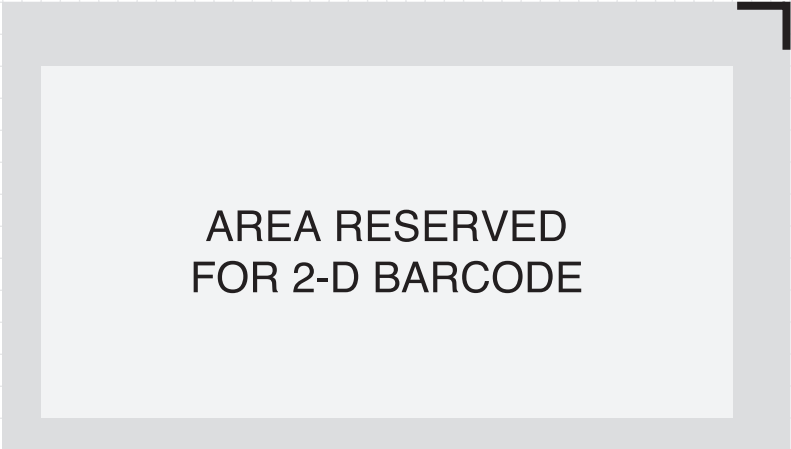
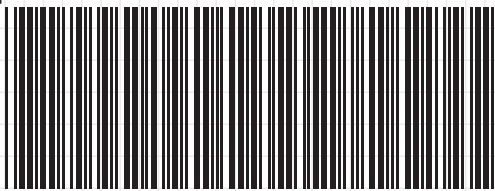


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2023 Form M-990T

XXXXXXXXXXXXXX

Unrelated Business Income Tax Return

Year beginning XXXXXXXX Ending XXXXXXXX

AREA RESERVED FOR 2-D BARCODE

BUSINESSNAMEXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO PHONENUMBERX
MAILINGADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
NAMEOFTREASURERXXXXXXXXXXXXXXXXXXXXX

Number of employees in Massachusetts XXXXXX Number of employees worldwide XXXXXX
Check if: Initial return Final return Name change Address change Amended return
 Amended return due to federal change Amended return due to federal audit Amended return due to IRS BBA Partnership Audit
 Enclosing Schedule DRE Enclosing Schedule FCI Enclosing Schedule TDS
 S election termination or revocation Member of lower-tier entity
Check if (one only): 501(c)(3) 501 XXXXXXXXXXXXXXXXXXXXXXXX
Check if: the corporation was a subsidiary in an affiliated group or a parent-subsidiary controlled group during the taxable year

NAMEOFPARENTCORPORATIONXXXXXXXXXXXXX FEDERALIDNO

1. Unrelated business taxable income	1	XXXXXXXXXXXXXX
2. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	XXXXXXXXXXXXXX
3. Section 168(k) "bonus" depreciation adjustment	3	XXXXXXXXXXXXXX
4. Section 311 and 31K intangible expense add back adjustment	4	XXXXXXXXXXXXXX
5. Section 31J and 31K interest expense add back adjustment	5	XXXXXXXXXXXXXX
6. Federal NOL add back adjustment	6	XXXXXXXXXXXXXX
7. State and municipal bond interest not included in U.S. net income	7	XXXXXXXXXXXXXX
8. Other adjustments	8	XXXXXXXXXXXXXX
9. Other deductions	9	XXXXXXXXXXXXXX
10. Income subject to apportionment	10	XXXXXXXXXXXXXX
11. Income apportionment percentage	11	X . XXXXXX
12. Multiply line 10 by line 11	12	XXXXXXXXXXXXXX

SIGN HERE. 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 officer Date XXXXXXXX Phone XXXXXXXXXX
Paid preparer's signature Date XXXXXXXX Paid preparer's EIN XXXXXXXXXX

Check if DOR may discuss this return with the paid preparer (see instructions)

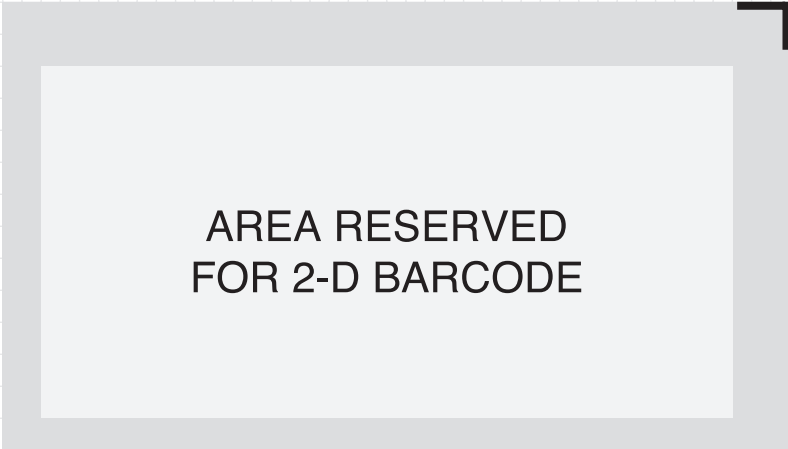
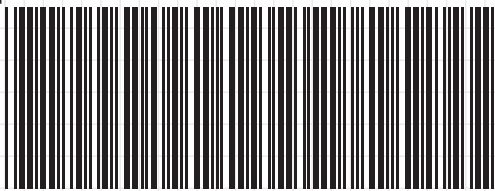
Taxpayer's e-mail address XX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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2023 Form M-990T

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Unrelated Business Income Tax Return

FEDERALIDNUM

AREA RESERVED
FOR 2-D BARCODE

13.	Income not subject to apportionment	13	XXXXXXXXXXXXXX
14.	Add lines 12 and 13	14	XXXXXXXXXXXXXX
15.	Certified Massachusetts solar or wind power deduction	15	XXXXXXXXXXXXXX
16.	Taxable income before net operating loss deduction	16	XXXXXXXXXXXXXX
17.	Loss carryover deduction	17	XXXXXXXXXXXXXX
18.	Taxable income. Subtract line 17 from line 16	18	XXXXXXXXXXXXXX
19.	Multiply line 18 by .08	19	XXXXXXXXXXXXXX
20.	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales	20	XXXXXXXXXXXXXX
21.	Excise due before credits. Add lines 19 and 20	21	XXXXXXXXXXXXXX
22.	Total credits. Enclose Schedule CMS	22	XXXXXXXXXXXXXX
23.	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	XXXXXXXXXXXXXX
24.	Voluntary contribution for endangered wildlife conservation	24	XXXXXXXXXXXXXX
25.	Total excise plus voluntary contribution. Add lines 23 and 24	25	XXXXXXXXXXXXXX
26.	2022 overpayment applied to 2023 estimated tax	26	XXXXXXXXXXXXXX
27.	2023 Massachusetts estimated tax payments (do not include amount in line 26)	27	XXXXXXXXXXXXXX
28.	Payment made with extension	28	XXXXXXXXXXXXXX
29.	Payment with original return. Use only if amending a return	29	XXXXXXXXXXXXXX
30.	Pass-through entity withholding. Payer ID number	30	XXXXXXXXXXXXXX
31.	Total refundable credits. Enclose Schedule CMS	31	XXXXXXXXXXXXXX
32.	Total payments. Add lines 26 through 31	32	XXXXXXXXXXXXXX
33.	Amount overpaid. Subtract line 25 from line 32	33	XXXXXXXXXXXXXX
34.	Amount overpaid to be credited to 2024 estimated tax	34	XXXXXXXXXXXXXX
35.	Amount overpaid to be refunded. Subtract line 34 from line 33	35	XXXXXXXXXXXXXX
36.	Balance due. Subtract line 32 from line 25	36	XXXXXXXXXXXXXX
37a.	M-2220 penalty	37a	XXXXXXXXXXXXXX
37b.	Other penalties	37b	XXXXXXXXXXXXXX
37.	Total penalty. Add lines 37a and 37b	37	XXXXXXXXXXXXXX
38.	Interest on unpaid balance	38	XXXXXXXXXXXXXX
39.	Total payment due at time of filing	39	XXXXXXXXXXXXXX

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2023 Schedule E (Form M-990T)

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AREA RESERVED FOR 2-D BARCODE

BUSINESSNAMEXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

Part I Unrelated Trade or Business Income (from U.S. Form 990T, Schedule A, Part I)

1a.	Gross receipts or sales	1a	XXXXXXXXXXXXXX
1b.	Less returns and allowances	1b	XXXXXXXXXXXXXX
1c.	Balance. Subtract line 1b from line 1a	1c	XXXXXXXXXXXXXX
2.	Cost of goods sold	2	XXXXXXXXXXXXXX
3.	Gross profit. Subtract line 2 from line 1c	3	XXXXXXXXXXXXXX
4a.	Capital gain net income (attach Schedule D. From U.S. Form 1120).	4a	XXXXXXXXXXXXXX
4b.	Net gain or loss from U.S. Form 4797 (attach U.S. Form 4797).	4b	XXXXXXXXXXXXXX
4c.	Unused capital loss carryover	4c	XXXXXXXXXXXXXX
4d.	Balance. Subtract line 4c from the total of lines 4a and 4b	4d	XXXXXXXXXXXXXX
5.	Income or loss from a partnership or an S corporation (attach statement)	5	XXXXXXXXXXXXXX
6.	Rent income	6	XXXXXXXXXXXXXX
7.	Unrelated debt-financed income	7	XXXXXXXXXXXXXX
8.	Interest, annuities, royalties and rents from a controlled organization	8	XXXXXXXXXXXXXX
9.	Investment income of § 501(c)(7), (9) or (17) organizations	9	XXXXXXXXXXXXXX
10.	Exploited exempt activity income	10	XXXXXXXXXXXXXX
11.	Advertising income	11	XXXXXXXXXXXXXX
12.	Other income (attach statement)	12	XXXXXXXXXXXXXX
13.	Total income. Combine lines 3 through 12	13	XXXXXXXXXXXXXX

Part II Deductions not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II)

1.	Compensation of officers, directors, and trustees	1	XXXXXXXXXXXXXX
2.	Salaries and wages	2	XXXXXXXXXXXXXX
3.	Repairs and maintenance	3	XXXXXXXXXXXXXX
4.	Bad debts	4	XXXXXXXXXXXXXX
5.	Interest	5	XXXXXXXXXXXXXX
6.	Taxes and licenses	6	XXXXXXXXXXXXXX
7.	Depreciation	7	XXXXXXXXXXXXXX
8.	Less depreciation	8	XXXXXXXXXXXXXX
9.	Depletion	9	XXXXXXXXXXXXXX
10.	Contributions to deferred compensations	10	XXXXXXXXXXXXXX
11.	Employee benefit programs	11	XXXXXXXXXXXXXX
12.	Excess exempt expenses	12	XXXXXXXXXXXXXX
13.	Excess readership costs	13	XXXXXXXXXXXXXX
14.	Other deductions	14	XXXXXXXXXXXXXX
15.	Total deductions. Combine lines 1 through 14	15	XXXXXXXXXXXXXX

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