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



Massachusetts Department of Revenue

Schedule TTP

Tax Treaty Positions

2022

For calendar year 2022 or taxable year beginning	2022 and ending				
Name of taxpayer	Federal ID nur	nber (if none, enter "Foreign")	Reference ID number, if any. See instructions		
Massachusetts return filed					
○ 355 ○ 355U ○ 355S ○ 63 FI					
Taxpayer's U.S. address					
City/Town	State	Zip	Phone number		
Taxpayer's address in country of residence					
City/Town	State	Zip	Phone number		
Fill in if taxpayer has filed U.S. Form 1120F			$\overline{\lambda}$		
Fill in if taxpayer is filing one or more U.S. Form(s) 8833 with the IRS	S O	×2			
Fill in if taxpayer is a U.S. citizen or resident or incorporated in the U	I.S. O		-		
Treaty information. If relying on multiple treaties, enter	ar each treatu s	enarately			
	-				
Name of treaty country	Type of treaty	c Other	Applicable article(s)		
IRS Code provision(s) overruled or modified by treaty-based return position	\$, Ve	atte		
List the provision(s) of the limitation on benefits article (if any) in the treaty that	at the taxpayer re	les on to prevent application of	f that article		
			<u>بر</u>		
Explain the treaty-based return position taken. See instructions	NII		<i>ח</i> ;		
Income exclusions. Income to be excluded by application	ation of the trea	aties identified above. See	instruction		
1 Interest			1		
2 Royalties					
3 Other FDAP gains, profits and income		·····			
4 Other non-FDAP income to be excluded					
5 Total income to be excluded by application of treaties		·····			
Combined report filers only		no			
Name of principal reporting corporation Fede	ral Identification r	number			
Amount of income excluded from return that is derived (directly or generally are deductible for federal income tax purposes against the second					

amounts separately and identify the other member(s) clain Payer's name		Federal Identification number	Amount
	<u>v</u>		
G	<u> </u>		

Reason for inclusion of the member claiming the benefit in the combined return (check one only):

O Member is incorporated in U.S.

O Member is a non-U.S. corporation that is taxable on its income in Massachusetts

O Member is a non-U.S. corporation, not described in the question above, with an average of property, payroll and sales in the U.S. of 20% or more

O Member is a non-U.S. corporation, not described in the question above, that derives at least 20% of gross income from services to other members of the group