

MASSACHUSETTS BROWNFIELDS TAX CREDITS CHECKLIST

Name of Company/Organization Claiming Credit: _____

Profit or Non-Profit: _____ If Corporation, C Corp. or S Corp.: _____

Tax ID No. _____

Address of Organization: _____

Phone: _____

Fax: _____

Contact: _____

E mail: _____

Webb Page: www _____

Address of Site and Assessors' ID: _____

Date of Acquisition: _____

Prior Owner: _____

Assessed Property Tax Valuation of Site Prior to Remediation: \$ _____

DEP Release Transaction No. (the "RTN"): _____

Identified Contaminants: _____

Date of Contamination, if Known: _____

Source of Contamination: _____

Date Remediation Began: _____

Date Remediation Completed: _____

Date of Filing of Response Action Outcome Statement or Remedy Operation
Status Submittal with DEP: _____ **Please attach**

Restrictions on Use of Site (AUL)? _____

Licensed Site Professional Name and Contact Information: _____

Description of Remediation and Costs Since August 1, 1998

<u>Expense Description</u>	<u>Date Completed</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Paid By Whom</u>
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