

# 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**

**2024**

For calendar year 2024 or taxable year beginning

2024 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-subsiary 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                     | <input type="checkbox"/> Fill in if self-employed |
|   | / /  | return with the paid preparer <input type="radio"/> |   |

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
- 7 Voluntary contribution for endangered wildlife conservation ..... 7
- 8 Total excise plus voluntary contribution. Add lines 6 and 7 ..... 8

**Payments**

- 9 Prior year's overpayment applied to current year's estimated tax ..... 9
- 10 Current Massachusetts estimated tax payments (do not include amount in line 9) ..... 10
- 11 Payment made with extension ..... 11
- 12 Payment with original return. Use only if amending a return. .... 12
- 13 Pass-through entity withholding. See instructions. .... Payer Identification number  13
- 14 Total refundable credits. Enclose Schedule CMS ..... 14
- 15 Total payments. Add lines 9 through 14. .... 15

**Refund or balance due**

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

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



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

2024

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)

Table with 13 rows for Part I, including items like Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain or loss from U.S. Form 4797, Income or loss from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties and rents from a controlled organization, Investment income of § 501(c)(7), (9) or (17) organizations, Exploited exempt activity income, Advertising income, Other income, and Total income.

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

Table with 15 rows for Part II, including items like Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Depreciation, Less depreciation, Depletion, Contributions to deferred compensations, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, and Total deductions.

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Name of corporation

Federal Identification number

**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               |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

- 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               |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

- 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"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <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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