



Massachusetts Department of Revenue  
Form M-990T  
Unrelated Business Income Tax Return

2017

For calendar year 2017 or taxable period beginning

and ending

Name of company

Federal Identification number

Mailing address

City/Town

State

Zip

Phone number

Name of treasurer

Fill in if a Taxpayer Disclosure Statement is enclosed

☐

Fill in if:

☐ Amended return (see "Amended return" in instructions) ☐ Federal amendment ☐ Federal audit ☐ Final return

Exempt under IRC section (fill in one only)

☐ 501 ☐ 408(e) ☐ 408A ☐ 529(a) ☐ 220(e) ☐ 530(a)

Organization type (fill in one only)

☐ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other

**Excise calculation.** Use whole dollar method.

|    |                                                                                                        |                                         |                          |
|----|--------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|
| 1  | Unrelated business taxable income (from U.S. Form 990T, line 34)                                       | ► 1                                     | <input type="text"/>     |
| 2  | Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income | ► 2                                     | <input type="text"/>     |
| 3  | Section 168(k) "bonus" depreciation adjustment                                                         | ► 3                                     | <input type="text"/>     |
| 4  | Section 311 and 31K intangible expense add back adjustment                                             | ► 4                                     | <input type="text"/>     |
| 5  | Federal NOL add back adjustment (from U.S. Form 990T, line 31)                                         | ► 5                                     | <input type="text"/>     |
| 6  | Section 31J and 31K interest expense add back adjustment                                               | ► 6                                     | <input type="text"/>     |
| 7  | Federal production activity add back adjustment                                                        | ► 7                                     | <input type="text"/>     |
| 8  | Abandoned Building Renovation deduction                                                                | Total cost <input type="text"/> × .10 = | ► 8 <input type="text"/> |
| 9  | Other adjustments, including research and development expenses (enclose explanation)                   | ► 9                                     | <input type="text"/>     |
| 10 | Income subject to apportionment. See instructions                                                      | ► 10                                    | <input type="text"/>     |
| 11 | Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)                    | ► 11                                    | <input type="text"/>     |
| 12 | Multiply line 10 by line 11                                                                            | ► 12                                    | <input type="text"/>     |
| 13 | Income not subject to apportionment                                                                    | ► 13                                    | <input type="text"/>     |
| 14 | Add lines 12 and 13                                                                                    | ► 14                                    | <input type="text"/>     |
| 15 | Certified Massachusetts solar or wind power deduction                                                  | ► 15                                    | <input type="text"/>     |
| 16 | Taxable income before net operating loss deduction                                                     | ► 16                                    | <input type="text"/>     |

**Declaration**

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions)

Date

Social Security number

Phone number

Signature of paid preparer

Date

Employer Identification number

Address

If you are signing as an authorized delegate of the appropriate corporate officer, fill in oval ☐ and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of company

Federal Identification number

**Excise calculation** (cont'd.)

- 17** Loss carryover deduction (from Schedule NOL) . . . . . ▶ **17**
- 18** Taxable income. Subtract line 17 from line 16. . . . . ▶ **18**
- 19** Multiply line 18 by .08 . . . . . ▶ **19**
- 20** Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See instructions . . . ▶ **20**
- 21** Excise due before credits. Add lines 19 and 20 . . . . . ▶ **21**

**Credits.** Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

- 22** Total Credits. Enclose Credit Manager Schedule . . . . . ▶ **22**

**Excise after credits**

- 23** Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0" . . . . . ▶ **23**
- 24** Voluntary contribution for endangered wildlife conservation . . . . . ▶ **24**
- 25** Total excise plus voluntary contribution. Add lines 23 and 24 . . . . . ▶ **25**

**Payments**

- 26** 2016 overpayment applied to 2017 estimated tax . . . . . ▶ **26**
- 27** 2017 Massachusetts estimated tax payments (do not include amount in line 26) . . . . . ▶ **27**
- 28** Payment made with extension . . . . . ▶ **28**
- 29** Payment with original return. Use only if amending a return . . . . . ▶ **29**
- 30** Pass-through entity withholding . . . . . Payer Identification number ▶  ▶ **30**
- 31** Total refundable credits. Enclose Credit Manager Schedule . . . . . ▶ **31**
- 32** Total payments. Add lines 26 through 31 . . . . . ▶ **32**

**Refund or balance due**

- 33** Amount overpaid. Subtract line 25 from line 32 . . . . . ▶ **33**
- 34** Amount overpaid to be credit to 2018 estimated tax . . . . . ▶ **34**
- 35** Amount overpaid to be refunded. Subtract line 34 from line 33 . . . . . ▶ **35**
- 36** Balance due. Subtract line 32 from line 25 . . . . . ▶ **36**
- 37a** M-2220 penalty . . . . . ▶ **37a**
- 37b** Other penalties. . . . . ▶ **37b**
- 37** Total penalty. Add lines 37a and 37b. . . . . ▶ **37**
- 38** Interest on unpaid balance. . . . . ▶ **38**
- 39** Total payment due at time of filing . . . . . ▶ **39**