

**Massachusetts Department of Revenue** 

# Schedule ABI

Exceptions to the Add Back of Interest Expenses

2018

terest expenses and costs. Complete a separate a			-
Name of taxpayer	Federal Identification number	For tax year beginning	Ending
Related member reporting the income	Federal Identification number	For tax year beginning	Ending
Name of jurisdiction(s) in which related member is taxed on	net income (if applicable)	Unitary business identifie	r
Principal reporting corporation (if applicable)	Federal Identification number	For tax year beginning	Ending
Deduction claimed is taken on:			
○ Form 355U, Schedule U-E ○ Form 355U, S	chedule U-MTI O Form 355 or 355S, Sche	edule E O Other	
Total Exceptions Claimed			
1 Amount from Exception 1, line 7		1	
2 Amount from Exception 2, line15f			
<b>3</b> Amount from Exception 3, line 1			
•			
4 Total add back exception claimed. Add lines 1 the	ough 3. Enter here and on appropriate corpora		
Exception 1. Full exception for interest paid.	accrued or incurred to a related member that is	s taxed at a similar rate.	
1 Amount of deductible interest expense or cost cla	aimed by taxpayer	1	
2 Actual tax rate applied to taxpayer (from Forms 3	355, 355U, 355S or 63 Fl)		
<b>3</b> Tax rate(s) applied to the corresponding interest of a jurisction in which the related member is filin			
<b>3a</b> Tax rate from related member's return	•••••••••••••••••••••••••••••••••••••••	3a	
<b>3b</b> Tax rate from related member's return			
<b>3c</b> Tax rate from related member's return		3c	
<b>3d</b> Tax rate from related member's return			
<b>3e</b> Tax rate from related member's return			
4 Related member apportionment percentage(s) for			
member is taxable in only one jurisdiction and the			
4a Related member's apportionment percentag	e	4a	
4b Related member's apportionment percentag	9	4b	
4c Related member's apportionment percentage	e	4c	
4d Related member's apportionment percentag	e		
4e Related member's apportionment percentage	9		



## 2018 SCHEDULE ABI, PAGE 2

me of taxpayer	Federal Identification number	For tax year beginning Ending
xception 1 (cont'd.)		
Multiply line 3 by line 4. Where the responses from lines 3 and 4.	e related member is taxed in more than one jurisdiction, multip	bly the respective
5a		5a
5b		5b
5c		5c
5d		5d
5e Apportioned tax rate		5e
5f Add lines 5a through 5e		5f
Subtract line 5f from line 2		6
7 Exception amount claimed. If line 6	6 is equal to or less than .03, enter the amount from line 1 her	re and in Total
	vise, enter "0"	
vention 2 Dartial averation	n for interest paid, accrued or incurred to a related member.	
o not complete this section if you hav pomplete this section only if the interest plicable, the tax reported by the rela	ve claimed Exception 1 as to the same interest expense or cost st expense or cost was reported as income by the related mented ted member on that return exceeded the minimum tax.	mber and, if
Amount of deductible interest expe	ense or cost claimed by taxpayer	1
	age from apportionment schedule, line 5. Enter "1" if an appor	
	Forms 355, 355U, 355S or 63 FI)	
·	rred to related member by all other related members including	
/ Divide line 1 by line 6		7
	the related member is taxed, enter the related member's net ich the related entity is filing with the taxpayer on a combined	
<b>8a</b> Related member's net income		-
8b Related member's net income	•••••••••••••••••••••••••••••••••••••••	
8c Related member's net income	•••••••••••••••••••••••••••••••••••••••	8c
8d Related member's net income	•	
8e Related member's net income		
	e related member is taxed in more than one jurisdiction, multip	
responses from lines 7 and 8.	ייסומנים חופוושבי וא נמאבע ווי חוטרפ נוזמרו טוופ שוואטוכעטון, חועועף	"y uto respective
9a		9a
9b		9b
9c		9c
04		
9d	• • • • • • • • • • • • • • • • • • • •	



## 2018 SCHEDULE ABI, PAGE 3

Name of	taxpayer
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Federal Identification number

For tax year beginning Ending

## Exception 2 (cont'd.)

<b>10</b> For each jurisdiction referenced in line 8, enter amount from line 1 or line 9, whichever is lesser.	
10a	
10ь	
10c	
10d	
10e	
<b>11</b> Provide related member apportionment percentages for jurisdiction(s) referenced in line 8. Enter "1" if the related member is taxable in only one jurisdiction and therefore not subject to apportionment.	
<b>11a</b> Related member's apportionment percentage <b>11a</b>	
11b Related member's apportionment percentage11b	
11c Related member's apportionment percentage11c	
11d Related member's apportionment percentage11d	
11e Related member's apportionment percentage 11e	
<b>12</b> Multiply line 10 by line 11. Where the related member is taxed in more than one jurisdiction, multiply the respective responses from lines 10 and 11.	
12a	
12b	
12c	
12d	
12e	
<b>13</b> For each jurisdiction referenced in line 8, enter tax rate(s) applied to the related entity.	
13a Related entity's tax rate	
13b Related entity's tax rate	
13c Related entity's tax rate	
13d Related entity's tax rate	
13e Related entity's tax rate	
<b>14</b> Divide each rate in line 13 by line 4. Do not enter more than "1".	
14a	
14b	
14c	
14d	
14e	



#### 2018 SCHEDULE ABI, PAGE 4

Name o	f taxpayer
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Federal Identification number

For tax year beginning Ending

#### Exception 2 (cont'd.)

15	5 Exception amount claimed. Multiply line 12 by line 14. Where the related member is taxed in more than one juris- diction, multiply the respective responses from lines 12 and 14. Enter here and in Total Exceptions Claimed, line 2.		
	15a		
	15b		
	15c		
	15d		

<b>15f</b> Add lines 15a through 15e <b>15f</b>	

#### **Exception 3.** Exception based on supporting statement.

Taxpayer must prepare with its tax return and make available to the Commissioner upon request a supporting statement prepared in accordance with the Department's public written statements. All double tax exception claims must be made by answering the questions in Exception 1 or 2.

Ba	sis for this claim (fill in only one): $\bigcirc$ Business purpose or economic substance $\bigcirc$ Section 31K foreign treaty exception	
1	Amount of deductible interest claimed by taxpayer. Enter here and in Total Exceptions Claimed, line 3	
2	Name of the related member to which the taxpayer paid, accrued or incurred the interest expense or cost >	_
3	Federal Identification number of the related member to which taxpayer paid, accrued or incurred the interest expense or cost	]
4	Date the underlying debt or liability was originally incurred (if the expense or cost was paid, accrued or incurred pursuant to a note or similar obligation, date of the note or instrument)	
5	Dollar amount of the underlying debt or liability as originally incurred	
6	Outstanding dollar amount of debt or liability at the end of tax year covered by this return	
7	If the underlying debt or liability has a fixed term, enter the termination date	
8	Interest rate on the underlying debt or liability (if a variable rate, enter effective date for the period covered by this return) 8	
9	If the taxpayer is seeking section 31K exception, enter name of the foreign nation in which the related member is resident	]
10	Fill in if interest expense or cost paid, accrued or incurred was pursuant to a note or similar instrument	)
11	Fill in if answer to line 10 is Yes and the interest expense or cost paid, accrued or incurred was in connection with a dividend note or similar instrument	)
12	Fill in if taxpayer asserted an add back exception in connection with the debt or liability on its Massachusetts tax return for a prior year	)
13	Fill in if interest expense or cost was actually paid (e.g., as opposed to accrued)	)
14	Fill in if answer to line 13 is Yes and the amount paid was substantially returned to the taxpayer, either directly or indirectly, during the tax year (e.g., through the means of a dividend, loan, etc.)	)
15	Fill in if underlying transaction was entered into in whole or in part on the advice of a tax advisor	)
16	Fill in if reduction of tax was a principal purpose for the underlying transactionC	)
17	Fill in if interest expense or cost was result of the taxpayer participating in a cash management, cash sweep or similar arrangement or system C	)
18	Fill in if amount of interest expense or cost was the result of or supported by a written study or appraisal	)
19	Provide greater detail, if necessary, concerning Exception 3 claim	_