



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

2022

For calendar year 2022 or taxable year beginning

2022 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 corporation

Federal Identification number

Mailing address

City/Town

State

Zip

Taxpayer's books are in care of

Telephone number

Number of employees in Massachusetts

Number of employees worldwide

Fill in if (see instructions)

- ☐ Initial return ☐ Final return ☐ Name change ☐ Address change ☐ Amended return (see instructions) ☐ Amended return due to federal change
☐ Amended return due to federal audit ☐ Amended return due to IRS BBA Partnership Audit ☐ Enclosing Schedule DRE ☐ Enclosing Schedule FCI
☐ Enclosing Schedule TDS ☐ S election termination or revocation ☐ Member of a lower-tier entity

Fill in if

- ☐ 501(c)(3) ☐ 501() () (Enter IRC section number) See instructions

Fill in if the corporation was a subsidiary in an affiliated group or a parent-subsidary controlled group during the taxable year ☐

Name of parent corporation

Federal Identification number of parent corporation

Unrelated Business Income. Use whole dollar method.

1	Unrelated business taxable income (from Schedule E, Part II, line 18). See instructions.	1	<input type="text"/>
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	<input type="text"/>
3	Section 168(k) "bonus" depreciation adjustment. See instructions	3	<input type="text"/>
4	Section 31I and 31K intangible expense add back adjustment. See instructions.	4	<input type="text"/>
5	Section 31J and 31K interest expense add back adjustment	5	<input type="text"/>
6	Federal NOL add back adjustment (from Schedule E, Part II, line 17). See instructions	6	<input type="text"/>
7	State and municipal bond interest not included in U.S. net income	7	<input type="text"/>
8	Other adjustments (from Schedule E, Part III, line 4). See instructions	8	<input type="text"/>
9	Income subject to apportionment. See instructions	9	<input type="text"/>
10	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	10	<input type="text"/>
11	Multiply line 9 by line 10.	11	<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 officer (see instructions)	Date / /	Print paid preparer's name	Preparer's PTIN
Title	Date / /	Paid preparer's phone ()	Paid preparer's EIN
Fill in if you are signing as an authorized delegate of the appropriate corporate officer <input type="radio"/> (enclose Form M-2848)		Paid preparer's signature	Date <input type="radio"/> Fill in if self-employed / /
Taxpayer's e-mail address			



Name of corporation	Federal Identification number
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Unrelated Business Income (cont'd.)

12	Income not subject to apportionment (from Schedule E, Part IV). See instructions	12	
13	Add lines 11 and 12	13	
14	Certified Massachusetts solar or wind power deduction	14	
15	Taxable income before net operating loss deduction. Subtract line 14 from line 13	15	
16	Loss carryover deduction (from Schedule NOL)	16	
17	Taxable income. Subtract line 16 from line 15	17	

Excise before credits

18	Multiply line 17 by .08	18	
19	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales. See instructions	19	
20	Excise due before credits. Add lines 18 and 19	20	

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

21	Total credits. Enclose Schedule CMS	21	
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Excise after credits

22	Excise due before voluntary contributions. Subtract line 21 from line 20. Not less than "0"	22	
23	Voluntary contribution for endangered wildlife conservation	23	
24	Total excise plus voluntary contribution. Add lines 22 and 23	24	

Payments

25	2021 overpayment applied to 2022 estimated tax	25	
26	2022 Massachusetts estimated tax payments (do not include amount in line 25)	26	
27	Payment made with extension	27	
28	Payment with original return. Use only if amending a return	28	
29	Pass-through entity withholding	Payer Identification number	
30	Total refundable credits. Enclose Schedule CMS	30	
31	Total payments. Add lines 25 through 30	31	

Refund or balance due

32	Amount overpaid. Subtract line 24 from line 31	32	
33	Amount overpaid to be credited to 2023 estimated tax	33	
34	Amount overpaid to be refunded. Subtract line 33 from line 32	34	
35	Balance due. Subtract line 31 from line 24	35	
36a	M-2220 penalty	36a	
36b	Other penalties	36b	
36	Total penalty. Add lines 36a and 36b	36	
37	Interest on unpaid balance	37	
38	Total payment due at time of filing	38	



Massachusetts Department of Revenue
Schedule E (Form M-990T)

2022

Name of corporation

Federal Identification number

Part I Unrelated Trade or Business Income (from U.S. Form 990T, Schedule A, Part I)

1a Gross receipts or sales	1a	
1b Less returns and allowances	1b	
1c Balance. Subtract line 1b from line 1a	1c	
2 Cost of goods sold	2	
3 Gross profit. Subtract line 2 from line 1c	3	
4a Capital gain net income (attach Schedule D. From U.S. Form 1120). See instructions.	4a	
4b Net gain or loss from U.S. Form 4797 (attach U.S. Form 4797). See instructions	4b	
4c Unused capital loss carryover	4c	
4d Balance. Subtract line 4c from the total of lines 4a and 4b	4d	
5 Income or loss from a partnership or an S corporation (attach statement)	5	
6 Rent income	6	
7 Unrelated debt-financed income	7	
8 Interest, annuities, royalties and rents from a controlled organization.	8	
9 Investment income of § 501(c)(7), (9) or (17) organizations	9	
10 Exploited exempt activity income	10	
11 Advertising income	11	
12 Other income (attach statement)	12	
13 Total income. Combine lines 3 through 12	13	

Part II Deductions Not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II)

1 Compensation of officers, directors, and trustees	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest	5	
6 Taxes and licenses	6	
7 Depreciation	7	
8 Less depreciation	8	
9 Depletion	9	
10 Contributions to deferred compensations	10	
11 Employee benefit programs	11	
12 Excess exempt expenses	12	
13 Excess readership costs	13	
14 Other deductions	14	
15 Total deductions. Combine lines 1 through 14	15	



Name of corporation

Federal Identification number

Part II Deductions Not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II) (cont'd.)

- 16** Unrelated business income before applying net operating loss deduction. Subtract line 15 from Part I, line 13. **16**
- 17** Deduction for net operating loss. **17**
- 18** Unrelated business taxable income **18**

Part III Adjustments (other adjustments from Form M-990T, Line 8)

- 1** Research and development **1**
- 2** Abandoned building and renovation deduction (see instructions) **2**
- 3** Adjustments other than in lines 1 and 2. List item(s) and amount(s). Enter total of all other adjustments on line 3 (see instructions):

Item	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 3** Total line 3 adjustments **3**
- 4** Total Part III adjustments. Combine total of lines 1 through 3. **4**

Part IV Adjustments (income not subject to apportionment from M-990T, Line 12)

- 1** List item(s) and amount(s) of income not subject to apportionment (see instructions):

Item	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 1** Total Part IV adjustments **1**