



Form M-990T-62

Exempt Trust and Unincorporated Association Income Tax Return

2014
Massachusetts
Department of
Revenue

For calendar year 2014 or taxable year beginning	2014 and ending	
Name of trust or unincorporated association	Employer Identification number	Unrelated business activity codes
Mailing address	City/Town	State Zip
Exempt under section ▶ <input type="checkbox"/> 501 <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)	Group exemption number ▶	Check organization type ▶ <input type="checkbox"/> 501(c) trust <input type="checkbox"/> Other trust
Describe the primary unrelated business activity of the trust or unincorporated association		
Books are in care of	Telephone number	
Name of treasurer	Is a Taxpayer Disclosure Statement enclosed? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	

5.2% Unrelated Trade or Business Income

Use whole dollar method

1 Gross profit (from U.S. Form 990-T, line 3)	▶	1	
2 5.2% long-term capital gain net income (from Massachusetts Form 2, Schedule D, line 18)	▶	2	
3 5.2% interest and dividend income (from Massachusetts Form 2, Schedule B, line 35)	▶	3	
4 Income (loss) from partnerships and S corporations (from U.S. Form 990-T, line 5. Do not include any interest or dividend income included in line 3)	▶	4	
5 Rent income (from U.S. Form 990-T, line 6)	▶	5	
6 Unrelated debt-financed income (from U.S. Form 990-T, line 7. Do not include any interest or dividend income included in line 3)	▶	6	
7 Interest, annuities, royalties, and rents from controlled organizations (from U.S. Form 990-T, line 8. Do not include any interest or dividend income included in line 3)	▶	7	
8 Investment income of a 501(c)(7), (9), or (17) organization (from U.S. Form 990-T, line 9. Do not include any interest or dividend income included in line 3)	▶	8	
9 Exploited exempt activity income (from U.S. Form 990-T, line 10. Do not include any interest or dividend income included in line 3)	▶	9	
10 Advertising income (from U.S. Form 990-T, line 11. Do not include any interest or dividend income included in line 3)	▶	10	
11 Other income (from U.S. Form 990-T, line 12. Do not include any interest or dividend income included in line 3)	▶	11	
12 5.2% unrelated trade or business income. Add lines 1 through 11. Not less than "0"	▶	12	

Deductions Not Taken Elsewhere and Massachusetts Adjustments

13 Total deductions (from U.S. Form 990-T, line 29)	▶	13	
14 Charitable contributions (from U.S. Form 990-T, line 20)	▶	14	
15 168(k) bonus depreciation (included on U.S. Form 990-T, line 21)	▶	15	
16 Production activity deduction (included on U.S. Form 990-T, lines 13 and 28)	▶	16	
17 Add lines 14 through 16	▶	17	
18 Subtract line 17 from line 13	▶	18	
19 Massachusetts deduction for amounts payable to or permanently set aside for charitable purposes	▶	19	
20 Total deductions after Massachusetts adjustments. Add lines 18 and 19	▶	20	

5.2% Tax

21 5.2% unrelated trade or business taxable income. Subtract line 20 from line 12. Not less than "0"	▶	21	
22 5.2% tax. Multiply line 21 by .052 (5.2%)	▶	22	

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 officer	Social Security number	Telephone number	Date
Signature of paid preparer	Employer Identification number	Address	Date

12% Unrelated Trade or Business Capital Gains

23 Total 12% capital gain net income (from Massachusetts Form 2, Schedule B, line 30) ▶ **23**

Excess Deductions

24 Excess deductions allowed against 12% unrelated trade or business capital gains. If line 20 is greater than 12, subtract line 12 from line 20 and enter the result here. Otherwise, enter "0" ▶ **24**

12% Tax

25 12% unrelated trade or business taxable capital gains. Subtract line 24 from line 23. Not less than "0" ▶ **25**
26 12% tax. Multiply line 25 by 12% ▶ **26**

Tax Before Credits

27 Credit recapture (Brownfields; Economic Opportunity Area; Low-Income Housing; Historic Rehabilitation) ▶ **27**
28 Additional tax on installment sales ▶ **28**
29 Total tax. Add lines 22 and 26 through 28 ▶ **29**

Credits

30 Credit for income taxes paid to other jurisdictions ▶ **30**
31 Lead Paint Credit ▶ **31**
32a Economic Opportunity Area Credit ▶ **32a**
32b Economic Development Incentive Program. Certificate number ▶ _____ ▶ **32b**
33 Brownfields Credit. Certificate number ▶ _____ ▶ **33**
34 Low-Income Housing Credit. Certificate number ▶ _____ ▶ **34**
35 Historic Rehabilitation Credit. Certificate number ▶ _____ ▶ **35**
36 Film Incentive. Certificate number ▶ _____ ▶ **36**
37 Medical Device Credit. Certificate number ▶ _____ ▶ **37**
38 Employer Wellness Program Credit. Certificate number ▶ _____ ▶ **38**
39 Total credits. Add lines 30 through 38 ▶ **39**
40 Tax after credits. Subtract line 39 from line 29 ▶ **40**

Payments

41 Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 1099-G and 1099-R) ▶ **41**
42 2013 overpayment applied to your 2014 estimated tax ▶ **42**
43 2014 Massachusetts estimated tax payments (do not include the amount in line 42) ▶ **43**
44 Payments made with extension ▶ **44**
45 Refundable film credit ▶ **45**
46 Refundable dairy credit. Certificate number ▶ _____ ▶ **46**
47 Refundable conservation tax credit. Certificate number ▶ _____ ▶ **47**
48 Refundable Community Investment tax credit. Certificate number ▶ _____ ▶ **48**
49 Payment with original return (use only if amending a return) ▶ **49**
50 Total tax payments. Add lines 41 through 49 ▶ **50**

Refund or Balance Due

51 Overpayment. If line 40 is smaller than line 50, subtract line 40 from line 50 and enter the result in line 51. If line 40 is larger than line 50, go to line 54 ▶ **51**
52 Amount of overpayment you want applied to your 2015 estimated taxes ▶ **52**
53 Amount of your refund. Subtract line 52 from line 51 ▶ **53**
54 Tax due. If line 40 is larger than line 50, subtract line 50 from line 40 ▶ **54**
55 M-2210F penalty ▶ \$ _____; Other penalties ▶ \$ _____ Total penalty ▶ **55**
56 Total payment due at time of filing ▶ **56**
57 Interest on unpaid balance ▶ **57**



Schedule B

Interest, Dividends and Certain Capital Gains and Losses

Name of estate or trust _____

Estate or trust employer identification number _____

1 Total interest (from U.S. Form 1041, line 1; or Form 1041-QFT, line 1a)	1	
2 Total dividends (from U.S. Form 1041, line 2a; or Form 1041-QFT, line 2a)	2	
3 Other interest and dividends not included above	3	
4 Total interest and dividends. Add lines 1 through 3.	4	
5 Interest on U.S. debt obligations included in line 4	5	
6 Interest from Massachusetts banks reported in Form 2, line 5 (5.2% income)	6	
7 Other exclusions (see instructions). Attach list of exclusions, if any	7	
8 Total adjustments. Add lines 5 through 7.	8	
9 Subtotal. Subtract line 8 from line 4.	9	
10 Allowable deductions from your trade or business (from Massachusetts Schedule C-2)	10	
11 Subtotal. Subtract line 10 from line 9	11	
12 Short-term capital gains (included in U.S. Form 1041, Schedule D, Part I, lines 1 through 5)	12	
13 Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 11)	13	
14 Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	14	
15 Add lines 12 through 14	15	
16 Allowable deductions from your trade or business (from Massachusetts Schedule C-2)	16	
17 Subtotal. Subtract line 16 from line 15	17	
18 Short-term capital losses (included in U.S. Form 1041, Schedule D, Part I, lines 1 through 5)	18	
19 Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	19	
20 Prior short-term losses for years beginning after 1981 (from 2013 Massachusetts Schedule B, line 41)	20	
21 Combine lines 17 through 20. If a positive amount, go to line 26. If the total is a loss, go to line 22	21	
22 Short-term capital losses applied against interest and dividends. Enter the smaller of line 11 or line 21 (as a positive amount). Not more than \$2,000	22	
23 Subtotal. Combine lines 21 and 22.	23	
24 Short-term capital losses applied against long-term capital gains	24	
25 Short-term losses available for carryover in 2015. Combine lines 23 and 24 and enter result here and in line 41, omit lines 26 through 29, enter "0" in line 30, and complete lines 31 through 40	25	
26 Short-term gains and long-term gains on collectibles. Enter amount from line 21. See instructions	26	
27 Long-term capital losses applied against short-term capital gains	27	
28 Subtotal. Subtract line 27 from line 26. Enter result here. If line 28 is "0," omit line 29, and enter "0" in line 30	28	
29 Long-term gains deduction. Complete only if lines 13 and 28 are greater than "0." If line 13 shows a gain, enter 50% of line 13 minus 50% of losses in lines 18, 19, 20 and 27, but not less than "0".	29	
30 Short-term gains after long-term gains deduction. Subtract line 29 from line 28.	30	
31 Enter the amount from line 11	31	
32 Short-term losses applied against interest and dividends. Enter the amount from line 22	32	
33 Subtotal. Subtract line 32 from line 31. See instructions	33	
34 Long-term losses applied against interest and dividends (from worksheet in instructions)	34	
35 Adjusted interest and dividends. Subtract line 34 from line 33.	35	
36 Adjusted gross interest, dividends and certain capital gains and losses. Add lines 30 and 35. Not less than "0"	36	
37 Expense and fiduciary compensation deduction. Attach Schedule H. (a) Expense deduction _____ (b) Fiduciary compensation _____ Total	37	
38 Taxable interest and dividends and certain capital gains. Subtract line 37 from line 36. Not less than "0".	38	
39 If line 38 is greater than or equal to line 11, enter the amount from line 11 here and on Form 2, line 14. If line 38 is less than line 11, enter line 38 here and on Form 2, line 14	39	
40 Taxable 12% capital gains. Subtract line 39 from line 38. Not less than "0." Enter result here and on Form 2, line 23.	40	
41 Available short-term losses for carryover in 2015. Enter amount from line 25 only if it is a loss	41	



2014

**Massachusetts
Department of
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Schedule D Capital Gains and Losses

Attach copy of U.S. Schedule D.

Name of estate or trust

Estate or trust employer identification number

1	Enter amounts included in U.S. Form 1041, Schedule D, lines 8 through 10, col. h	1	
2	Enter amounts included in U.S. Form 1041, Schedule D, line 11, col. h	2	
3	Enter amounts included in U.S. Form 1041, Schedule D, line 12, col. h	3	
4	Enter amounts included in U.S. Form 1041, Schedule D, line 13, col. h	4	
5	Enter amounts included in U.S. Form 1041, Schedule D, line 14, col. h	5	
6	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II (not included in lines 1 through 5). See instructions	6	
7	Carryover losses from prior years	7	
8	Combine lines 1 through 7	8	
9	Massachusetts differences, if any (enclose additional statement)	9	
10	Massachusetts 2014 gains or losses. Exclude/subtract line 9 from line 8	10	
11	Long-term gains on collectibles and pre-1996 installment sales. Also enter this amount in Schedule B, line 13	11	
12	Subtotal. Subtract line 11 from line 10	12	
13	Capital losses applied against capital gains	13	
14	Subtotal. If line 12 is less than "0," combine lines 12 and 13. If line 12 is greater than "0," subtract line 13 from line 12	14	
15	Long-term capital losses applied against interest and dividends (from worksheet in instructions)	15	
16	Subtotal. Combine lines 14 and 15	16	
17	Allowable deductions from your trade or business (from Massachusetts Schedule C-2)	17	
18	Subtotal. Subtract line 17 from line 16. Enter result here and on Form 2, line 31	18	
19	Long-term capital losses available for carryover in 2015, if any	19	