

Form M-990T Unrelated Business Income Tax Return

2013
Massachusetts
Department of
Revenue

378031 12-16-13

For calendar year 2013 or taxable year beginning **07/01/2013** 2013 and ending **06/30/2014**

Name of company **EPSILON THETA CORPORATION, INC.** Federal identification number **04-6170956**

Mailing address **259 SAINT PAUL STREET** City/Town **BROOKLINE** State **MA** ZIP **02446**

Name of treasurer **BARRY DAVIS** Is a Taxpayer Disclosure Statement enclosed? Yes No

Excise Calculation

Use whole dollar method

1	Unrelated business taxable income (from U.S. Form 990T, line 34)	1	16,782.
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	742.
3	Section 168(k) "bonus" depreciation adjustment	3	
4	Section 311 and 31K intangible expense add back adjustment	4	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	5	
6	Loss carryover deduction (from Schedule NOL)	6	
7	Section 31J and 31K interest expense add back adjustment	7	
8	Federal production activity add back adjustment	8	
9	Abandoned building renovation deduction Total cost \$ _____ X .10	9	
10	Other adjustments, including research and development expenses (enclose explanation)	10	
11	Income subject to apportionment. See instructions	11	17,524.
12	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	12	1.000000
13	Multiply line 11 by line 12	13	17,524.
14	Income not subject to apportionment	14	
15	Add lines 13 and 14	15	17,524.
16	Certified Massachusetts solar or wind power deduction	16	
17	Taxable income. Subtract line 16 from line 15	17	17,524.
18	Multiply line 17 by .08	18	1,402.
19	Credit recapture (enclose Schedule(s) H and/or H-2) and/or additional tax on installment sales. See instructions	19	
20	Excise due before credits. Add lines 18 and 19	20	1,402.

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

21	Economic Opportunity Area Credit (from Schedule EOAC)	21	
22	Economic Development Incentive Program Credit. Certificate number	22	
23	Investment Tax Credit (from Schedule H)	23	
24	Vanpool Credit (from Schedule VP)	24	
25	Research Credit (from Schedule RC)	25	
26	Harbor Maintenance Tax Credit (from Schedule HM, line 22)	26	
27	Brownfields Credit. Certificate number	27	
28	Low-Income Housing Credit. Building identification number	28	
29	Historic Rehabilitation Credit. Certificate number	29	
30	Film Incentive Credit. Certificate number	30	
31	Medical Device Credit. Certificate number	31	
32	Employer Wellness Program Credit. Certificate number	32	
33	Life Science Company Tax Credit	33	
34	Total credits. Add lines 21 through 33	34	

Under the 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 corporate officer _____ Social Security number _____ Telephone number _____ Date _____

CLIENT'S COPY

Signature of paid preparer _____ Employer identification number _____ Address _____ Date _____

MICHAEL T. SOKOLSKI, CPA 04-3014517 **20 MALL ROAD, SUITE 322**
BURLINGTON, MA 01803-4126 08/28/14

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**

Excise After Credits

35	Excise due before voluntary contribution. Subtract line 34 from line 20. Not less than "0"	35	1,402.
36	Voluntary contribution for endangered wildlife conservation	36	
37	Total excise plus voluntary contribution. Add lines 35 and 36	37	1,402.

Payments

38	2012 overpayment applied to 2013 estimated tax	38	
39	2013 Massachusetts estimated tax payments (do not include amount in line 38)	39	
40	Payment made with extension	40	
41	Pass-through entity withholding. Payer identification number ▶	41	
42	Refundable film credit	42	
43	Refundable dairy credit. Certificate number ▶	43	
44	Refundable life science credit	44	
45	Refundable economic development incentive program credit	45	
46	Refundable conservation land credit. Certificate number ▶	46	
47	Total payments. Add lines 38 through 46	47	

Refund or Balance Due

48	Amount overpaid. Subtract line 37 from line 47	48	
49	Amount overpaid to be credited to 2014 estimated tax	49	
50	Amount overpaid to be refunded. Subtract line 48 from line 47	50	
51	Balance due. Subtract line 47 from line 37	51	1,402.
52	M-2220 penalty ▶ \$ 22. ; Other penalties ▶ \$ Total penalty	52	22.
53	Interest on unpaid balance	53	
54	Total payment due at time of filing	54	1,424.

Form M-2220

Underpayment of Massachusetts Estimated Tax by Corporations

2013
Massachusetts
Department of
Revenue

Enclose this form with your return. Please print in ink or type.

Name of corporation	Federal Identification number
EPSILON THETA CORPORATION, INC.	04-6170956
Check type of return to be filed: <input type="checkbox"/> 355 <input type="checkbox"/> 355U <input type="checkbox"/> 355S <input checked="" type="checkbox"/> Other 990T	

Figuring your underpayment.

1 2013 tax (from Form 355, line 11; Form 355S, line 14; or Form SBC, line 6). Commercial banks, insurance companies, and public service companies enter total excise due from return. Form 355U filers enter the amount from Schedule CG, Part 1, line 1 reduced by any voluntary contributions included in that amount	1,402.				
2 Enter 90% of line 1	1,262.				
3 Enter 90% of 2013 tax using 2012 income apportionment percentage	1,262.				
4 Enter 2012 tax (from 2012 Form 355, line 11; 2012 Form 355S, line 14; or 2012 Form SBC, line 6). Large corporations or short taxable year corporations, see instructions	742.				
5 Enter line 2, 3 or 4, whichever is smallest	742.				
6 Enter in col's. a through d (respectively) the installment dates of the 15th day of the 3rd, 6th, 9th and 12th months of your taxable year ... ▶					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">a 09/16/13</td> <td style="width: 25%; text-align: center;">b 12/16/13</td> <td style="width: 25%; text-align: center;">c 03/17/14</td> <td style="width: 25%; text-align: center;">d 06/16/14</td> </tr> </table>	a 09/16/13	b 12/16/13	c 03/17/14	d 06/16/14
a 09/16/13	b 12/16/13	c 03/17/14	d 06/16/14		
7 Enter in col. a line 5 x 40% Enter in col. b line 5 x 25% Enter in col. c line 5 x 25% Enter in col. d line 5 x 10%	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">297.</td> <td style="width: 25%;">186.</td> <td style="width: 25%;">186.</td> <td style="width: 25%;">74.</td> </tr> </table>	297.	186.	186.	74.
297.	186.	186.	74.		

If you are a new corporation, check and see instructions.

8 Amount paid or credited for each period			
9 Overpayment of previous installment			
10 Total. Add lines 8 and 9			
11 Overpayment. Subtract line 7 from line 10			
12 Underpayment. Subtract line 10 from line 7	297.	186.	186.

Complete page 2 to calculate underpayment penalty.

87-12-00014

Figuring your underpayment penalty

Enter same installment dates used in line 6

	a	b	c	d
13 Amount of underpayment from line 12				
14 Enter the date of payment or the 15th day of the 3rd month after the close of the taxable year, whichever is earlier				
15 Number of days from due date of installment to the date shown in line 14				
16 Number of days in line 15 after 3/15/13 and before 4/1/13				
17 Number of days in line 15 after 3/31/13 and before 7/1/13				
18 Number of days in line 15 after 6/30/13 and before 10/1/13				
19 Number of days in line 15 after 9/30/13 and before 1/1/14				
20 Number of days in line 15 after 12/31/13 and before 4/1/14				
21 Number of days in line 15 after 3/31/14 and before 7/1/14				
22 Number of days in line 15 after 6/30/14 and before 10/1/14				
23 Number of days in line 15 after 9/30/14 and before 1/1/15				
24 Number of dates in line 15 after 12/31/14 and before 2/16/15				
25 Underpayment in line 13 x (number of days in line 16 ÷ 365) x 4%				
26 Underpayment in line 13 x (number of days in line 17 ÷ 365) x 4%				
27 Underpayment in line 13 x (number of days in line 18 ÷ 365) x 4%				
28 Underpayment in line 13 x (number of days in line 19 ÷ 365) x 4%				
29 Underpayment in line 13 x (number of days in line 20 ÷ 365) x 4%				
30 Underpayment in line 13 x (number of days in line 21 ÷ 365) x 4%				
31 Underpayment in line 13 x (number of days in line 22 ÷ 365) x *%				
32 Underpayment in line 13 x (number of days in line 23 ÷ 365) x *%				
33 Underpayment in line 13 x (number of days in line 24 ÷ 365) x *%				
34 Add lines 25 through 33	SEE ATTACHED UNDERPAYMENT WORKSHEET			
35 Total of amounts shown in line 34. Enter this amount in the excise calculation of Form 355, line 24; Form 355U, line 41; Form 355S, line 27; Form 355SBC, line 14; or Form 355SC, line 28				22.

*Rate to be determined.

