

Form M-990T Unrelated Business Income Tax Return

Massachusetts
Department of
Revenue

2013

For calendar year 2013 or taxable year beginning			2013 and ending			
Name of company			Federal Identification number			
	P 11		O'1 /T			
Ma	ling address		City/Town	S	State	Zip
Nar	ne of treasurer		Is a Taxpayer Disclosure State	ment enclosed?		
			► ☐ Yes ☐ No			
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	cise Calculation				Use v	hole dollar method
	Unrelated business taxable income (from U.S. Fo	•				
	Foreign, state or local income, franchise, excise of					
	Section 168(k) "bonus" depreciation adjustment .					
	Section 31I and 31K intangible expense add back					
	Federal NOL add back adjustment (from U.S. For					
	Loss carryover deduction (from Schedule NOL) .					
	Section 31J and 31K interest expense add back	•				
	Federal production activity add back adjustment.					
	Abandoned building renovation deduction					
	Other adjustments, including research and development					
	Income subject to apportionment. See instruction					
12	Income apportionment percentage (from Schedul	le F, line 5 or 1.0, whichever applie	es)	▶12		
	Multiply line 11 by line 12					
	Income not subject to apportionment					
	Add lines 13 and 14					
	Certified Massachusetts solar or wind power ded					
	Taxable income. Subtract line 16 from line 15					
	Multiply line 17 by .08					
	Credit recapture (enclose Schedule(s) H and/or F					
20	Excise due before credits. Add lines 18 and 19			20		
Cı	'edits. Any credit being claimed must be det	ermined with respect to the unre	elated business activity bein	g		
	ported on this return.	•	•			
21	Economic Opportunity Area Credit (from Schedul	e EOAC)		▶ 21		
22	Economic Development Incentive Program Credi	t. Certificate number ►		▶ 22		
23	Investment Tax Credit (from Schedule H)			▶ 23		
24	Vanpool Credit (from Schedule VP)			▶ 24		
25	Research Credit (from Schedule RC)			▶ 25		
26	Harbor Maintenance Tax Credit (from Schedule F	HM, line 22)		▶ 26		
	Brownfields Credit. Certificate number ▶					
28	Low-Income Housing Credit. Building identification	n number ►		▶ 28		
29	Historic Rehabilitation Credit. Certificate number	>		▶ 29		
30	Film Incentive Credit. Certificate number ▶			▶ 30		
	Medical Device Credit. Certificate number ►					
32	Employer Wellness Program Credit. Certificate no	umber ▶		▶32		
	Life Science Company Tax Credit					
34	Total credits. Add lines 21 through 33			34		
Un	der the penalties of perjury, I declare that to the	e best of my knowledge and bel	ief, this return and enclosure	es are true, co	rrect ar	nd complete.
Sig	nature of appropriate corporate officer (see instructions)	Social Security number	Telephone number		ate	
Sig	nature of paid preparer	Employer Identification number	Address		ate	
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Ex	ccise After Credits	
35	Excise due before voluntary contribution. Subtract line 34 from line 20. Not less than "0"	15
36	Voluntary contribution for endangered wildlife conservation	6
37	Total excise plus voluntary contribution. Add lines 35 and 36	7
Pa	ayments	
	2012 overpayment applied to 2013 estimated tax	
39	2013 Massachusetts estimated tax payments (do not include amount in line 38)	9
40	Payment made with extension	0
41	Pass-through entity withholding. Payer identification number ▶ ▶ 4	11
42	Refundable film credit▶4	.2
43	Refundable dairy credit. Certificate number ► ▶ 4	.
	Refundable life science credit	
45	Refundable economic development incentive program credit	5
46	Refundable conservation land credit. Certificate number ► ▶ 4	6
47	Total payments. Add lines 38 through 46	7
Re	efund or Balance Due	
48	Amount overpaid. Subtract line 37 from line 47	8
49	Amount overpaid to be credited to 2014 estimated tax	9
50	Amount overpaid to be refunded. Subtract line 48 from line 47	60
51	Balance due. Subtract line 47 from line 37	51
52	M-2220 penalty ► \$; Other penalties ► \$ Total penalty 5	2
53	Interest on unpaid balance	3
54	Total payment due at time of filing	i4