



Form M-990T
Unrelated Business
Income Tax Return

2013
Massachusetts
Department of
Revenue

For calendar year 2013 or taxable year beginning 2013 and ending
Name of company Federal Identification number
Mailing address City/Town State Zip
Name of treasurer Is a Taxpayer Disclosure Statement enclosed?
Yes No

Excise Calculation

Use whole dollar method

Table with 20 rows for excise calculation. Columns include line number, description, and amount. Lines include: 1 Unrelated business taxable income, 2 Foreign, state or local income, 3 Section 168(k) depreciation adjustment, 4 Section 311 and 31K intangible expense add back adjustment, 5 Federal NOL add back adjustment, 6 Loss carryover deduction, 7 Section 31J and 31K interest expense add back adjustment, 8 Federal production activity add back adjustment, 9 Abandoned building renovation deduction, 10 Other adjustments, 11 Income subject to apportionment, 12 Income apportionment percentage, 13 Multiply line 11 by line 12, 14 Income not subject to apportionment, 15 Add lines 13 and 14, 16 Certified Massachusetts solar or wind power deduction, 17 Taxable income, 18 Multiply line 17 by .08, 19 Credit recapture, 20 Excise due before credits.

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

Table with 14 rows for credits. Columns include line number, description, and amount. Lines include: 21 Economic Opportunity Area Credit, 22 Economic Development Incentive Program Credit, 23 Investment Tax Credit, 24 Vanpool Credit, 25 Research Credit, 26 Harbor Maintenance Tax Credit, 27 Brownfields Credit, 28 Low-Income Housing Credit, 29 Historic Rehabilitation Credit, 30 Film Incentive Credit, 31 Medical Device Credit, 32 Employer Wellness Program Credit, 33 Life Science Company Tax Credit, 34 Total credits.

Under the 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) Social Security number Telephone number Date
Signature of paid preparer Employer Identification number Address Date

If you are signing as an authorized delegate of the appropriate corporate officer, check here [] 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.

Excise After Credits

35 Excise due before voluntary contribution. Subtract line 34 from line 20. Not less than "0"	35	
36 Voluntary contribution for endangered wildlife conservation	▶ 36	
37 Total excise plus voluntary contribution. Add lines 35 and 36	▶ 37	

Payments

38 2012 overpayment applied to 2013 estimated tax	▶ 38	
39 2013 Massachusetts estimated tax payments (do not include amount in line 38)	▶ 39	
40 Payment made with extension	▶ 40	
41 Pass-through entity withholding. Payer identification number ▶ _____	▶ 41	
42 Refundable film credit	▶ 42	
43 Refundable dairy credit. Certificate number ▶ _____	▶ 43	
44 Refundable life science credit	▶ 44	
45 Refundable economic development incentive program credit	▶ 45	
46 Refundable conservation land credit. Certificate number ▶ _____	▶ 46	
47 Total payments. Add lines 38 through 46	47	

Refund or Balance Due

48 Amount overpaid. Subtract line 37 from line 47	48	
49 Amount overpaid to be credited to 2014 estimated tax	▶ 49	
50 Amount overpaid to be refunded. Subtract line 48 from line 47	▶ 50	
51 Balance due. Subtract line 47 from line 37	51	
52 M-2220 penalty ▶ \$ _____; Other penalties ▶ \$ _____ Total penalty	52	
53 Interest on unpaid balance	▶ 53	
54 Total payment due at time of filing	▶ 54	