



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

2020

For calendar year 2020 or taxable year beginning

2020 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	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 instructions) ☐ Federal amendment ☐ Federal audit ☐ Final return ☐ Enclosing Schedule FCI			
Fill in if ☐ 501 ☐ 408(e) ☐ 408A ☐ 529(a) ☐ 220(e) ☐ 530(a)			
Fill in if ☐ 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 990-T, Schedule A, Part II, line 18) See instructions	▶	1	
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶	2	
3	Section 168(k) "bonus" depreciation adjustment.	▶	3	
4	Section 31I and 31K intangible expense add back adjustment.	▶	4	
5	Federal NOL add back adjustment (from U.S. Form 990-T, Schedule A, Part II, line 17) See instructions.	▶	5	
6	Section 31J and 31K interest expense add back adjustment.	▶	6	
7	Reserved for future use	▶	7	
8	Abandoned Building Renovation deduction. Total cost × .10 =	▶	8	
9	Other adjustments, including research and development expenses (enclose explanation)	▶	9	
10	Income subject to apportionment. See instructions	▶	10	
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies).	▶	11	
12	Multiply line 10 by line 11	▶	12	
13	Income not subject to apportionment	▶	13	
14	Add lines 12 and 13	▶	14	
15	Certified Massachusetts solar or wind power deduction.	▶	15	
16	Taxable income before net operating loss deduction	▶	16	

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
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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 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	
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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 2019 overpayment applied to 2020 estimated tax.	▶ 26	
27 2020 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 2021 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	