	Social Security number
Mailing address		
City/Town	State Zip	
Acknowledgment from the Transferor		
_	, acknowledge that I am selling the	e credit in the amount of \$
I, the transferor, Signature	, acknowledge that I am selling the	e credit in the amount of \$ Date
I, the transferor, Signature		
I, the transferor,	Print name	Date
Declaration I declare under the pains and penalties of perjury that to the books and penalties of perjury that to the books are the pains and penalties of perjury that to the books are the pains and penalties of perjury that to the books are the pains and penalties of perjury that to the books are the pains and penalties of perjury that to the books are the pains are the pains and penalties of perjury that to the books are the pains	Print name	Date
I, the transferor, Signature Declaration	est of my knowledge, the information of authorized representative	Date tion contained herein is accurate and complete Date
Declaration I declare under the pains and penalties of perjury that to the besignature A copy of Form BCC must be enclosed with this application. Mail to: Massach 02150, attn. Credit Unit.	est of my knowledge, the information of authorized representative	tion contained herein is accurate and complete Date ivision, 200 Arlington Street, Room 4300, Chelsea, MA
Declaration I declare under the pains and penalties of perjury that to the besignature A copy of Form BCC must be enclosed with this application. Mail to: Massach 02150, attn. Credit Unit.	est of my knowledge, the information of authorized representative usetts Department of Revenue, Audit Defore me, the undersigned notary plance of identification, which was	Date tion contained herein is accurate and completed Date ivision, 200 Arlington Street, Room 4300, Chelsea, MA public, personally appeared , to be the person