

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

Form M-990T

Unrelated Business Income Tax Return

2025

For calendar year 2025 or taxable year beginning

2025 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, required. See instructions

Number of employees worldwide, required. See instructions

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-subsidiary controlled group during the taxable year

Name of parent corporation

Federal Identification number of parent corporation

Enter number of attached Schedules E (Form M-990T)

Fill in if, at any time during the year, the corporation (a) received a digital asset (as a reward, award, or payment for property or services); or (b) sold, exchanged, or otherwise disposed of a digital asset (or a financial interest in a digital asset)? See instructions

Unrelated Business Income. Use whole dollar method.

1 Total unrelated business taxable income computed from all unrelated trades or businesses.

(Total of Part III, line 22. See instructions) 1

Excise before credits

2 Multiply line 1 by .08 2

3a Credit recapture (enclose Schedule CRS. See instructions) 3a

3b Additional tax on installment sales. (See instructions) 3b

4 Excise due before credits. Add lines 2, 3a, and 3b 4

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

5 Total credits. Enclose Schedule CMS 5

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
Paid preparer's signature	Date	Fill in if DOR may discuss this return with the paid preparer <input type="radio"/>	<input type="radio"/> Fill in if self-employed
	/ /		

Taxpayer's e-mail address



Name of corporation

Federal Identification number

Excise after credits

6	Excise due before voluntary contributions. Subtract line 5 from line 4. Not less than "0"	6	<input type="text"/>
7	Voluntary contribution for endangered wildlife conservation.....	7	<input type="text"/>
8	Total excise plus voluntary contribution. Add lines 6 and 7	8	<input type="text"/>

Payments

9	Prior year's overpayment applied to current year's estimated tax.....	9	<input type="text"/>
10	Current Massachusetts estimated tax payments (do not include amount in line 9)	10	<input type="text"/>
11	Payment made with extension	11	<input type="text"/>
12	Payment with original return. Use only if amending a return.....	12	<input type="text"/>
13	Corporate excise withheld. (Enter amount from Schedule 63-WH, line 14. See instructions).....	13	<input type="text"/>
14	Total refundable credits. Enclose Schedule CMS	14	<input type="text"/>
15	Total payments. Add lines 9 through 14.....	15	<input type="text"/>

Refund or balance due

16	Amount overpaid. Subtract line 8 from line 15	16	<input type="text"/>
17	Amount overpaid to be credited to next year's estimated tax	17	<input type="text"/>
18	Amount overpaid to be refunded. Subtract line 17 from line 16	18	<input type="text"/>
19	Balance due. Subtract line 15 from line 8	19	<input type="text"/>
20a	M-2220 penalty	20a	<input type="text"/>
20b	Other penalties.....	20b	<input type="text"/>
20	Total penalty. Add lines 20a and 20b.....	20	<input type="text"/>
21	Interest on unpaid balance	21	<input type="text"/>
22	Total payment due at time of filing	22	<input type="text"/>

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See TIRs 16-9 and 21-9 for more information.



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

2025

Name of corporation

Federal Identification number

Unrelated business activity code (see instructions)

Sequence: of

Describe the unrelated trade or business

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 _____

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Name of corporation

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Part II Deductions not Taken Elsewhere (from Form 990T, Schedule A, Part II) contd.

16 Unrelated business taxable income before adjustments (see instructions). Subtract Part II, line 15 from Part I, line 13 . . . **16**

17 Deduction for net operating loss **17**

18 Unrelated business taxable income (See instructions) **18**

Part III Computation of Taxable Income

1 Unrelated business taxable income (Part II, line 18) **1**

2 State and municipal bond interest not included in U.S. net income **2**

3 Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income **3**

4 Section 168(k) "bonus" depreciation adjustment. See instructions **4**

5 Section 31I and 31K intangible expense add back adjustment. See instructions **5**

6 Section 31J and 31K interest expense add back adjustment **6**

7 Federal NOL add back adjustment (from Schedule E, Part II, line 17). See instructions **7**

8 Other adjustments, including research and development expenses. List item(s) and amount(s). Enter total of all other adjustments on line 8 (see instructions):

Item	Amount

8 Total line 8 other adjustments **8**

9 Add lines 1 through 8 **9**

10 Abandoned building renovation deduction (See instructions) **10**

11 Exception(s) to the add back of intangible expenses (enclose Schedule ABIE) **11**

12 Exception(s) to the add back of interest expenses (enclose Schedule ABI) **12**

13 Other deductions not listed above. List item(s) and amount(s). Enter total of all other deductions on line 13. (See instructions)

Item	Amount

13 Total line 13 other deductions **13**

14 Income subject to apportionment. Subtract the total of lines 10 through 13 from line 9. **14**

15 Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies) **15**

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Name of corporation

Federal Identification number

Part III Computation of Taxable Income contd.**16** Multiply line 14 by line 15. **16** **17** List item(s) and amount(s) of income not subject to apportionment (See instructions)

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

17 Total line 17 income not subject to apportionment. **17** **18** Total unrelated business income allocated or apportioned to Massachusetts. Add lines 16 and 17. **18** **19** Certified Massachusetts solar or wind power deduction. **19** **20** Taxable income before net operating loss deduction. **20** **21** Loss carryover deduction (from Schedule NOL) **21** **22** Taxable income. Subtract line 21 from line 20. Not less than 0. **22**

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