



Massachusetts Department of Revenue
Schedule FE
Report With Respect to Foreign Entities

2020

For calendar year 2020 or taxable year beginning	2020 and ending	
Name of corporation	Taxpayer Identification number	Category of filer (check all that apply) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5a <input type="radio"/> 5b <input type="radio"/> 5c
Name of person filing U.S. Form 5471	Taxpayer Identification number	Pct. of foreign corporation stock ownership
Name of foreign corporation	Employer Identification number (if any)	Country of incorporation
Address in country of residence of foreign corporation		
City/Town	State	Zip
Fill in if foreign corporation is a member of a Massachusetts combined group <input type="radio"/> Worldwide election <input type="radio"/> Waters edge election	Principal business activity code	Principal business activity
Beginning date of foreign corporation's annual accounting period (mm/dd/yyyy)		Ending date (mm/dd/yyyy)

Taxable income or loss (from U.S. return as filed)

Income. U.S. dollar amounts, from U.S. Form 5471, Schedule C.

1a Gross receipts or sales	1a	<input style="width:150px;" type="text"/>
1b Returns and allowances	1b	<input style="width:150px;" type="text"/>
1c Subtract line 1b from line 1a	1c	<input style="width:150px;" type="text"/>
2 Cost of goods sold	2	<input style="width:150px;" type="text"/>
3 Gross profit. Subtract line 2 from line 1c	3	<input style="width:150px;" type="text"/>
4 Dividends	4	<input style="width:150px;" type="text"/>
5 Interest	5	<input style="width:150px;" type="text"/>
6a Gross rents	6a	<input style="width:150px;" type="text"/>
6b Gross royalties and license fees	6b	<input style="width:150px;" type="text"/>
7 Net gain or loss on sale of capital assets	7	<input style="width:150px;" type="text"/>
8a Foreign currency transaction gain or loss (unrealized)	8a	<input style="width:150px;" type="text"/>
8b Foreign currency transaction gain or loss (realized)	8b	<input style="width:150px;" type="text"/>
9 Other income (enclose statement). See instructions	9	<input style="width:150px;" type="text"/>
10 Total income. Add lines 3 through 9	10	<input style="width:150px;" type="text"/>



Name of corporation

Taxpayer Identification number

Category of filer (check all that apply)

2 3 4 5a 5b 5c

Deductions

- 11** Compensation not deducted elsewhere **11**
- 12a** Rents **12a**
- 12b** Royalties and license fees **12b**
- 13** Interest **13**
- 14** Depreciation not deducted elsewhere **14**
- 15** Depletion **15**
- 16** Taxes (exclude income tax expense (benefit)) **16**
- 17** Other deductions (exclude income tax expense (benefit)). Enclose statement **17**
- 18** Total deductions. Add lines 11 through 17 **18**

Net income

- 19** Net income or loss before unusual or infrequently occurring items, and income tax expense (benefit).
Subtract line 18 from line 10 **19**
- 20** Unusual or infrequently occurring items..... **20**
- 21a** Income tax expense (benefit) (current) **21a**
- 21b** Income tax expense (benefit) (deferred) **21b**
- 22** Current year net income or loss per books. Combine lines 19 through 21b **22**

Other comprehensive income

- 23a** Foreign currency translation adjustments **23a**
- 23b** Other **23b**
- 23c** Income tax expense (benefit) related to other comprehensive income **23c**
- 24** Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) **24**