



**Massachusetts Department of Revenue**  
**Schedule TTP**  
**Tax Treaty Positions**

**2024**

**For calendar year 2024 or taxable year beginning** **2024 and ending**

Name of taxpayer Federal ID number (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

Fill in if taxpayer is filing one or more U.S. Form(s) 8833 with the IRS

Fill in if taxpayer is a U.S. citizen or resident or incorporated in the U.S.

**Treaty information.** If relying on multiple treaties, enter each treaty separately.

Name of treaty country Type of treaty Applicable article(s)  
 Income tax  Other

IRS Code provision(s) overruled or modified by treaty-based return position

List the provision(s) of the limitation on benefits article (if any) in the treaty that the taxpayer relies on to prevent application of that article

Explain the treaty-based return position taken. See instructions

**Income exclusions.** Income to be excluded by application of the treaties identified above. See instructions.

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Interest .....   | <b>1</b> |  |
| <b>2</b> | Royalties .....  | <b>2</b> |  |
| <b>3</b> | Other FDAP gains, profits and income .....                   | <b>3</b> |  |
| <b>4</b> | Other non-FDAP income to be excluded .....                   | <b>4</b> |  |
| <b>5</b> | Total income to be excluded by application of treaties ..... | <b>5</b> |  |

**Combined report filers only**

Name of principal reporting corporation Federal Identification number

Amount of income excluded from return that is derived (directly or indirectly) from intangible property or service-related activities, the costs of which generally are deductible for federal income tax purposes against the business income of other members of the Massachusetts combined group. List amounts separately and identify the other member(s) claiming the deduction. See instructions.

| Payer's name | Federal Identification number | Amount |
|--------------|-------------------------------|--------|
|              |                               |        |
|              |                               |        |
|              |                               |        |

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

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