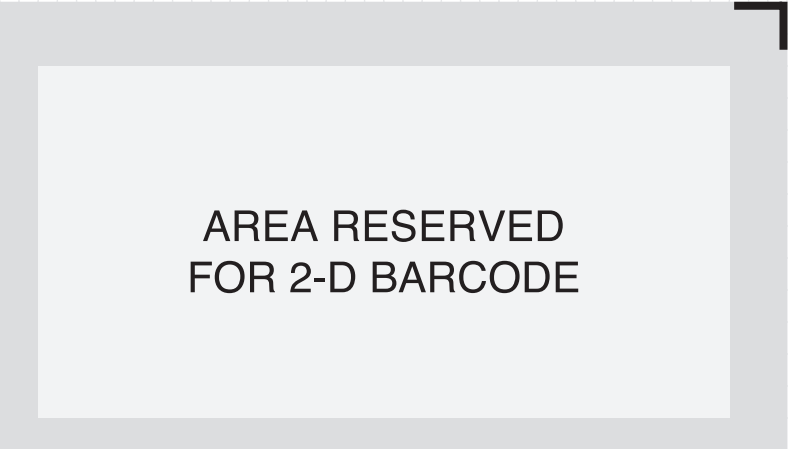




XXXXXXXXXXXXXXXXXXXX

Credit for Removing or Covering Lead Paint on Residential Premises

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXX SOCIALSECNO

Part 1. Interim Control Deleading

a. 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 \$1000
XXXXXXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXX
CITYTOWNPOSTOFFICEXXXXXX	ST	ZIP+FOURX			
XXXXXXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXX
CITYTOWNPOSTOFFICEXXXXXX	ST	ZIP+FOURX			
XXXXXXXXXXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXX
CITYTOWNPOSTOFFICEXXXXXX	ST	ZIP+FOURX			
4. Total amounts qualifying for interim control deleading			4	XXXXXXXXXXXXXX	

XXXXXXXXXXXXXXXXXXXXXXXXXXXX				XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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