



2021 Form M-990T

XXXXXXXXXXXXXX

Unrelated Business Income Tax Return

Year beginning XXXXXXXX Ending XXXXXXXX

BUSINESSNAMEXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO PHONENUMBERX
MAILINGADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
NAMEOFTREASURERXXXXXXXXXXXXXXXXXXXXX

Check if: X Enclosing Schedule TDS X Amended return X Federal amendment X Federal audit X Final return
X Enclosing Schedule FCI X Amended return due to IRS BBA Partnership Audit
Check if (one only): X 501(c)(3) X 501 X

Table with 16 rows of tax items and their corresponding values. Items include Unrelated business taxable income, Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income, Section 168(k) "bonus" depreciation adjustment, Section 311 and 31K intangible expense add back adjustment, Federal NOL add back adjustment, Section 31J and 31K interest expense add back adjustment, Reserved for future use, Abandoned Building Renovation deduction, Other adjustments, including research and development expenses, Income subject to apportionment, Income apportionment percentage, Multiply line 10 by line 11, Income not subject to apportionment, Add lines 12 and 13, Certified Massachusetts solar or wind power deduction, Taxable income before net operating loss deduction.

SIGN HERE. 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 Date XXXXXXXX Phone XXXXXXXXXX
Paid preparer's signature Date XXXXXXXX Paid preparer's EIN XXXXXXXXXX

Check if you are signing as an authorized delegate of the appropriate officer of the corporation (see instructions) X

Taxpayer's e-mail address XX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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FEDERALIDNUM

17.	Loss carryover deduction	17	XXXXXXXXXXXXXX
18.	Taxable income. Subtract line 17 from line 16	18	XXXXXXXXXXXXXX
19.	Multiply line 18 by .08	19	XXXXXXXXXXXXXX
20.	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales	20	XXXXXXXXXXXXXX
21.	Excise due before credits. Add lines 19 and 20	21	XXXXXXXXXXXXXX
22.	Total credits. Enclose Schedule CMS	22	XXXXXXXXXXXXXX
23.	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	XXXXXXXXXXXXXX
24.	Voluntary contribution for endangered wildlife conservation	24	XXXXXXXXXXXXXX
25.	Total excise plus voluntary contribution. Add lines 23 and 24	25	XXXXXXXXXXXXXX
26.	2020 overpayment applied to 2021 estimated tax	26	XXXXXXXXXXXXXX
27.	2021 Massachusetts estimated tax payments (do not include amount in line 26)	27	XXXXXXXXXXXXXX
28.	Payment made with extension	28	XXXXXXXXXXXXXX
29.	Payment with original return. Use only if amending a return	29	XXXXXXXXXXXXXX
30.	Pass-through entity withholding. Payer ID number	30	XXXXXXXXXXXXXX
31.	Total refundable credits. Enclose Schedule CMS	31	XXXXXXXXXXXXXX
32.	Total payments. Add lines 26 through 31	32	XXXXXXXXXXXXXX
33.	Amount overpaid. Subtract line 25 from line 32	33	XXXXXXXXXXXXXX
34.	Amount overpaid to be credited to 2021 estimated tax	34	XXXXXXXXXXXXXX
35.	Amount overpaid to be refunded. Subtract line 34 from line 33	35	XXXXXXXXXXXXXX
36.	Balance due. Subtract line 32 from line 25	36	XXXXXXXXXXXXXX
37a.	M-2220 penalty	37a	XXXXXXXXXXXXXX
37b.	Other penalties	37b	XXXXXXXXXXXXXX
37.	Total penalty. Add lines 37a and 37b	37	XXXXXXXXXXXXXX
38.	Interest on unpaid balance	38	XXXXXXXXXXXXXX
39.	Total payment due at time of filing	39	XXXXXXXXXXXXXX

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