| FC Liaison(s) | Jeff Ward |
|---------------|----------------|
| Schedule | U-IC |
| Form Year | 2023 |
| | As of 06.30.23 |

Impact/Required Changes(Yes, No, N/A)

| | Line Item/Form Change Description | MTC | GeniSys | MeF | FairFax |
|---|-----------------------------------|-----|---------|-----|---------|
| 1 | +1 year end update | N | Υ | Υ | N |



Schedule U-IC Member's Individual Credits

2023

Massachusetts

Department of

Revenue

| For calendar year 2023 or taxable period beginning | 2023 and ending | | |
|---|---|--|--|
| Member's name | Federal Identification number | | |
| Tax type: | End date of group's tax year | | |
| ○ Financial institution ○ Business corporation | | | |
| Name of principal reporting corporation | Federal Identification number | | |
| Member's total excise used for determining the credit limitation (i | from this member's Schedule U-ST, line 37) | | |
| Credits Subject to 50% Limitation (See instruction) | ions) | | |
| 2 Total of this member's BRWFLD, EDIPCR, EOACC, INVTAX, VA 3 Total of other members' BRWFLD, EDIPCR, EOACC, INVTAX, V 4 Total BRWFLD, EDIPCR, EOACC, INVTAX, VACSTR and VANPOCOMbine lines 2 and 3 | ACSTR and VANPOL credits used by this member 3 OL credits used by member against its own excise. | | |
| Massachusetts Research Credit | | | |
| 5 Total of this member's section 38M credits used against its own | excise 5 | | |
| Total of section 38M credits of other members used by this member | | | |
| 7 Total of all section 38M credits used by this member. Combine lin | nes 5 and 6 | | |
| Other Credits | | | |
| 8 Total of this member's other credits being used against its own e | xcise | | |
| 9 Total of other credits of other members being used by this members | per | | |
| 10 Total of other credits used by this member against excise. Comb | ine lines 8 and 9 | | |
| Summary | | | |
| 11 Total of member's own credits being used against excise. Combi | ne lines 2, 5 and 8 11 | | |
| 12 Credits from other members used against this corporation's excis | | | |
| Pass-through entity withholding. Payer identification number ▶ | | | |