



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

**2019**

**For calendar year 2019 or taxable period beginning**

**2019 and ending**

**Most corporate excise taxpayers, including tax-exempt corporations and trusts, are subject to the electronic filing requirements. See Technical Information Release 16-9.**

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)

501(c) corporation     501(c) trust     401(a) trust     Other

**Excise calculation.** Use whole dollar method.

<b>1</b> Unrelated business taxable income (from U.S. Form 990T, line 39) . . . . .	<b>▶ 1</b>	<input type="text"/>
<b>2</b> Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income. . . . .	<b>▶ 2</b>	<input type="text"/>
<b>3</b> Section 168(k) "bonus" depreciation adjustment. . . . .	<b>▶ 3</b>	<input type="text"/>
<b>4</b> Section 311 and 31K intangible expense add back adjustment. . . . .	<b>▶ 4</b>	<input type="text"/>
<b>5</b> Federal NOL add back adjustment (See instructions). . . . .	<b>▶ 5</b>	<input type="text"/>
<b>6</b> Section 31J and 31K interest expense add back adjustment. . . . .	<b>▶ 6</b>	<input type="text"/>
<b>7</b> Reserved for future use. . . . .	<b>▶ 7</b>	<input type="text"/>
<b>8</b> Abandoned Building Renovation deduction. . . . . Total cost <input type="text"/> × .10 =	<b>▶ 8</b>	<input type="text"/>
<b>9</b> Other adjustments, including research and development expenses (enclose explanation). . . . .	<b>▶ 9</b>	<input type="text"/>
<b>10</b> Income subject to apportionment. See instructions. . . . .	<b>▶ 10</b>	<input type="text"/>
<b>11</b> Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies). . . . .	<b>▶ 11</b>	<input type="text"/>
<b>12</b> Multiply line 10 by line 11. . . . .	<b>▶ 12</b>	<input type="text"/>
<b>13</b> Income not subject to apportionment. . . . .	<b>▶ 13</b>	<input type="text"/>
<b>14</b> Add lines 12 and 13. . . . .	<b>▶ 14</b>	<input type="text"/>
<b>15</b> Certified Massachusetts solar or wind power deduction. . . . .	<b>▶ 15</b>	<input type="text"/>
<b>16</b> Taxable income before net operating loss deduction. . . . .	<b>▶ 16</b>	<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

Phone

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

Federal Identification number

**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 Schedule CRS) 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 Total credits. Enclose Schedule CMS. . . . . ▶ 22

**Excise after credits**

- 23 Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0". . . . . 23
- 24 Voluntary contribution for endangered wildlife conservation. . . . . ▶ 24
- 25 Total excise plus voluntary contribution. Add lines 23 and 24. . . . . ▶ 25

**Payments**

- 26 2018 overpayment applied to 2019 estimated tax. . . . . ▶ 26
- 27 2019 Massachusetts estimated tax payments (do not include amount in line 26). . . . . ▶ 27
- 28 Payment made with extension. . . . . ▶ 28
- 29 Payment with original return. Use only if amending a return. . . . . ▶ 29
- 30 Pass-through entity withholding. . . . . Payer Identification number ▶  ▶ 30
- 31 Total refundable credits. Enclose Schedule CMS. . . . . ▶ 31
- 32 Total payments. Add lines 26 through 31. . . . . 32

**Refund or balance due**

- 33 Amount overpaid. Subtract line 25 from line 32. . . . . 33
- 34 Amount overpaid to be credited to 2020 estimated tax. . . . . ▶ 34
- 35 Amount overpaid to be refunded. Subtract line 34 from line 33. . . . . ▶ 35
- 36 Balance due. Subtract line 32 from line 25. . . . . ▶ 36
- 37a M-2220 penalty. . . . . ▶ 37a
- 37b Other penalties. . . . . ▶ 37b
- 37 Total penalty. Add lines 37a and 37b. . . . . 37
- 38 Interest on unpaid balance. . . . . ▶ 38
- 39 Total payment due at time of filing. . . . . ▶ 39