



**Massachusetts Department of Revenue**  
**Form AD-1**  
**Abandoned Deposit Amounts Return**

Name of business		Tax period (month and year)	
Federal Identification	Social Security number	Telephone number	
Business address	City/Town	State	Zip

Amended return    Change of address    Final return

**Part 1. Reimbursement Calculation**

1. Total number of nonreusable beverage containers for which refund values were received this month . . . . .	<b>1</b>	
2. Total number of nonreusable beverage containers for which refund values were paid this month. . . . .	<b>2</b>	
3. Beginning deposit transaction fund balance amount (see instructions). . . . .	<b>3</b>	
4. Reimbursement amount from previous month . . . . .	<b>4</b>	
5. Total refund values received this month . . . . .	<b>5</b>	
6. Subtotal. Add lines 3 through 5. . . . .	<b>6</b>	
7. Abandoned deposit amounts from preceding month . . . . .	<b>7</b>	
8. Total refund values paid this month . . . . .	<b>8</b>	
9. Subtotal. Add lines 7 and 8. . . . .	<b>9</b>	
10. Ending deposit transaction fund balance amount. Subtract line 9 from line 6 . . . . .	<b>10</b>	
11. Total refund values received during most recent three-month period (include this month) . . . . .	<b>11</b>	
12. Total abandoned deposit amounts. Subtract line 11 from line 10. Not less than "0". . . . .	<b>12</b>	
13. Penalty . . . . .	<b>13</b>	
14. Interest on unpaid balance . . . . .	<b>14</b>	
15. Total payment due at time of filing. Add lines 12 through 14. . . . .	<b>15</b>	

**If line 10 is positive ("0" or greater), do not complete this section.**

16. Enter negative amount from line 10 as a positive . . . . .	<b>16</b>	
17. Abandoned deposit amounts in preceding 24 months. . . . .	<b>17</b>	
18. Reimbursement amounts in preceding 24 months . . . . .	<b>18</b>	
19. Subtotal. Subtract line 18 from line 17. Not less than "0" . . . . .	<b>19</b>	
20. Reimbursement amount. Enter the amount in line 16 or line 19, <b>whichever is smaller</b> . . . . .	<b>20</b>	

**Part 2. Reconciled Deposit Transaction Fund Cash Balance and Credits.** Attach most recent bank statement.

1. Beginning deposit transaction fund cash balance. Enter amount from line 12 of previous month's Part 2. Not less than "0" . . . . .	<b>1</b>	
2. Interest income earned this month . . . . .	<b>2</b>	
3. Refund values received this month (from Part 1, line 5) . . . . .	<b>3</b>	
4. Payment made for gradual funding this month. . . . .	<b>4</b>	
5. Authorized loan payment this month . . . . .	<b>5</b>	
6. Subtotal. Add lines 1 through 5. . . . .	<b>6</b>	
7. Interest income withdrawn this month . . . . .	<b>7</b>	
8. Refund values paid this month (from Part 1, line 8) . . . . .	<b>8</b>	
9. Authorized loan withdrawal . . . . .	<b>9</b>	
10. Abandoned deposit amount paid for the month (from Part 1, line 12) . . . . .	<b>10</b>	
11. Subtotal. Add lines 7 through 10 . . . . .	<b>11</b>	
12. Ending deposit transaction fund cash balance. Subtract line 11 from line 6 . . . . . If "0" or greater, enter amount and stop here. Otherwise, enter negative amount and complete lines 13 & 14	<b>12</b>	
13. Reimbursement amount (from Part 1, line 20) . . . . .	<b>13</b>	
14. Credit. Combine lines 12 and 13. If less than "0," enter in Part 3, line 4 or Part 4, line 6 . . . . .	<b>14</b>	



**Part 3. Unfunded Liability Balance**

1. Previous month's unfunded liability balance. Enter amount from line 5 of previous month's Part 3 (must be approved by Commissioner per Regulation 830 CMR 94.323.1) . . . . .	1	
2. Payment made for gradual funding for this month . . . . .	2	
3. Unfunded liability balance after payment. Subtract line 2 from line 1 . . . . .	3	
4. Credit for negative cash balance (from Part 2, line 14) . . . . .	4	
5. Ending unfunded liability balance. Combine lines 3 and 4. Not less than "0" . . . . .	5	

**Part 4. Authorized Loan Balance**

1. Balance of previously borrowed amounts. Enter amount from line 7 of previous month's Part 4 (must be approved by Commissioner per Regulation 830 CMR 94.323.1) . . . . .	1	
2. Amount borrowed during the month (only if additional amount is approved by the Commissioner) . . . . .	2	
3. Loan balance. Add lines 1 and 2 . . . . .	3	
4. Authorized loan payment this month . . . . .	4	
5. Loan balance after repayment. Subtract line 4 from line 3 . . . . .	5	
6. Credit for negative cash balance (from Part 2, line 14) . . . . .	6	
7. Ending loan balance. Subtract line 6 from line 5. Not less than "0" . . . . .	7	

**Part 5. Interest in Fund**

1. Unwithdrawn interest in fund at beginning of month . . . . .	1	
2. Interest earned on fund this month . . . . .	2	
3. Subtotal. Add lines 1 and 2 . . . . .	3	
4. Interest withdrawn from fund this month. Not to exceed line 3 . . . . .	4	
5. Interest remaining in fund at the end of the month. Subtract line 4 from line 3 . . . . .	5	

**Declaration**

**Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.**

Authorized signature	Title	Date

Form AD-1 shall be filed no later than ten (10) days after the last day of the month covered by this return. Any bottler or distributor who fails to file and pay on time will be subject to interest charges on any unpaid amounts. If making a payment, make check or money order payable to the Commonwealth of Massachusetts. Mail to: **Massachusetts Department of Revenue, PO Box 7008, Boston, MA 02204.**

# Form AD-1 Instructions

Form AD-1 must be filed by all bottlers and distributors no later than ten days after the last day of each month. Any bottler or distributor who fails to file and pay on time will be subject to interest and penalties under Massachusetts General laws, Chapter 62C. All calculations must use the cash basis accounting method. Any bottle or distributor subject to the provisions of M.G.L. c.94, s.323(c), (d) or (e), who sells, transfers, or otherwise terminates its business operations must transfer to the Commissioner within 10 days of the last day of the month in which it terminates its business operations, as abandoned deposit amounts, all amounts required to be in such bottler or distributor's Deposit Transaction Fund.

## Part 1. Reimbursement Calculation

**Line 1.** Enter the total number of nonreusable beverage containers regardless of when sold for which you have received refund value this month. Containers which will be shipped out of Massachusetts for retail sale should not be included on this line.

**Line 2.** Enter the total number of nonreusable beverage containers regardless of when returned for which you have paid refund value this month.

## Deposit Transfer Fund Balance Amount Calculation

This section calculates the ending deposit transaction fund balance amount for the month that equals the amount that should be in the fund. This balance does not necessarily represent the actual cash balance of the account. The ending balance is used to calculate abandoned deposit amounts and reimbursements. It is based on a fully funded deposit transaction fund. Any borrowing or partial funding is ignored in the calculation of the ending balance amount. The balance should not include any interest earned or withdrawn from the fund. Bottlers and distributors may withdraw for their own use interest income earned on the fund.

**Line 3.** Enter the ending balance from the prior month's return. This amount is from Part 1, line 10, of the prior month's return.

**Line 4.** Enter any reimbursement amounts from the prior month's Form AD-1, Part 1, line 20. This amount must be entered even if it has not been received.

**Line 5.** Enter the total dollar amount of refund values received during the month.

**Line 7.** Enter any abandoned deposit amounts paid from the prior month's Form AD-1, Part 1, line 12.

**Line 8.** Enter the total dollar amount of refund values paid during the month.

**Line 10.** The ending deposit transaction fund balance amount does not reflect any borrowing, partial funding, or interest earned on the fund. This balance does not necessarily reflect the actual cash balance of the fund. If this amount is negative you may be due a reimbursement and must complete lines 16 through 20.

## Abandoned Deposit Amounts Calculation

**Line 11.** Enter the total dollar amount of refund values received this month and the two previous months.

**Line 12.** Subtract line 11 from line 10 and enter the result. If the amount is positive, complete lines 13 through 15 to calculate the total payment to be remitted.

**Line 13.** Failure to file or pay on time may result in penalties.

**Line 14.** If the return is late or there is an unpaid balance from prior returns, the unpaid balance is subject to interest charges.

**Line 15.** Add lines 12, 13 and 14. Make your check or money order payable to the Commonwealth of Massachusetts and mail it to Massachusetts Department of Revenue, PO Box 7008, Boston, Ma, 02204-7008.

## Reimbursements

**Line 16.** If line 10 is negative, you may be due a reimbursement. Enter the negative amount from line 10 as a positive in line 16.

**Line 17.** Enter the total amount of abandoned deposit amounts paid in the prior 24 months.

**Line 18.** Enter the total amount of reimbursements received in the preceding 24 months.

**Line 20.** You are due a reimbursement only if the abandoned deposit amounts paid in the preceding 24 months and the ending balance on line 10 is a negative. Enter the smaller of line 16 or line 19.

## Part 2. Reconciled Deposit Transaction Fund Cash Balance and Credits

This section calculates the actual cash balance of the fund at the end of the month. You must attach the most recent bank statement for the deposit transaction fund. If the ending cash balance is negative, you may credit any outstanding monies owed to the fund due to borrowing or partial funding by completing lines 13 and 14 in this section and line 4 in Part 3 or line 6 in Part 4.

**Line 1.** Enter the beginning cash balance. This equals the previous month's ending cash balance from last month's return, Part 2, line 12. Do not enter less than zero.

**Line 4.** If the fund is only partially funded, enter the payment made to the fund this month for gradual funding.

**Line 5.** If you were authorized to borrow on the fund, enter the loan payment made into the fund.

**Line 7.** Enter interest income withdrawn this month. Include in the amount interest income used to pay refund values during the month due to insufficient funds.

**Line 9.** If authorized to borrow on the fund, enter the loan amount withdrawn this month.

**Line 12.** Enter the ending cash balance if it is positive. This amount is the beginning cash balance for the next return. If it is a negative and you have either borrowed or partially funded the account, complete lines 13 and 14 in order to credit any amount owed to the fund by the negative amount.

## Part 3. Unfunded Liability Balance

**Line 4.** If your cash balance was negative in Part 2, line 12, you may be entitled to a credit against the amount owed to the fund. You must complete lines 13 and 14 in Part 2 before applying any credit.

## Part 4. Authorized Loan Balance

If you have borrowed from the fund you must complete this section every month until the total amount borrowed has been repaid. If the amount entered in Part 2, line 12 is a negative, you may be entitled to a credit against the amount owed to the fund. Complete lines 13 and 14 in Part 2 before applying any credit.

## Part 5. Interest in Fund

This section calculates the interest remaining in the fund at the end of each month. This section must be completed each month.

**Line 1.** This amount is equal to the amount entered in the prior month's return, Part 5, line 5.

**Line 4.** Enter interest income withdrawn this month. Include in this amount any interest income used to pay refund values during the month due to insufficient funds.