



Form 121A Urban Redevelopment Excise Return

2009
Massachusetts
Department of
Revenue

Massachusetts General Laws, Chapter 121A, section 10, as amended for the calendar year 2009.

Name of taxpayer Federal Identification number

Mailing address City/Town State Zip

Present location of principal office in Massachusetts

- 1 Check type: ☐ Corporation ☐ Individual ☐ Trust ☐ Partnership ☐ Other (specify) _____
- 2 Date of charter or organization _____ 3 Date of project approval _____
- 4 Location of project _____
- 5 Has the Federal Government changed your taxable income for any prior year which has not yet been reported to Massachusetts? ☐ Yes ☐ No.
If "Yes," report such change on Form CA-6, Application for Abatement/Amended Return, within three months after the final federal determination.
- 6 Has any governmental unit 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? ☐ Yes ☐ No. If "Yes," state the total of these payments. \$ _____. Was this amount included in line 1a of Computation of Excise of this return? ☐ Yes ☐ No.
- 7 Taxpayer's books are in the care of _____ Title _____

Computation of Excise

Use whole dollar method

	a.		b.
1 Gross income from all sources in 2009. See instructions	1	@ 5%	1
2 Fair cash value of owned and leased real and tangible personal property exempt from local taxation as of January 1, 2010 as certified by assessors	2	@ \$10.00 per \$1,000	2
3 Total of line 1b and line 2b			3
4 Assessed valuation of line 2a property for last three years it was subject to local taxation (less abatements)	January 1, _____ January 1, _____ January 1, _____		
Three year total	4		
5 Three-year average assessed valuation (line 4 total, divided by three)	5		
6 Line 5 or line 2a, whichever is smaller.	6		
7 Minimum excise: 2009 fiscal local tax rate. See instructions. \$ _____ per \$1,000 x line 6			7
8 Excise due (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			16

Under the 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 Telephone 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, check here ☐ and enclose Mass. Form M-2848, Power of Attorney.

The Privacy Act Notice is available upon request. Authorized representative to whom contents may be disclosed in discussing questions which may arise in connection with this return:

Name of person authorized

Address

This return, together with payment in full, is due on or before **March 15, 2010**. Mail to: **Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204**. Make check or money order payable to: **Commonwealth of Massachusetts**.

Form Code 380 Tax Type 0169