2011 Form 355S XXXXXXXXXXXX

S Corporation Excise Return

AREA RESERVED FOR 2-D BARCODE

Year beginning XXXXXXXX Ending XXXXXXXX

CORPORATIONNAMEXXXXXXXXXXXXXXXXXX FEDERALIDNO
PRINCIPALBUSINESSADDRESS CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
PRINCBUSINESSADDRESSINMA CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

	Are you a member of a lower-tier entity?	X Yes	X No
1.	Is the corporation incorporated within Massachusetts? ►	X Yes	X No
2.	Type of corporation ► X Section 38 manufacturer X Mutual fund service		
3.	Type of corporation ► X R&D X Classified manufacturing		
4.	Did the corporation or predecessor file Form 3F in 2008? ►	X Yes	X No
5.	Is the corporation filing a Massachusetts unitary return? ►	X Yes	X No
6.	Is the corporation the parent of another corporation?	X Yes	X No
7.	Is the corporation an insurance mutual holding corporation? ►	X Yes	X No
8.	Is the corporation requesting alternate apportionment? ►	X Yes	X No
9.	Is this a final Massachusetts return? ►	X Yes	X No
10.	Principal business code	► 10	XXXXXX
11.	FID of principal reporting corporation, answer to line 5 is Yes	► 11	XXXXXXXXX
12.	Average number of employees in Massachusetts	12	XXXXXX
13.	Average number of employees worldwide	13	XXXXXX
14.	Date of charter or first date of business in Massachusetts	14	XXXXXXXX
15.	Last year audited by IRS	► 15	XXXX
16.	Have adjustments been reported to Massachusetts?	X Yes	X No
17.	Is the corporation deducting intangible or interest expenses paid to a related entity? ►	X Yes	X No
18.	Is the taxpayer enclosing a Taxpayer Disclosure Statement? ►	X Yes	X No
19.	Is the taxpayer claiming exemption from the income measure of the excise pursuant to PL 86-272? ►	X Yes	X No

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	Print paid preparer's name	Paid preparer's SSN or PTIN ► XXXXXXXXXXX
Title		Paid preparer's phone	Paid preparer's EIN XXXXXXXXXXX
Are you signing as an authorized delegate of the appropriate officer of the corporation? (see instructions) X Yes X No		Paid preparer's signature	Date XXXXXXXX Check if self-employed X

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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XXXXXXXXXXXX

S Corporation Excise Return

FEDERALIDNUM

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1.	Taxable Massachusetts tangible property, if applicable ►	XXXXXXXXXXXX	× .0026 = ►	1	XXXXXXXXXXXX
2.	Taxable net worth, if applicable ►	XXXXXXXXXXXX	× .0026 = ►	2	XXXXXXXXXXXX
3.	Qualifying taxable income and passive investment income ►	XXXXXXXXXXXX	× .0825 = ►	3	XXXXXXXXXXXX
4.	Income		►	4	XXXXXXXXXXXX
5.	Income taxable in Massachusetts		►	5	XXXXXXXXXXXX
6.	If line 4 is less than $6 million, enter "0." If line 4 is $6 million or more, but less than $9 million, multiply line 5 by .0197. If line 4 is $9 million or more, multiply line 5 by .0295			6	XXXXXXXXXXXX
7.	Credit recapture		►	7	XXXXXXXXXXXX
8.	Tax on installment sales		►	8	XXXXXXXXXXXX
9.	Excise before credits			9	XXXXXXXXXXXX
10.	Total credits		►	10	XXXXXXXXXXXX
11.	Excise after credits			11	XXXXXXXXXXXX
12.	Combined filer tax due			12	XXXXXXXXXXXX
13.	Minimum excise			13	XXX
14.	Excise due before voluntary contribution			14	XXXXXXXXXXXX
15.	Voluntary contribution for endangered wildlife conservation		►	15	XXXXXXXXXXXX
16.	Excise due plus voluntary contribution		►	16	XXXXXXXXXXXX
17.	2010 overpayment applied to your 2011 estimated tax		►	17	XXXXXXXXXXXX
18.	2011 Massachusetts estimated tax payments		►	18	XXXXXXXXXXXX
19.	Payment made with extension		►	19	XXXXXXXXXXXX
20.	Pass-through entity withholding. Payer ID number ►	XXXXXXXXXXX	►	20	XXXXXXXXXXXX
21.	Total refundable credits		►	21	XXXXXXXXXXXX
22.	Total payments			22	XXXXXXXXXXXX
23.	Amount overpaid			23	XXXXXXXXXXXX
24.	Amount overpaid to be credited to 2012 estimated tax		►	24	XXXXXXXXXXXX
25.	Amount overpaid to be refunded		►	25	XXXXXXXXXXXX
26.	Balance due		Balance due ►	26	XXXXXXXXXXXX
27.	a. M-2220 penalty ► XXXXXXX	b. Late file/pay penalties XXXXXXX	a + b =	27	XXXXXXXXXXXX
28.	Interest on unpaid balance			28	XXXXXXXXXXXX
29.	Total payment due at time of filing		Total due ►	29	XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX