



Form BCA Brownfields Credit Application

2010
Massachusetts
Department of
Revenue

For calendar year 2010 or taxable year beginning _____ **and ending** _____

Name of company/nonprofit organization _____ Federal Identification or Social Security number _____

Mailing address _____ City/Town _____ State _____ Zip _____

Name of contact person _____ Telephone _____ E-mail address _____

Type of entity:
 Corporation Trust Partnership Sole proprietorship LLC Nonprofit Other:

Address of property _____ City/Town _____ State _____ Zip _____

Date(s) eligible costs incurred _____

1 Percentage of costs with respect to the assessed value of the property prior to remediation **1**

2 Net response and removal costs incurred during the taxable year. Net response and removal costs are eligible costs as described in TIR 99-13. However, the environmental response action commencement cutoff date has been extended to August 5, 2011 and the time for incurring eligible costs that qualify for the credit has been extended to January 1, 2012 **2**

Note: Include only those eligible costs pertaining to an environmental response action which has been commenced and diligently pursued and which achieves and maintains a permanent solution or remedy operation status in compliance with M.G.L. Ch. 21E and the regulations promulgated there under. Eligible costs must pertain to a property owned or leased for a business purpose and which is located in an economically distressed area as defined in M.G.L. Ch. 21E, sec. 2. The costs must be equal to or greater than 15% of the assessed value of the property prior to remediation. The credit cannot be claimed until a response action outcome statement or remedy operation status submittal has been filed with the Massachusetts Department of Environmental Protection.

3 Brief description of environmental response action to which the eligible cost relate _____

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 _____ Date _____

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