

## Massachusetts Department of Revenue Form M-990T-62

## **Exempt Trust and Unincorporated Association Income Tax Return**

2022

For calendar year 2022 or taxable period beginning	and ending				
Name of trust or unincorporated association	Employer Identification number		Unr	Unrelated business activity codes	
Mailing address					
City/Town	State	Zip	Pho	ne	
Exempt under IRC section (fill in one only)	00 0 5004 0	000 0 500	Group exemption numb	er Organization type	
○ 501( ) ( ) (Enter IRC section number) ○ 408A ○ 52  Describe the primary unrelated business activity of the trust or uninc				501(c) trust Other tr	
become the primary difference business details, or the fluor of difference	orporatoa accosto				
Books are in care of			Pho	ne	
Name of treasurer	Fill in if filir	ng Schedule TDS			
	$\circ$				
Number of employees in Massachusetts	Number of	employees worldwide			
Fill in if					
☐ Amended return (see instructions) ☐ Federal amendment ☐ A	Amended return d	ue to IRS BBA Partner	ship Audit O Final retu	ırn	
5.0% unrelated trade or business in	come*				
1 Gross profit (from U.S. Form 990-T, Schedule A, Part I, I				1	
2 5.0% long-term capital gain net income (from Form 2, S	schedule D, line	18)		2	
3 5.0% interest and dividend income (from Form 2, Sched					
4 Income (loss) from partnerships and S corporations (fro any interest or dividend income included in line 3)					
5 Rent income (from U.S. Form 990-T, Schedule A, Part I,	line 6)			5	
<b>6</b> Unrelated debt-financed income (from U.S. Form 990-T, dividend income included in line 3)	Schedule A, Pa	art I, line 7. Do not in	clude any interest or		
7 Interest, annuities, royalties, and rents from controlled or Do not include any interest or dividend income included	rganizations (fro	om U.S. Form 990-T	, Schedule A, Part I,	ine 8.	
8 Investment income of an IRC § 501(c)(7), (9), or (17) org Do not include any interest or dividend income included	ganization (from	U.S. Form 990-T, S	Schedule A, Part I, lin	e 9.	
<b>9</b> Exploited exempt activity income (from U.S. Form 990-T dividend income included in line 3)	T, Schedule A, P	art I, line 10. Do not	include any interest	or	
10 Advertising income (from U.S. Form 990-T, Schedule A, income included in line 3)	Part I, line 11. D	o not include any ir	nterest or dividend		
11 Other income (from U.S. Form 990-T, Schedule A, Part I included in line 3)	I, line 12. Do no	t include any interes	st or dividend income		
12 5.0% unrelated trade or business income. Add lines 1 th	nrough 11. Not le	ss than 0		12	
Note: An organization with more than one unrelated trade or business Declaration	s snould enter the s	sum of the positive amo	ounts from all U.S. Form §	990-1, Schedule A, on the relevant line ite	
declare under the pains and penalty of perjury that to the	ne hest of my b	nowledge the info	rmation contained h	erein is accurate and complete	
Signature of appropriate corporate officer (see instructions)	Date	Social Security n		Phone	

Act Notice is available upon request. Mail to Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.



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Name of trust or unincorporated association Employer Identification number Unrelated business activity codes **Deductions not taken elsewhere and Massachusetts adjustments**\* 17 Reserved for future use \*Note: An organization with more than one unrelated trade or business should enter the sum of the positive amounts from all U.S. Form 990-T, Schedule A, on the relevant line items. 5.0% tax 12% unrelated trade or business capital gains 23 Total 12% capital gain net income (from Form 2, Schedule B, line 30)..... **Excess deductions** 24 Excess deductions allowed against 12% unrelated trade or business capital gains. If line 20 is greater than 12, subtract line 12 from line 20 and enter the result here. Otherwise, enter 0..... 12% tax Tax before credits 29 Total tax. Add lines 22 and 26 through 28..... **Credits** 



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Employer Identification number Name of trust or unincorporated association Unrelated business activity codes **Payments** 39 **39** Payments made with extension ...... 40 Refundable credits (from Schedule CMS)..... Refund or balance due 43 Overpayment. If line 35 is smaller than line 42, subtract line 35 from line 42 and enter the result in line 43. If line 35 is larger than line 42, go to line 46 ..... 44 Amount of overpayment you want applied to your 2023 estimated taxes...... 47 M-2210F penalty; Other penalties. Total penalty. 48 48 Total payment due at time of filing ......