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	6 47 48 49 50 51 52 53 54 55 56 57 58 59 6	0 61 62 63 64 65 66 67	68 69 70 71 72 73 74 75 76 77 78 79 80
		AREA RES	FRVFD	
XXXXXXXXXXXXX FOR 2-D BARCODE				
Urban Redevelopment Excise Return				
TAXPAYERNAMEXXXXXXXXX				
	XXX CITYTOWNPOSTOF		ZIP+FOU	DY
	AAA CIIIIOWNPOSIUP		216+600	
PHONENOMBERX PRINCBUSINESSADDRESSI	NMA CTTYTOWNDOSTOF	FICEXXXXXX ST		RY
PROJECTNAMEXXXXXXXXXXXXX	XXXXXXXXXXXX DORPR		(XX	
PROJECTADDRESSXXXXXXX	XXX CITYTOWNPOSTOF		ZIP+FOU	RX
PHONENUMBERX				
	Final return			
		e X Amended return due	to IRS BBA Part	nership Audit
1. Check if applicable X Corporation	Name change X Address chang X Individual X Trust X Par	tnership X Other		
2. Date of charter or organization			2	XXXXXXXX
3. Date or project approval			3	XXXXXXXX
4. Date of project completion			4	XXXXXXXX
5. Taxpayer's books are in the care of		Title		
		XXX XXX	XXXXXXXX	XXXXXXXXXXXXX
6. Check if the federal government has chan			orted to Massach	nusetts. X
If checked, report changes by filing an am				
7. Check if any governmental unit has made	any payments to or on behalf of any ter	nant of the taxable entity which	are in addition to	such
payments actually made by such tenant.				X X X X X X X X X X X X X X X X X X X
Enter total amount of these governmental	payments.		7	XXXXXX
Declaration				
	a best of my knowledge and belief th	is return and analoguess are		d complete
Under penalties of perjury, I declare that to the Signature of appropriate corporate officer	Social Security number	Phone number	true, correct ar	Date
Signature of appropriate corporate officer				
Individual or firm signature of preparer	Employer Identification number	Address		Date
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	///////////////////////////////////////		XXXXXXXX
If you are signing as an authorized delegate of	of the appropriate corporate officer. c	heck here and enclose Mass	achusetts Form	M-2848,
Power of Attorney. X				
	XXXXXXXXXXX	xxxxxxxxxxxxxx	, 	
		~~~~~		
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	6 47 48 49 50 51 52 53 54 55 56 57 58 59 6	0 61 62 63 64 65 66 67	68 69 70 71 72 73 74 75 76 77 78 79

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 4	0 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	61 62 63 64 65 6	6 67 68 69 70 71 72 73 74 75 76 77	78 79 8
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	21 Form 121A	AREA RES	ERVE	:D	
XX	XXXXXXXXXXX	FOR 2-D BA	RCO	דר	
1 - Urb	an Redevelopment Excise Return				
FE	DERALIDNUM				
	DERALIDION				
Com					
	putation of excise. Use whole dollar method.				vv
	Gross income from all sources in 2021 (see instructions)		1a	XXXXXXXXXXX	Ϋ́Υ.
	Multiply line 1a by .05 (5%)		1	XXXXXXXXXXX	XX
	Fair cash value of owned and leased real and tangible personal pro	perty exempt from local taxation as of			VV
	January 1, 2022, as certified by assessors		2a		XX
	Multiply line 2a by \$10 per \$1,000		2		XX
	Total. Add lines 1 and 2		3	XXXXXXXXXXX	ХΧ
4.	Assessed valuation of line 2a property for last three years it was sul				
4a.	Date	January 1, XXXX	4a	XXXXXXXXXXX	XX
4b.	Date	January 1, XXXX	4b		XX
4c.	Date	January 1, XXXX	4c	XXXXXXXXXXX	XX
4d.	Three-year total. Add lines 4a through 4c		4d	XXXXXXXXXXX	XX
	Three-year average assessed valuation. Divide line 4d by three		5	XXXXXXXXXXX	XX
	Enter line 5 or line 2a, whichever is smaller.		6	XXXXXXXXXXX	XX
	Minimum excise. Fiscal year 2022 local tax rate (see instructions)	XXXXXXXXXXXX per \$1,000 x	ine 6 = <b>7</b>	XXXXXXXXXXX	XX
	Excise due. Enter line 3 or line 7, whichever is larger		8	XXXXXXXXXXX	XX
	Voluntary contribution for endangered wildlife conservation		9	XXXXXXXXXXX	XX
	Excise due plus voluntary contribution. Add lines 8 and 9		10	XXXXXXXXXXX	XX
	Previous payments made		11	XXXXXXXXXXX	XX
	Excess payment to be refunded. Subtract line 10 from line 11		12	XXXXXXXXXXX	XX
	Balance due. Subtract line 11 from line 10		13	XXXXXXXXXXX	XX
			14	XXXXXXXXXXX	XX
	Penalty		14	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ŶŶ
	Interest on unpaid balance			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ŶŶ
16.	Total payment due at time of filing. Add lines 13 through 15		16		~~
_					
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ΧΧΧΧΧ	XXXXXXXX	