Form 3M
Income Tax Return for Clubs and Other Organizations not Engaged in Business for Profit

(Organizations whose gross income is $100 or less are not required to file a return)

1996
Massachusetts Department of Revenue

For calendar year 1996 or taxable year beginning ________________________, **1996 and ending** ________________________, **19** _____

Name of organization	Federal identification number		
Street address	City or Town	State	Zip
Date of organization ►	If using the whole-dollar method, ► check box ☐		
Organization's books are in care of	Principal organization activity		
Street address	City or Town	State	Zip

Has the federal government changed your taxable income for any prior year which you have not yet reported to Massachusetts?► ☐ Yes ☐ No.
If "Yes," complete a new Form 3M for that year and clearly mark "Amended" across the top of the form. This must be done within one year after final U.S. determination.

Computation of Tax

1 Total 5.95% Income.* List sources and amounts ________________________ ► **1**

2 Tax on 5.95% income. *Multiply line 1 by 5.95% (.0595)* . . . . ► **2**

3 Adjusted gross 12% income (from Massachusetts Schedule B, line 13) . . . . ► **3**

4 Tax on 12% income. *Multiply line 3 by 12% (.12)* . . . . ► **4**

5 Adjusted gross capital gain (from Massachusetts Schedule D, line 8; if (loss), enter "0" . . . . ► **5**

6 Tax on long-term capital gains. *Multiply line 5 by 5% (.05)* . . . . ► **6**

7 Total tax. *Add lines 2, 4 and 6* . . . . ► **7**

8 Long-term capital gains tax credit applied to 12% income (from Massachusetts Schedule B-1, line 6) . . . . ► **8**

9 Tax after credit. *Subtract line 8 from line 7.* Not less than "0" . . . . ► **9**

10 1995 overpayment applied to your 1996 estimated tax . . . . ► **10**

11 1996 Massachusetts estimated tax payments (do not include amount in line 10) . . . . ► **11**

12 Payments made with extension . . . . ► **12**

13 Total payments. *Add lines 10, 11 and 12* **13**

14 **Overpayment.** If line 9 is smaller than line 13, *subtract line 9 from line 13* **14**

15 Amount of overpayment to be credited to your 1997 **estimated tax** . . . . ► **15**

16 **Amount of your refund.** *Subtract line 15 from line 14* . . . . ► **16**

17 **Amount of tax due.** If line 13 is smaller than line 9, *subtract line 13 from line 9* **17**

18 M-2210 penalty ► $ ____________; Late file/pay penalties** ► $ _____________ . . . . Total penalty **18**

19 Interest on unpaid balance** . . . . ► **19**

20 Total payment due at time of filing. *Add lines 17, 18 and 19* . . . . ► **20**

Make remittance payable to: Commonwealth of Massachusetts

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge.

STAPLE CHECK HERE

Your signature	Date	Paid preparer's signature ►	Date
Title			
Firm name		Employer identification or Social Security number	
Street Address		City or Town	State / Zip

This return is due on or before the fifteenth day of the fourth month after the close of the taxable year, calendar or fiscal. Make check or money order payable to **Commonwealth of Massachusetts**. Mail return, together with payment in full, to: **Massachusetts Department of Revenue, P.O. Box 7018, Boston, MA 02204.**

Schedule B. 12% Income — Interest, Dividends and Certain Capital Gains and (Losses)

1	Enter taxable 12% interest received during the year	1
2	Enter taxable dividends received during the year	2
3	*Add lines 1 and 2*	3
4	Enter taxable 12% interest and dividends from all partnerships and non-Massachusetts estates and trusts	4
5	*Add lines 3 and 4*	5
6	Short-term capital gains (from U.S. Schedule D, line 7, column (g))	6
7	Long-term capital gains on collectibles (from Mass. Schedule D, line 3)**	7
8	*Add lines 5, 6 and 7*	8
9	Short-term capital (losses) (from U.S. Schedule D, line 7, column (f))	9
10	Prior short-term (losses) for years beginning after 1981 (from 1995 Mass. Schedule D, line 11, column d)	10
11	*Combine lines 8, 9 and 10.* If the total is a (loss), omit line 12. Enter "0" on line 13 and enter the amount from line 11 in line 14. If a positive amount, go to line 12	11
12	Long-term net collectible gain deduction. If there is no entry in line 7 enter "0." If line 7 shows a gain, enter 50% of line 7 less 50% of (losses) in lines 9 and 10, but not less than "0"	12
13	Adjusted gross 12% interest, dividends and certain capital gains and (losses). *Subtract line 12 from line 11.* Not less than "0." Enter result here, and on Form 3M, line 3	13
14	Available short-term (losses) for carryover in 1997. Enter amount from line 11 only if it is a (loss)	14

Schedule B-1. Long-Term Capital Gains Tax Credit Applied to 12% Income

1	Enter the amount from Schedule D, line 9, as a positive amount	1
2	Add Schedule B, lines 6, 7, 9 and 10. If line 2 is "0" or less, you are not eligible for this credit; omit lines 3-5 and enter "0" in line 6. If line 2 is more than "0" complete lines 3-6	2
3	*Multiply Schedule B, line 13, by .12*	3
4	*Multiply Schedule B, line 5, by .12*	4
5	*Subtract line 4 from line 3.* If "0" or less, you are not eligible for this credit; enter "0" in line 6	5
6	Long-term capital gains tax credit applied to 12% income. Enter the smaller of line 1 or line 5 here and on Schedule D, line 10 and on Form 3M, line 8	6

Schedule D. Long-Term Capital Gains and (Losses) Excluding Collectibles (Attach copy of U.S. Schedule D)

1	Enter net gains or (losses) from U.S. Schedule D, line 17 (add to this figure as a positive amount any amount claimed in U.S. line 15). If not filing U.S. Schedule D, report 100% of capital gains distributions in line 1	1
2	Net gains or (losses) taxed directly to Massachusetts estates and trusts and included in line 1, if any **	2
3	Long-term gains on collectibles. Also, enter this amount in Schedule B, line 7**	3
4	*Exclude/subtract line 2 and line 3 from line 1*	4
5	Differences and adjustments, if any (attach additional statement)	5
6	Mass. 1996 gain or (loss). *Combine lines 4 and 5.*	6
7	Prior years long-term unused (losses) for years beginning after 1981 (from 1995 Mass. Schedule D, line 11, column d)	7
8	Adjusted long-term capital gains and (losses). *Add lines 6 and 7.* If result is a positive amount, enter on Form 3M, line 5; if a negative amount, complete lines 9–11	8
9	If line 8 is a loss, multiply line 8 by .05 and enter the result here and as a positive amount in Schedule B-1, line 1	9
10	Enter amount from Schedule B-1, line 6, if applicable; otherwise, enter "0"	10
11	Long-term capital gains tax credit available for carryover in 1997. *Combine line 9 and line 10*	11

Instructions

This form is solely for the use of clubs, labor unions, political committees, taxable fraternal organizations and all other 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, 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. Religious organizations, whether incorporated, and fraternal societies, orders or associations, operating under the lodge system or for the inclusive benefit of the members of a fraternity, itself operating under the lodge system, and providing life, sick, accident or other benefits for the members of such society, order or association or their dependents, are exempt from taxation and do not need to file this return.

*Total 5.95% income includes: wages, salaries, tips, other employee compensation; business/profession, farm, partnership, S corporation, trust, royalty and REMIC income or (loss); interest from Massachusetts banks (the exemption available to individuals is **not** available to clubs and other organizations); taxable pensions, annuities, IRA/Keogh distributions; rental income or (loss); unemployment compensation; alimony received, winnings fees, etc.

**See Form 1 Instructions.

10M 12/96 G696R02