



Form P.S.1
Public Service Corporation
Franchise Tax Return

2013
Massachusetts
Department of
Revenue

For calendar year 2013 or taxable year beginning

2013 and ending

Name of corporation

Federal Identification number

Principal business address

City/Town

State

Zip

Date of organization

Name of U.S. parent if filing a consolidated return

Federal Identification number

Name of Treasurer/Assistant Treasurer/Responsible Corporate Officer

State of incorporation

Type of business for which credit is being claimed (check only one):

- ☐ Gas and electric ☐ Railroad ☐ Power ☐ Gas transmission ☐ Street railway
☐ Telephone ☐ Water ☐ Aqueduct ☐ Telecommunications

Has the federal government changed your taxable income for any prior year which has not yet been reported to Massachusetts? ☐ Yes ☐ No
If requesting alternative apportionment under MGL Ch. 63, sec. 42, check here ☐ and enclose Form AA-1 (see instructions).

Excise Tax Calculation

1	Net income as shown on U.S. Form 1120, line 28	▶ 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	Portion of net capital loss carryover used to reduce capital gain from U.S. Schedule D	▶ 4	
5	Section 168(k) "bonus" depreciation adjustment. See instructions	▶ 5	
6	Section 311 and 31J intangible and interest expense add back	▶ 6	
7	Federal production activity add back	▶ 7	
8	All other income not included in line 1 and other adjustments (enclose schedule)	▶ 8	
9	Income before deductions. Add lines 1 through 8	▶ 9	
10	Dividends received from other utility corporations 80% or more owned included in line 1 (from Schedule N)	▶ 10	
11	Abandoned building renovation deduction. Total cost ▶ \$ _____ × .10	▶ 11	
12	Exception to the add back of interest and/or intangible expenses (enclose schedule)	▶ 12	
13	Total deductions. Add lines 10 through 12	▶ 13	
14	Adjusted income. Subtract line 13 from line 9	▶ 14	
15	Income apportionment percentage (from Schedule O, line 5)	▶ 15	
16	Taxable income. Multiply line 14 by line 15	▶ 16	
17	Excise due on income. Multiply line 16 by .065	▶ 17	
18	Credit recapture (enclose Schedule H-2) and/or additional tax on installment sales. See instructions	▶ 18	
19	Excise due before credits. Add lines 17 and 18	▶ 19	
20	Economic Opportunity Area Credit (enclose Schedule EOAC)	▶ 20	
21	Economic Development Incentive Program Credit. Certificate number ▶ _____	▶ 21	
22	Low-Income Housing Credit. Building Identification number ▶ _____	▶ 22	
23	Historic Rehabilitation Credit. Certificate number ▶ _____	▶ 23	
24	Film Incentive Credit. Certificate number ▶ _____	▶ 24	
25	Medical Device Credit. Certificate number ▶ _____	▶ 25	
26	Brownfields Credit. Certificate number ▶ _____	▶ 26	
27	Employer Wellness Program Credit. Certificate number ▶ _____	▶ 27	
28	Life Science Company Credit	▶ 28	
29	Total credits. Add lines 20 through 28	▶ 29	

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 corporate officer

Social Security number

Telephone number

Date

Signature of paid preparer

Employer Identification number

Address

Date

The Privacy Act Notice is available upon request. If you are signing as an authorized delegate of the appropriate corporate officer, check here ☐ and enclose Massachusetts Form M-2848, Power of Attorney. Mail to: Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204.
Make check or money order payable to the Commonwealth of Massachusetts.

Form code 385 Tax type 0170

30	Subtotal. Subtract line 29 from line 19. Not less than "0".	30
31	Voluntary contribution for Endangered Wildlife Conservation.	31
32	Excise due plus voluntary contribution. Add lines 30 and 31	32
33	2012 overpayment applied to 2013 estimated tax	33
34	2013 Massachusetts estimated tax payments (do not include amount from line 33).	34
35	Payments made with extension.	35
36	Pass-through entity withholding. Payer Identification number ▶ _____	36
37	Refundable Film Credit	37
38	Refundable Dairy Credit. Certificate number ▶ _____	38
39	Refundable Life Science Credit.	39
40	Refundable Economic Development Incentive Credit.	40
41	Refundable Conservation Land Credit. Certificate number ▶ _____	41
42	Total payments. Add lines 33 through 41	42
43	Amount overpaid. Subtract line 32 from line 42.	43
44	Amount overpaid to be credited to 2014 estimated tax.	44
45	Amount overpaid to be refunded. Subtract line 44 from line 43	45
46	Balance due. Subtract line 42 from line 32.	46
47	M-2220 penalty ▶ \$ _____; Other penalties ▶ \$ _____. Total penalty	47
48	Interest on unpaid balance	48
49	Total payment due at time of filing.	49

[illegible]

		a. Massachusetts	b. Worldwide	c. Percentage
1	Tangible property:			
a	Property owned (averaged)	1a	▶	
b	Rented property (capitalized)	1b	▶	
c	Totals. Add lines 1a and 1b for each column	1c	▶	
d	Tangible property apportionment percentage. Divide line 1c, col. A by line 1c, col. b			1d
2	Payroll:			
a	Total	2a	▶	
b	Payroll apportionment percentage. Divide line 2a, col. a by line 2a, col. b.			2b
3	Sales:			
a	Tangibles.	3a	▶	
b	Services	3b	▶	
c	Rents and royalties.	3c	▶	
d	Other	3d	▶	
e	Totals. Add lines 3a through 3d for each column.	3e	▶	
f	Sales apportionment percentage. Divide line 3e, col. a by line 3e, col. b			3f
4	Apportionment percentage. Add lines 1d, 2b and 3f			4
5	Mass. apportionment percentage. Divide line 4 by 3. See instructions. Enter in line 15 of Computation of Franchise Tax.			5