



Form M-990T
Unrelated Business
Income Tax Return

2014
Massachusetts
Department of
Revenue

For calendar year 2014 or taxable year beginning

2014 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, including items like Unrelated business taxable income, foreign taxes, depreciation adjustments, and taxable income.

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

Table with 15 rows for credits, including Economic Opportunity Area Credit, Economic Development Incentive Program Credit, Investment Tax Credit, etc.

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**

<b>36</b> Excise due before voluntary contribution. Subtract line 35 from line 20. Not less than "0" . . . . .	<b>36</b>	
<b>37</b> Voluntary contribution for endangered wildlife conservation . . . . .	<b>▶ 37</b>	
<b>38</b> Total excise plus voluntary contribution. Add lines 36 and 37 . . . . .	<b>▶ 38</b>	

**Payments**

<b>39</b> 2013 overpayment applied to 2014 estimated tax . . . . .	<b>▶ 39</b>	
<b>40</b> 2014 Massachusetts estimated tax payments (do not include amount in line 39) . . . . .	<b>▶ 40</b>	
<b>41</b> Payment made with extension . . . . .	<b>▶ 41</b>	
<b>42</b> Pass-through entity withholding. Payer identification number ▶ _____ . . . . .	<b>▶ 42</b>	
<b>43</b> Refundable film credit . . . . .	<b>▶ 43</b>	
<b>44</b> Refundable dairy credit. Certificate number ▶ _____ . . . . .	<b>▶ 44</b>	
<b>45</b> Refundable life science credit. . . . .	<b>▶ 45</b>	
<b>46</b> Refundable economic development incentive program credit. . . . .	<b>▶ 46</b>	
<b>47</b> Refundable conservation land credit. Certificate number ▶ _____ . . . . .	<b>▶ 47</b>	
<b>48</b> Refundable community investment credit. Certificate number ▶ _____ . . . . .	<b>▶ 48</b>	
<b>49</b> Total payments. Add lines 39 through 48 . . . . .	<b>49</b>	

**Refund or Balance Due**

<b>50</b> Amount overpaid. Subtract line 38 from line 49 . . . . .	<b>50</b>	
<b>51</b> Amount overpaid to be credited to 2015 estimated tax . . . . .	<b>▶ 51</b>	
<b>52</b> Amount overpaid to be refunded. Subtract line 51 from line 50 . . . . .	<b>▶ 52</b>	
<b>53</b> Balance due. Subtract line 49 from line 38 . . . . .	<b>53</b>	
<b>54</b> M-2220 penalty ▶ \$ _____; Other penalties ▶ \$ _____ . . . . . Total penalty	<b>54</b>	
<b>55</b> Interest on unpaid balance . . . . .	<b>▶ 55</b>	
<b>56</b> Total payment due at time of filing . . . . .	<b>▶ 56</b>	