Caution:

DRAFT – DO NOT FILE

This is an early release draft of a 2020 Massachusetts tax form or schedule.

Do not file **DRAFT** forms.

DRAFT forms **will not** be processed.

Massachusetts Department of Revenue

Form 3M

Income Tax Return for Clubs and Other Organizations not Engaged in Business for Profit 2020

For calendar year 2020 or taxable year beginning **2020 and ending**

Name of organization | Federal Identification number | Phone number

Mailing address

City/Town | State | Zip | Date of organization

Organization's books are in care of | Principal organization activity

Mailing address

City/Town | State | Zip | Phone number

Fill in if

○ Amended return (see "Amended Return" in instructions) ○ Amended return due to federal change ○ Final return ○ Filing Schedule TDS

DRAFT AS OF OCTOBER 8, 2020.
SUBJECT TO CHANGE
DO NOT FILE

Computation of tax

1	5.0% income, including interest from Massachusetts banks.* List sources and amounts	**1**	
2	Interest and dividend income (from Massachusetts Schedule B, line 28)	**2**	
3	Total 5.0% income. Add line 1 and line 2	**3**	
4	Tax on 5.0% income. Multiply line 3 by .05	**4**	
5	Taxable 12% capital gains (from Massachusetts Schedule B, line 29)	**5**	
6	Tax on 12% capital gains. Multiply line 5 by .12	**6**	
7	Tax on long-term capital gains (from Massachusetts Schedule D, line 17). Not less than 0)	**7**	
8	Additional tax on installment sales	**8**	
9	Total tax. Add lines 4, 6, 7 and 8	**9**	
10	**AMENDED RETURN ONLY.** Overpayment from original return. **Not less than 0**. See instructions	**10**	
11	Total. Add lines 9 and 10	**11**	
12	2019 overpayment applied to your 2020 estimated tax	**12**	
13	2020 Massachusetts estimated tax payments (do not include amount in line 12)	**13**	

Declaration

I declare under the pains and penalty of perjury that to the best of my knowledge, the information contained herein is accurate and complete.

Signature of appropriate officer | Print name | Date | Phone number

Title | Name of firm | PTIN or SSN

Signature of paid preparer | Print name | Date | Employer Identification number

Address of paid preparer

City/Town | State | Zip | Phone number

Fill this return with payment in full to: **Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.**

Name of organization | Federal Identification number

Computation of tax (cont'd.)

14	Payments made with extension	**14**
15	**AMENDED RETURN ONLY.** Payments made with original return. **Not less than 0**. See instructions	**15**
16	Total payments. Add lines 12 through 15	**16**
17	Overpayment. If line 11 is smaller than line 16, subtract line 11 from line 16. If line 11 is larger than line 16, go to line 20	**17**
18	Amount of overpayment to be credited to your 2021 estimated tax	**18**
19	Amount of your refund. Subtract line 18 from line 17	**19**
20	Amount of tax due. If line 16 is smaller than line 11, subtract line 16 from line 11	**20**
21a	M-2210 penalty ○ Exception	**21a**
21b	Late file/pay penalties (see Form 1 instructions)	**21b**
21	Total penalty. Add lines 21a and 21b	**19**
22	Interest on unpaid balance (see Form 1 instructions)	**20**
23	Total payment due at time of filing. Add lines 20 through 22	**21**

DRAFT AS OF OCTOBER 8, 2020.
SUBJECT TO CHANGE
DO NOT FILE

Name of organization | Federal Identification number

Schedule B. Interest, dividends and certain capital gains and losses

▾ Fill in oval if showing a loss

1	Enter taxable interest (other than interest from Massachusetts banks) received during the year	1	
2	Enter taxable dividends received during the year	2	
3	Add lines 1 and 2	3	
4	Enter taxable interest (other than interest from Massachusetts banks) and dividends from all partnerships and non-Massachusetts estates and trusts	4	
5	Subtotal. Add lines 3 and 4. If you have no short-term capital gains or losses, long-term gains on collectibles and pre-1996 installment sales, carryover short-term losses from prior years, or net long-term capital losses, omit lines 6 through 27. Enter this amount in line 28 and on Form 3M, line 2. Omit lines 29 and 30. Otherwise complete Schedule B.	5	
6	Short-term capital gains (included in U.S. Schedule D, lines 1 through 5, col. h)	6	
7	Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 11; see Form 1 instructions)	7	
8	Add lines 6 and 7	8	
9	Short-term capital losses (included in U.S. Schedule D, lines 1 through 5, col. h)	9	○
10	Prior short-term losses for years beginning after 1981 (from 2019 Massachusetts Schedule B, line 30)	10	○
11	Combine lines 8 through 10. If 0 or greater, omit lines 12 through 15 and enter this amount in line 16. If the total is a loss, go to line 12	11	○
12	Short-term losses applied against interest and dividends. Enter the smaller of line 5 or line 11 (as a positive amount). Not more than $2,000	12	
13	Subtotal. Combine lines 11 and 12	13	○
14	Short-term capital losses applied against long-term capital gains (see instructions)	14	
15	Short-term losses available for carryover in 2021. Combine lines 13 and 14 and enter result here and in line 30, omit lines 16 through 20 and complete lines 21 through 29	15	○
16	Short-term gains and long-term gains on collectibles. Enter amount from line 11	16	
17	Long-term capital losses applied against short-term capital gains (see instructions)	17	
18	Subtotal. Subtract line 17 from line 16. Enter result here. If line 18 is 0, omit line 19, and enter 0 in line 20	18	
19	Long-term gains deduction. Complete only if lines 7 and 18 are greater than 0. If line 7 shows a gain, enter 50% of line 7 minus 50% of losses in lines 9, 10 and 17, but not less than 0.	19	
20	Short-term gains after long-term gains deduction. Subtract line 19 from line 18	20	
21	Enter the amount from line 5.	21	
22	Short-term losses applied against interest and dividends. Enter the amount from line 12	22	
23	Subtotal. Subtract line 22 from line 21	23	
24	Long-term losses applied against interest and dividends (see instructions).	24	
25	Adjusted interest and dividends. Subtract line 24 from line 23	25	
26	Enter the amount from line 20	26	
27	Adjusted gross interest, dividends and certain capital gains and losses. Add lines 25 and 26. Not less than 0.	27	
28	If line 27 is greater than or equal to line 5, enter the amount from line 5 here and on Form 3M, line 2. If line 27 is less than line 5, enter line 27 here and on Form 3M, line 2	28	
29	Taxable 12% capital gains. Subtract line 28 from line 27. Not less than 0. Enter result here and on Form 3M, line 5	29	
30	Available short-term losses for carryover in 2021. Enter amount from line 15 only if it is a loss.	30	○

DRAFT AS OF OCTOBER 8, 2020.
SUBJECT TO CHANGE
DO NOT FILE

Name of organization | Federal Identification number

Schedule D. Long-term capital gains and losses excluding collectibles

Attach copy of U.S. Schedule D.

▼ Fill in oval if showing a loss

1	Enter amounts included in U.S. Schedule D, lines 8a and 8b, col. h	1	○
2	Enter amounts included in U.S. Schedule D, line 9, col. h	2	○
3	Enter amounts included in U.S. Schedule D, line 10, col. h	3	○
4	Enter amounts included in U.S. Schedule D, line 11, col. h	4	○
5	Enter amounts included in U.S. Schedule D, line 12, col. h	5	○
6	Enter amounts included in U.S. Schedule D, line 13, col. h	6	○
7	Carryover losses from prior years (see instructions)	7	○
8	Combine lines 1 through 7	8	○
9	Massachusetts differences, if any (see Form 1 instructions; attach additional statement)	9	○
10	Massachusetts 2020 gains or losses. Exclude/subtract line 9 from line 8	10	○
11	Long-term gains on collectibles and pre-1996 installment sales (see Form 1 instructions). Also, enter this amount in Schedule B, line 7	11	
12	Subtotal. Subtract line 11 from line 10	12	○
13	Capital losses applied against capital gains (see instructions)	13	
14	Subtotal. If line 12 is greater than 0, subtract line 13 from line 12. If line 12 is less than 0, combine lines 12 and 13. If line 14 is a loss, see instructions	14	○
15	Long-term capital losses applied against interest and dividends (see instructions)	15	
16	Taxable long-term capital gains. Combine lines 14 and 15	16	○
17	Tax on long-term capital gains. Multiply line 16 by .05. Not less than 0. Enter result here and on Form 3M, line 7	17	
18	Available losses for carryover in 2021. Enter amount from Schedule D, line 16, only if it is a loss	18	○

DRAFT AS OF OCTOBER 8, 2020.
SUBJECT TO CHANGE
DO NOT FILE

Form 3M Instructions

This form is solely for the use of clubs, labor unions, political committees, taxable fraternal organizations, certain unincorporated homeowners associations and all other similar organizations not engaged in business for profit, and consequently having only taxable dividends, interest, capital gains, Massachusetts savings deposit interest and other miscellaneous income. If such an organization has taxable business or other income, even if the organization is not a partnership, the return should be made on Form 3, Partnership Return of Income, and each member must include his/her share by class of income on his/her individual income tax return. Unincorporated exempt organizations that file U.S. Forms 990 or 990-T should not file Massachusetts Form 3M or Form 3. Instead, those organizations that file U.S. Form 990-T and have unrelated business taxable income should file Massachusetts Form 990-T-62. For rules that apply to unincorporated homeowners associations, see Technical Information Release 10-3.

Schedule B, Line 14 and Schedule D, Line 13

If Schedule B, line 13 is a loss and Schedule D, line 12 is a positive amount, enter the smaller of Schedule B, line 13 (considered as a positive amount) or Schedule D, line 12 on Schedule B, line 14 and on Schedule D, line 13.

Schedule B, Line 17 and Schedule D, Line 13

If Schedule B, line 16 is a positive amount and Schedule D, line 12 is a loss, enter the smaller of Schedule B, line 16 or Schedule D, line 12 (considered as a positive amount) on Schedule B, line 17 and on Schedule D, line 13.

Schedule B, Line 24 and Schedule D, Line 15

If Schedule B, line 23 is a positive amount and Schedule D, line 14 is a loss, you must complete a pro forma version of the Long-Term Capital Losses Applied Against Interest and Dividends Worksheet found in the Form 1 instruction booklet. When completing the worksheet, substitute Schedule B, line 21 (Form 3M) for Schedule B, line 29 (Form 1); Schedule B, line 22 (Form 3M) for Schedule B, line 30 (Form 1); Schedule D, line 14 (Form 3M) for Schedule D, line 15 (Form 1); Schedule B, line 24 (Form 3M) for Schedule B, line 32 (Form 1); and Schedule D, line 15 (Form 3M) for Schedule D, line 16 (Form 1).

Schedule D, Line 7

If you have a carryover loss from a prior year, enter in line 7 the amount of carryover losses from your 2017 Schedule D, line 17.

Schedule D, Line 14

If Schedule D, line 14 is a loss and Schedule B, line 16 is 0 or greater and Schedule B, line 23 is a positive amount, complete line 15. If Schedule D, line 14 is a loss and Schedule B, line 13 is 0 or less, omit Schedule D, line 15, enter the amount from Schedule D, line 14 in Schedule D, line 16, omit Schedule D, line 17 and enter the amount from Schedule D, line 16 in Schedule D, line 18 and enter 0 on Form 3M, line 7.

Where to file

Mail Form 3M and all accompanying schedules to **Massachusetts Department of Revenue, PO Box 7018, Bos ton, MA 02204**.

DRAFT AS OF OCTOBER 8, 2020.
SUBJECT TO CHANGE
DO NOT FILE