

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



Massachusetts Department of Revenue

Schedule ABIE

Exceptions to the Add Back of Intangible Expenses

2024

Enclose this schedule to claim an exception to the requirement under MGL ch 63, §§ 31I, 31K to add back to net income related member intangible expenses and costs, including losses incurred in a factoring or discounting transaction. Complete a separate schedule for each transaction with a related member as to which an exception is claimed.

Name of taxpayer	Federal Identification number	For tax year beginning	Ending
Related member reporting the income	Federal Identification number	For tax year beginning	Ending
Name of jurisdiction(s) in which related member is taxed on net income (if applicable)		Unitary business identifier	
Principal reporting corporation (if applicable)	Federal Identification number	For tax year beginning	Ending
Deduction claimed is taken on:			
<input type="radio"/> Form 355U, Schedule U-E <input type="radio"/> Form 355U, Schedule U-MTI <input type="radio"/> Form 355 or Form 355S, Schedule E <input type="radio"/> Other			

Total Exceptions Claimed

1 Amount from Exception 1, line 7	1	
2 Amount from Exception 2, line 15f	2	
3 Amount from Exception 3, line 1	3	
4 Amount from Exception 4, line 1	4	
5 Total add back exception claimed. Add lines 1 through 4. Enter here and on appropriate corporate return	5	

Exception 1.

Full exception for direct or indirect intangible expense or cost paid, accrued or incurred to a related member that is taxed at a similar rate..

1 Amount of deductible intangible expense or cost claimed by taxpayer.	1	
2 Actual tax rate applied to taxpayer (from Forms 355, 355U, 355S or 63 FI).	2	
3 Tax rate(s) applied to the corresponding income from intangibles from the related member's return(s). Do not enter the tax rate of a jurisdiction in which the related member is filing with the taxpayer on a combined or unitary basis.		
3a Tax rate from related member's return	3a	
3b Tax rate from related member's return	3b	
3c Tax rate from related member's return	3c	
3d Tax rate from related member's return	3d	
3e Tax rate from related member's return	3e	
4 Related member apportionment percentage(s) for the jurisdiction(s) referenced in line 3. Enter "1" if the related member is taxable in only one jurisdiction and therefore not subject to apportionment.		
4a Related member's apportionment percentage	4a	
4b Related member's apportionment percentage	4b	
4c Related member's apportionment percentage	4c	
4d Related member's apportionment percentage	4d	
4e Related member's apportionment percentage	4e	



Name of taxpayer	Federal Identification number	For tax year beginning	Ending
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Exception 1 (cont'd.)

- 5** Multiply line 3 by line 4. Where the related member is taxed in more than one jurisdiction, multiply the respective responses from lines 3 and 4.

5a Apportioned tax rate. **5a**

5b Apportioned tax rate. **5b**

5c Apportioned tax rate. **5c**

5d Apportioned tax rate. **5d**

5e Apportioned tax rate. **5e**

5f Add lines 5a through 5e. **5f**

6 Subtract line 5f from line 2. **6**

7 Exception amount claimed. If line 6 is equal to or less than .03, enter the amount from line 1 here and in Total Exceptions Claimed, line 1. Otherwise, enter "0". **7**

Exception 2. Partial exception for direct or indirect intangible expense or cost paid, accrued or incurred to a related member.

Do not complete this section if you have claimed Exception 1 as to the same intangible expense or cost add back.

Complete this section only if the intangible expense was reported as income by the related member and, if applicable, the tax reported by the related member on that return exceeded the minimum tax..

1 Amount of deductible intangible expense or cost claimed by taxpayer. **1**

2 Taxpayer's apportionment percentage from apportionment schedule, line 5. Enter "1" if an apportionment schedule was not filed. **2**

3 Multiply line 1 by line 2. **3**

4 Tax rate applied to taxpayer (from Forms 355, 355U, 355S or 63 FI). **4**

5 Multiply line 3 by line 4. **5**

6 Total intangible expense or cost incurred to related member by all other related members including taxpayer for the use of the intangible property. **6**

7 Divide line 1 by line 6. **7**

8 For each of the jurisdictions where the related member is taxed, enter the related member's net income. Do not enter any amount for a jurisdiction in which the related entity is filing with the taxpayer on a combined or unitary basis.

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 member is taxed in more than one jurisdiction, multiply the respective responses from lines 7 and 8.

9a **9a**

9b **9b**

9c **9c**

9d **9d**

9e **9e**



Name of taxpayer

Federal Identification number

For tax year beginning

Ending

Exception 2 (cont'd.)**10** For each jurisdiction referenced in line 8, enter amount from line 1 or line 9, whichever is lesser.

10a	10a	<input type="text"/>
10b	10b	<input type="text"/>
10c	10c	<input type="text"/>
10d	10d	<input type="text"/>
10e	10e	<input type="text"/>

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	11a	<input type="text"/>
11b Related member's apportionment percentage	11b	<input type="text"/>
11c Related member's apportionment percentage	11c	<input type="text"/>
11d Related member's apportionment percentage	11d	<input type="text"/>
11e Related member's apportionment percentage	11e	<input type="text"/>

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.

12a	12a	<input type="text"/>
12b	12b	<input type="text"/>
12c	12c	<input type="text"/>
12d	12d	<input type="text"/>
12e	12e	<input type="text"/>

13 For each jurisdiction referenced in line 8, enter tax rate(s) applied to the related entity.

13a Related entity's tax rate	13a	<input type="text"/>
13b Related entity's tax rate	13b	<input type="text"/>
13c Related entity's tax rate	13c	<input type="text"/>
13d Related entity's tax rate	13d	<input type="text"/>
13e Related entity's tax rate	13e	<input type="text"/>

14 Divide each rate in line 13 by line 4. Do not enter more than "1".

14a	14a	<input type="text"/>
14b	14b	<input type="text"/>
14c	14c	<input type="text"/>
14d	14d	<input type="text"/>
14e	14e	<input type="text"/>



Name of taxpayer	Federal Identification number	For tax year beginning	Ending
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Exception 2 (cont'd.)

15 Exception amount claimed. Multiply line 12 by line 14. Where the related member is taxed in more than one jurisdiction, multiply the respective responses from lines 12 and 14. Enter here and in Total Exceptions Claimed, line 2.

15a	15a	<input type="text"/>
15b	15b	<input type="text"/>
15c	15c	<input type="text"/>
15d	15d	<input type="text"/>
15e	15e	<input type="text"/>
15f Add lines 15a through 15e.	15f	<input type="text"/>

Exception 3. Exception based on supporting statement for direct or indirect intangible expense or cost paid, accrued or incurred to a related member.

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.

Basis for this claim (fill in only one): ☐ Business purpose or economic substance ☐ MGL ch 63, § 31K foreign treaty exception ☐ Conduit exception

1 Amount of deductible intangible expenses or cost claimed by taxpayer. Enter here and in Total Exceptions Claimed, line 3	1	<input type="text"/>
2 Name of the related member to which the taxpayer paid, accrued or incurred the intangible expense or cost		
3 Federal Identification number of the related member to which taxpayer paid, accrued or incurred the intangible expense or cost.	3	<input type="text"/>
4 Type of intangible asset for which the expense or cost is being paid, accrued or incurred (e.g., trademarks, patent, etc.). If more than one, name the type of asset that resulted in the greatest cost or expense		
5 If the intangible expense or cost was paid as a percentage of income or receipts, enter the percentage (if the rate is variable, enter the effective rate for the period covered by this tax return)	5	<input type="text"/>
6 If the intangible expense or cost was paid, accrued or incurred pursuant to an arrangement or agreement with a fixed term, enter the termination date.	6	<input type="text"/>
7 If the intangible expense or cost was paid, accrued or incurred pursuant to a written contract, enter the contract date	7	<input type="text"/>
8 If the amount of the intangible expense or cost is the result of or supported by a written study or appraisal, enter the date of the study or appraisal	8	<input type="text"/>
9 If the taxpayer is seeking the MGL ch 63, §31K exception, enter the name of the foreign nation in which the related member is resident.	9	<input type="text"/>
10 Fill in if taxpayer asserted an add back exception in connection with the arrangement, agreement or contract on its Massachusetts return for a prior year.		<input type="radio"/>
11 Fill in if intangible expense or cost was actually paid (e.g., as opposed to accrued)		<input type="radio"/>
12 Fill in if answer to line 11 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.)		<input type="radio"/>
13 Fill in if underlying transaction was entered into in whole or in part on the advice of a tax advisor		<input type="radio"/>
14 Fill in if reduction of tax was a principal purpose for the underlying transaction.		<input type="radio"/>
15 Fill in if intangible assets referenced in line 4 were primarily developed by the taxpayer		<input type="radio"/>
16 Fill in if intangible assets referenced in line 4 were primarily developed by the related member		<input type="radio"/>
17 Fill in if intangible assets referenced in line 4 were acquired by the related member from an unrelated party		<input type="radio"/>
18 Provide greater detail, if necessary, concerning Exception 3 claim		



Name of taxpayer	Federal Identification number	For tax year beginning	Ending
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Exception 4. Exception based on supporting statement for loss incurred in a factoring or discounting transaction with a related member.

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.

Basis for this claim (fill in only one): ☐ Business purpose or economic substance ☐ MGL ch 63, § 31K foreign treaty exception

- 1** Amount of deductible discounting or factoring loss claimed by taxpayer. Enter here and in Total Exceptions Claimed, line 4. **1**
- 2** Name of the related member to which the taxpayer incurred the discounting or factoring loss ▶
- 3** Federal Identification number of the related member to which taxpayer incurred the discounting or factoring loss **3**
- 4** If the discounting or factoring loss was pursuant to an arrangement or agreement with a fixed term, enter the termination date (mm/dd/yyyy) **4**
- 5** If the discounting or factoring loss was incurred pursuant to a written contract, enter the contract date (mm/dd/yyyy) **5**
- 6** If the amount of the discounting or factoring loss is the result of or supported by a written study or appraisal, enter the date of the study or appraisal (mm/dd/yyyy) **6**
- 7** If the taxpayer is seeking the MGL ch 63, § 31K exception, enter the name of the foreign nation in which the related member is resident. **7**
- 8** Fill in if taxpayer asserted an add back exception in connection with the arrangement, agreement or contract on its Massachusetts return for a prior year. ☐
- 9** Fill in if structure was used to effect the discounting or factoring transaction(s) entered into in whole or in part on the advice of a tax advisor ☐
- 10** Fill in if reduction of tax was a principal purpose for the structure used to effect the discounting or factoring transactions or the transactions themselves ☐
- 11** Fill in if some or all of any receivables were sold in the discounting or factoring transaction(s) generated by the taxpayer in the ordinary course of its business ☐
- 12** Fill in if some or all of any receivables were sold in the discounting or factoring transaction(s) originally acquired by the taxpayer from another party ☐
- 13** Fill in if discounting or factoring loss was incurred as part of an attempt by the taxpayer or a related member to securitize the underlying receivables ☐
- 14** Fill in if answer to line 13 is Yes and taxpayer services the receivables ☐
- 15** Fill in if taxpayer initiates or pursues any activities on delinquent accounts ☐
- 16** Provide greater detail, if necessary, concerning Exception 4 claim

Paper returns will not be accepted. See TIRS 16-9 and 21-9 for more information.