



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

2016

For calendar year 2016 or taxable period beginning _____ **and ending** _____

Name of company _____ Federal Identification number _____

Mailing address _____

City/Town _____ State _____ Zip _____ Phone number _____

Name of treasurer _____ Fill in if a Taxpayer Disclosure Statement is enclosed

Fill in if:
 Amended return (see "Amended return" in instructions) Federal amendment Federal audit Final return

Exempt under IRC section (fill in one only)
 501 408(e) 408A 529(a) 220(e) 530(a)

Organization type (fill in one only)
 Organization type 501(c) corporation 501(c) trust 401(a) trust Other

Excise calculation. Use whole dollar method.

1 Unrelated business taxable income (from U.S. Form 990T, line 34)	▶ 1	<input type="text"/>
2 Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 2	<input type="text"/>
3 Section 168(k) "bonus" depreciation adjustment	▶ 3	<input type="text"/>
4 Section 311 and 31K intangible expense add back adjustment	▶ 4	<input type="text"/>
5 Federal NOL add back adjustment (from U.S. Form 990T, line 31).	▶ 5	<input type="text"/>
6 Section 31J and 31K interest expense add back adjustment	▶ 6	<input type="text"/>
7 Federal production activity add back adjustment	▶ 7	<input type="text"/>
8 Abandoned Building Renovation deduction. Total cost <input type="text"/> × .10 =	▶ 8	<input type="text"/>
9 Other adjustments, including research and development expenses (enclose explanation)	▶ 9	<input type="text"/>
10 Income subject to apportionment. See instructions	▶ 10	<input type="text"/>
11 Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 11	<input type="text"/>
12 Multiply line 10 by line 11	▶ 12	<input type="text"/>
13 Income not subject to apportionment.	▶ 13	<input type="text"/>
14 Add lines 12 and 13	▶ 14	<input type="text"/>
15 Certified Massachusetts solar or wind power deduction	▶ 15	<input type="text"/>
16 Taxable income before net operating loss deduction	▶ 16	<input type="text"/>

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 corporate officer (see instructions) _____ Date _____ Social Security number _____ Phone number _____

Signature of paid preparer _____ Date _____ Employer Identification number _____ Address _____

If you are signing as an authorized delegate of the appropriate corporate officer, fill in oval 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.**



Name of company

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Excise calculation (cont'd.)

- 17 Loss carryover deduction (from Schedule NOL) ▶ 17
- 18 Taxable income. Subtract line 17 from line 16 ▶ 18
- 19 Multiply line 18 by .08 ▶ 19
- 20 Credit recapture (enclose Credit Recapture Schedule) 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 Economic Opportunity Area Credit (from Schedule EOAC) ▶ 22
- 23 Economic Development Incentive Program Credit Certificate number ▶ ▶ 23
- 24 Investment Tax Credit (from Schedule H) ▶ 24
- 25 Vanpool Credit (from Schedule VP) ▶ 25
- 26 Research Credit (from Schedule RC) ▶ 26
- 27 Harbor Maintenance Tax Credit (from Schedule HM, line 23) ▶ 27
- 28 Brownfields Credit Certificate number ▶ ▶ 28
- 29 Low-Income Housing Credit Building Identification number ▶ ▶ 29
- 30 Historic Rehabilitation Credit Certificate number ▶ ▶ 30
- 31 Film Incentive Credit Certificate number ▶ ▶ 31
- 32 Medical Device Credit Certificate number ▶ ▶ 32
- 33 Employer Wellness Program Credit Certificate number ▶ ▶ 33
- 34 Certified Housing Development Credit Certificate number ▶ ▶ 34
- 35 Life Science Company Tax Credit ▶ 35
- 36 Total credits. Add lines 22 through 35 ▶ 36

Excise after credits

- 37 Excise due before voluntary contributions. Subtract line 36 from line 21. Not less than "0" ▶ 37
- 38 Voluntary contribution for endangered wildlife conservation ▶ 38
- 39 Total excise plus voluntary contribution. Add lines 37 and 38 ▶ 39



Name of company

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Payments

- 40 2015 overpayment applied to 2016 estimated tax. ▶ 40
- 41 2016 Massachusetts estimated tax payments (do not include amount in line 40) ▶ 41
- 42 Payment made with extension. ▶ 42
- 43 Pass-through entity withholding Payer Identification number ▶ ▶ 43
- 44 Refundable film credit. ▶ 44
- 45 Refundable Dairy Credit Certificate number ▶ ▶ 45
- 46 Refundable life science credit ▶ 46
- 47 Refundable economic development incentive program credit. ▶ 47
- 48 Refundable Conservation Land Credit Certificate number ▶ ▶ 48
- 49 Refundable Community Investment Credit Certificate number ▶ ▶ 49
- 50 Total payments. Add lines 40 through 49 50

Refund or balance due

- 51 Amount overpaid. Subtract line 39 from line 50 51
- 52 Amount overpaid to be credit to 2017 estimated tax. ▶ 52
- 53 Amount overpaid to be refunded. Subtract line 52 from line 51 ▶ 53
- 54 Balance due. Subtract line 50 from line 39 ▶ 54
- 55a M-2220 penalty ▶ 55a
- 55b Other penalties. ▶ 55b
- 55 Total penalty. Add lines 55a and 55b. 55
- 56 Interest on unpaid balance. ▶ 56
- 57 Total payment due at time of filing ▶ 57