CAUTION: This tax return must be filed electronically.

Paper versions of this return will not be accepted.

If you have questions about filing electronically, contact us at 617-887-6367.

See <u>https://www.mass.gov/info-details/dor-e-filing-and-payment-</u> <u>requirements</u> for further information about our electronic filing and payment requirements.



Massachusetts Department of Revenue

Schedule ABI

Exceptions to the Add Back of Interest Expenses

2021

ame of taxpayer	Federal Identification number	For tax year beginning	Ending
elated member reporting the income	Federal Identification number	For tax year beginning	Ending
ame of jurisdiction(s) in which related member is taxed on ne	et income (if applicable)	Unitary business identifier	
incipal reporting corporation (if applicable)	Federal Identification number	For tax year beginning	Ending
eduction claimed is taken on:			
Form 355U, Schedule U-E O Form 355U, Scl	hedule U-MTI O Form 355 or 355S, Sch	nedule E O Other	
otal Exceptions Claimed		<u>~</u> ~	
Amount from Exception 1, line 7		1	
2 Amount from Exception 2, line15f	<u> </u>		
3 Amount from Exception 3, line 1			
4 Total add back exception claimed. Add lines 1 thro	ugh 3. Enter here and on appropriate corpor	ate return 4	All a
 Amount of deductible interest expense or cost claim Actual tax rate applied to taxpayer (from Forms 35 Tax rate(s) applied to the corresponding interest in of a jurisdiction in which the related member is filin 	i5, 355U, 355S or 63 FI)	00 not enter the tax rate	0
3a Tax rate from related member's return			
3b Tax rate from related member's return			
3c Tax rate from related member's return	Ç ^V .		
3d Tax rate from related member's return.			
3e Tax rate from related member's return	·····	Зе	
4 Related member apportionment percentage(s) for member is taxable in only one jurisdiction and ther		"1" if the related	
4a Related member's apportionment percentage.	·····	4a	
4b Related member's apportionment percentage.			
4c Related member's apportionment percentage.			
4d Related member's apportionment percentage.			
4e Related member's apportionment percentage.	1 Pro		
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2021 SCHEDULE ABI, PAGE 2

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Name of taxpayer	Federal Identification number	For tax year beginning	Ending
 Exception 1 (cont'd.) 5 Multiply line 3 by line 4. Where the related m responses from lines 3 and 4. 	ember is taxed in more than one jurisdiction, multip	oly the respective	
1		5a	
5b			
5c			
5e Apportioned tax rate			
-			
	o or less than .03, enter the amount from line 1 he "0"		
Do not complete this section if you have claimed Complete this section only if the interest expense applicable, the tax reported by the related member	st paid, accrued or incurred to a related member. Exception 1 as to the same interest expense or co e or cost was reported as income by the related me er on that return exceeded the minimum tax. st claimed by taxpayer.	mber and, if	atio
was not filed.	pportionment schedule, line 5. Enter "1" if an appo		<i>0⁽¹⁾</i>
3 Multiply line 1 by line 2			
4 Tax rate applied to taxpayer (from Forms 355	5, 355U, 355S or 63 Fl)		
5 Multiply line 3 by line 4			
6 Total interest expense or cost incurred to rela	ted member by all other related members including	g taxpayer 6	
7 Divide line 1 by line 6.			
-	d member is taxed, enter the related member's net ated entity is filing with the taxpayer on a combined		
8a Related member's net income.	······	8a	
8b Related member's net income		8b	
8c Related member's net income		8c	
8d Related member's net income		8d	
8e Related member's net income		8e	
9 Multiply line 7 by line 8. Where the related m responses from lines 7 and 8.	ember is taxed in more than one jurisdiction, multip	oly the respective	
9a	·····	9a	
9b		9b	
9c		9c	
9d		 	
9e		9e	



2021 SCHEDULE ABI, PAGE 3

Name of	taxpayer
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Federal Identification number

For tax year beginning Ending

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Exception	2 (cont'd.)
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10	For each jurisdiction referenced in line 8, enter amount from line 1 or line 9, whichever is lesser.		
	10a	10a	
	10ь	10b	
	10c	10c	
	10d	10d	
	10e	10e	
11	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.		[]
	11a Related member's apportionment percentage.		
	11b Related member's apportionment percentage.		
	11c Related member's apportionment percentage.		
	11d Related member's apportionment percentage.		
	11e Related member's apportionment percentage.	11e	
12	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.		- Alle
	12a		
	12b	1 2b	
	12c	12c*	
	12d	12d	
	12e	12e	
13	For each jurisdiction referenced in line 8, enter tax rate(s) applied to the related entity.		
	13a Related entity's tax rate.	13a	
	13b Related entity's tax rate.	13b	
	13c Related entity's tax rate.	13c	
	13d Related entity's tax rate.	13d	
	13e Related entity's tax rate	13e	
14	Divide each rate in line 13 by line 4. Do not enter more than "1".		
	14a	14a	
	14b	14b	
	14c	14c	
	14d	14d	
	14e	14e	
	No.		
	C ^O		



2021 SCHEDULE ABI, PAGE 4

Na	ne of taxpayer	Federal Identification number	For tax year beginning	Endi
E	ception 2 (cont'd.)			
15 Exception amount claimed. Multiply line 12 by line 14. Where the related member is taxed in more than o diction, multiply the respective responses from lines 12 and 14. Enter here and in Total Exceptions Claimed				
	15a		15a	
	15b		15b	
	15c		15c	
	15d		15d	
	15e		15e	

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): O Business purpose or economic substance O Section 31K foreign treaty exception
1	Amount of deductible interest claimed by taxpayer. Enter here and in Total Exceptions Claimed Line 3
	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.
	If the underlying debt or liability has a fixed term, enter the termination date
	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
	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 transaction.
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.
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

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