



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

2023

For calendar year 2023 or taxable year beginning

2023 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 of corporation	Federal Identification number
Mailing address	
City/Town	State Zip
Taxpayer's books are in care of	Telephone number
Number of employees in Massachusetts, required. See instructions	Number of employees worldwide, required. See instructions

Fill in if (see instructions)

- Initial return
 Final return
 Name change
 Address change
 Amended return (see instructions)
 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 a lower-tier entity

Fill in if

- 501(c)(3)
 501() () (Enter IRC section number) See instructions

Fill in if the corporation was a subsidiary in an affiliated group or a parent-subsiidiary controlled group during the taxable year

Name of parent corporation	Federal Identification number of parent corporation
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Unrelated Business Income. Use whole dollar method.

1 Unrelated business taxable income (from Schedule E, Part II, line 18). See instructions	1	
2 Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	
3 Section 168(k) "bonus" depreciation adjustment. See instructions	3	
4 Section 311 and 31K intangible expense add back adjustment. See instructions.	4	
5 Section 31J and 31K interest expense add back adjustment	5	
6 Federal NOL add back adjustment (from Schedule E, Part II, line 17). See instructions	6	
7 State and municipal bond interest not included in U.S. net income	7	
8 Other adjustments (from Schedule E, Part III, line 3). See instructions	8	
9 Other deductions (from Schedule E, Part IV, line 3). See instructions	9	
10 Income subject to apportionment. See instructions	10	
11 Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	11	
12 Multiply line 10 by line 11.	12	

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 officer (see instructions)	Date	Print paid preparer's name	Preparer's PTIN
	/ /		
Title	Date	Paid preparer's phone	Paid preparer's
	/ /	()	EIN
Paid preparer's signature	Date	Fill in if DOR may discuss this	<input type="checkbox"/> Fill in if self-employed
	/ /	return with the paid preparer <input type="radio"/>	
Taxpayer's e-mail address			



Name of corporation

Federal Identification number

Unrelated Business Income (cont'd.)

- 13** Income not subject to apportionment (from Schedule E, Part V, line 1). See instructions **13**
- 14** Add lines 12 and 13 **14**
- 15** Certified Massachusetts solar or wind power deduction. **15**
- 16** Taxable income before net operating loss deduction. Subtract line 15 from line 14 **16**
- 17** Loss carryover deduction (from Schedule NOL). **17**
- 18** Taxable income. Subtract line 17 from line 16. **18**

Excise before credits

- 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** Prior year's overpayment applied to current year's estimated tax. **26**
- 27** Current 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. See instructions. 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 next year's 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**



Massachusetts Department of Revenue
Schedule E (Form M-990T)

2023

Name of corporation

Federal Identification number

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

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

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

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



Name of corporation

Federal Identification number

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

- 16** Unrelated business taxable income before adjustments (see instructions). Subtract Part II, line 15 from Part I, line 13 . . . **16**
- 17** Deduction for net operating loss **17**
- 18** Unrelated business taxable income **18**

Part III Other Adjustments

- 1** Research and development **1**
- 2** Adjustments other than in line 1. List item(s) and amount(s). Enter total of all other adjustments on line 2 (see instructions):

Item	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 2** Total line 2 adjustments **2**
- 3** Total Part III adjustments. Combine total of lines 1 and 2. Enter this amount on Form M-990T, line 8 **3**

Part IV Other Deductions (Form M-990T, Line 9)

- 1** Abandoned building and renovation deduction (see instructions) **1**
- 2** Deductions other than in line 1. List item(s) and amount(s). Enter total of all other deductions on line 2 (see instructions):

Item	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 2** Total line 2 deductions **2**
- 3** Total Part IV deductions. Combine total of lines 1 and 2. Enter this amount on Form M-990T, line 9 **3**

Part V Adjustments (income not subject to apportionment from M-990T, Line 13)

- 1** List item(s) and amount(s) of income not subject to apportionment (see instructions):

Item	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 1** Total Part V adjustments. Enter the amount on Form M-990T, line 13 **1**