

# CAUTION:

This tax return must  
be filed electronically.

Paper versions of this return  
**will not** be accepted.

If you have questions about filing electronically,  
contact us at 617-887-6367.

See <https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements> for further information about our electronic filing and payment requirements.



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

**2021**

For calendar year 2021 or taxable year beginning

2021 and ending

**Most corporate excise taxpayers, including tax-exempt corporations and trusts, are subject to the electronic filing requirements. See Technical Information Release 16-9.**

Name 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 instructions)  Federal amendment  Federal audit  Final return  Enclosing Schedule FCI  
 Amended return due to IRS BBA Partnership Audit

Fill in if  
 501(c)(3)  501( ) ( ) (Enter IRC section number)

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

<b>1</b> Unrelated business taxable income (from U.S. Form 990T, Schedule A, line 18) See instructions . . . . .	▶	<b>1</b>	
<b>2</b> Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income . . . . .	▶	<b>2</b>	
<b>3</b> Section 168(k) "bonus" depreciation adjustment . . . . .	▶	<b>3</b>	
<b>4</b> Section 31I and 31K intangible expense add back adjustment . . . . .	▶	<b>4</b>	
<b>5</b> Federal NOL add back adjustment (from U.S. Form 990T, Schedule A, line 17) See instructions . . . . .	▶	<b>5</b>	
<b>6</b> Section 31J and 31K interest expense add back adjustment . . . . .	▶	<b>6</b>	
<b>7</b> Reserved for future use . . . . .	▶	<b>7</b>	
<b>8</b> Abandoned Building Renovation deduction . . . . . Total cost <span style="border: 1px solid black; padding: 2px 10px;"> </span> × .10 =	▶	<b>8</b>	
<b>9</b> Other adjustments, including research and development expenses (enclose explanation) . . . . .	▶	<b>9</b>	
<b>10</b> Income subject to apportionment. See instructions . . . . .	▶	<b>10</b>	
<b>11</b> Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies). . . . .	▶	<b>11</b>	
<b>12</b> Multiply line 10 by line 11 . . . . .	▶	<b>12</b>	
<b>13</b> Income not subject to apportionment . . . . .	▶	<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .	▶	<b>14</b>	
<b>15</b> Certified Massachusetts solar or wind power deduction . . . . .	▶	<b>15</b>	
<b>16</b> Taxable income before net operating loss deduction . . . . .	▶	<b>16</b>	

**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 Phone

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 Schedule CRS) 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 Schedule CMS . . . . . ▶ 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 2020 overpayment applied to 2021 estimated tax . . . . . ▶ 26
- 27 2021 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 Schedule CMS . . . . . ▶ 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 credited to 2022 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

E-File Only  
Paper returns will not be accepted.  
See TIRS 16-9 and 21-9 for more information.