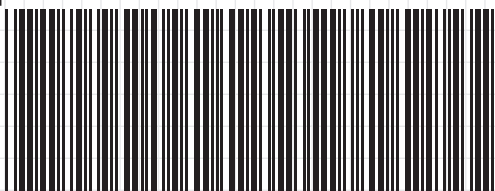


04  
05  
06  
07  
08  
09  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63

04  
05  
06  
07  
08  
09  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63



**2021 Schedule LP**

XXXXXXXXXXXXXX

Credit for Removing or Covering Lead Paint on Residential Premises

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXX SOCIALSECNO

**Part 1. Interim Control Deleading**

1a. Address(es) of Massachusetts unit(s) under an emergency lead management plan	b. Lic. number	c. Date of compliance or payment	d. Total cost	e. 50% of col. d	f. Lesser of col. e or \$500
XXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXX
XXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXX
XXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXX
4. Total amounts qualifying for interim control deleading			4	XXXXXXXXXXXXXX	

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX



2021 Schedule LP, pg. 2

XXXXXXXXXXXXXXXXXX

SOCIALSECNO

AREA RESERVED FOR 2-D BARCODE

Part 2. Full Compliance Deleading

1a. Address(es) of Massachusetts unit(s) deleading	b. Lic. number	c. Date of compliance or payment	d. Total cost	e. Lesser of col. d or \$1500	f. Col. e less Part 1, col. f
XXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXX
XXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXX
XXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXX
XXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXX
4. Total amounts qualifying for full compliance deleading				4	XXXXXXXXXXXXXXXXXX

Part 3. Current Year Credit

5. Total Lead Paint Credits for this year. Add Part 1, line 4 and Part 2, line 4	5	XXXXXXXXXXXXXXXXXX
6. Enter unused credits from prior year (from 2020 Schedule LP, line 11, col. c)	6	XXXXXXXXXXXXXXXXXX
7. Massachusetts Lead Paint Credit available this year. Add lines 5 and 6	7	XXXXXXXXXXXXXXXXXX
8. Tax from return (see instructions)	8	XXXXXXXXXXXXXXXXXX
9. Massachusetts Lead Paint Credit allowable this year (smaller of lines 7 or 8). You must enclose Schedule LP with your return	9	XXXXXXXXXXXXXXXXXX

Part 4. Unused Lead Paint Carryover

10. Year	a. Unused credits from prior years and current year credit	b. Portion used this year	c. Unused credit available
2015 (2020 Sch. LP, line 11, col. c)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX 2022
2016 (2020 Sch. LP, line 11, col. c)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX 2022-2023
2017 (2020 Sch. LP, line 11, col. c)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX 2022-2024
2018 (2020 Sch. LP, line 11, col. c)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX 2022-2025
2019 (2020 Sch. LP, line 11, col. c)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX 2022-2026
2020 (2020 Sch. LP, line 11, col. c)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX 2022-2027
2021 (2021 Sch. LP, line 5)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX 2022-2028
11. Totals	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX