

DO NOT FILE THIS DRAFT FORM

**Your return will not be processed and
will delay your refund**

Draft forms are provided as a courtesy and are subject to change before final forms are officially released. Do not file DRAFT forms.

You can submit comments about draft or final forms, instructions, or publications at dorforms@dor.state.ma.us. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until a subsequent revision.

Massachusetts tax forms are available at mass.gov/dor/forms.



Massachusetts Department of Revenue
Form 121A
Urban Redevelopment Excise Return

2017

Massachusetts General Laws, Chapter 121A, section 10, as amended for the calendar year 2017.

Name of taxpayer Federal Identification number

Street address

City/Town State Zip Phone number

Present location of principle office in Massachusetts

Name of project DOR Project Identification number

Project address

City/Town State Zip Phone number

Fill in if:
☐ Amended return (see "Amended Return" in instructions) ☐ Final return

Fill in if:
☐ Initial return ☐ Name change ☐ Address change

1 Fill in applicable oval
☐ Corporation ☐ Individual ☐ Trust ☐ Partnership ☐ Other (specify)

2 Date of charter or organization (mm/dd/yyyy) **3** Date of project approval (mm/dd/yyyy) **4** Date of project completion (mm/dd/yyyy)

5 Taxpayer's books are in the care of Title

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 SUBJECT TO CHANGE

6 Fill in if the federal government has changed your taxable income for any prior year which has not yet been reported to Massachusetts. If Yes, report such change on this form by amending your return. ☐

7 Fill in if any governmental unit has made any payments to or on behalf of any tenant of the taxable entity which are in addition to such payments actually made by such tenant ☐

Enter total amount of these governmental payments **7**

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer Social Security number Phone number Date

Individual or firm signature of preparer Employer Identification number Address Date

If you are signing as an authorized delegate of the appropriate corporate officer, fill in oval ☐ and enclose Massachusetts Form M-2848, Power of Attorney.

The undersigned is the authorized representative to whom contents may be disclosed in discussing questions which may arise in connection with this return.

Name of person authorized Signature of person authorized Phone number

Address City/Town State Zip

This return, together with payment in full, is due on or before March 15, 2017. Mail to: **Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204.** Make check or money order payable to: Commonwealth of Massachusetts.



Name of taxpayer

Federal Identification number

Computation of excise. Use whole dollar method.

1a Gross income from all sources in 2017 (see instructions)	▶ 1a	
1 Multiply line 1a by .05 (5%)	▶ 1	
2a Fair cash value of owned and leased real and tangible personal property exempt from local taxation as of January 1, 2018, as certified by assessors	▶ 2a	
2 Multiply line 2a by \$10 per \$1,000	▶ 2	
3 Total. Add lines 1 and 2	3	
4 Assessed valuation of line 2a property for last three years it was subject to local taxation (less abatements).		
4a Date	January 1,	4a
4b Date	January 1,	4b
4c Date	January 1,	4c
4d Three-year total. Add lines 4a through 4c	4d	
5 Three-year average assessed valuation. Divide line 4d by three	5	
6 Enter line 5 or line 2a, whichever is smaller	6	
7 Minimum excise. Fiscal year 2018 local tax rate (see instructions) . . .	per \$1,000 × line 6 = 7	
8 Excise due. Enter line 3 or line 7, whichever is larger.	8	
9 Voluntary contribution for endangered wildlife conservation	▶ 9	
10 Excise due plus voluntary contribution. Add lines 8 and 9	▶ 10	
11 Previous payments made	▶ 11	
12 Excess payment to be refunded. Subtract line 10 from line 11	▶ 12	
13 Balance due. Subtract line 11 from line 10	13	
14 Penalty	▶ 14	
15 Interest on unpaid balance	▶ 15	
16 Total payment due at time of filing. Add lines 13 through 15	▶ 16	

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