

AREA RESERVED
FOR 2-D BARCODE

2016 Form 355S

XXXXXXXXXXXXXX

S Corporation Excise Return

Year beginning XXXXXXXX Ending XXXXXXXX

CORPORATIONNAMEXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO
PRINCIPALBUSINESSADDRESS CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
PRINCBUSINESSADDRESSINMA CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXXX

- Check if: ☒ Amended return ☒ Federal amendment ☒ Federal audit ☒ Member of lower-tier entity
☒ Enclosing Schedule TDS ☒ Final Massachusetts return ☒ Initial return ☒ Name change ☒ Address change
1. Check if the corporation is incorporated within Massachusetts ☒
2. Date of incorporation in Massachusetts XXXXXXXX
3. Type of corporation ☒ Section 38 manufacturer ☒ Mutual fund service
4. Type of corporation ☒ R&D ☒ Classified manufacturing
5. Check if the corporation is filing a Massachusetts unitary return ☒
6. FID of principal reporting corporation, if answer to line 5 is Yes ☒ 6 XXXXXXXX
7. Check if the corporation's tax year is different from the 355U ☒
8. Check if the corporation is the parent of another corporation ☒
9. Check if the corporation is requesting alternate apportionment ☒
10. Principal business code ☒ 10 XXXXXXXX
11. Average number of employees in Massachusetts ☒ 11 XXXXXXXX
12. Average number of employees worldwide ☒ 12 XXXXXXXX
13. Foreign corporation: first date of business in Massachusetts ☒ 13 XXXXXXXX
14. Last year audited by IRS ☒ 14 XXXX
15. Check if adjustments have been reported to Massachusetts ☒
16. Check if the corporation is deducting intangible or interest expenses paid to a related entity ☒
17. Check if: ☒ Taxable only with respect to partnership activity ☒ Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272

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
Title Paid preparer's phone Paid preparer's EIN XXXXXXXXXX

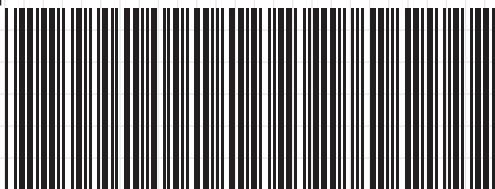
Are you signing as an authorized delegate of the appropriate officer of the corporation? (see instructions) ☒ Yes ☒ No Paid preparer's signature Date XXXXXXXX Check if self-employed ☒

Taxpayer's e-mail address
XXX

Name of designated tax matters partner Identifying number of tax matters partner
☒ XXXXXXXXXXXXXXXXXXXX ☒ XXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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XXXXXXXXXXXXXX

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1.	Taxable Massachusetts tangible property, if applicable	▶	XXXXXXXXXXXXXX	×	.0026 =	▶	1	XXXXXXXXXXXXXX
2.	Taxable net worth, if applicable	▶	XXXXXXXXXXXXXX	×	.0026 =	▶	2	XXXXXXXXXXXXXX
3.	Qualifying taxable income and passive investment income	▶	XXXXXXXXXXXXXX	×	.0800 =	▶	3	XXXXXXXXXXXXXX
4.	Income					▶	4	XXXXXXXXXXXXXX
5.	Income taxable in Massachusetts					▶	5	XXXXXXXXXXXXXX
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 .0193. If line 4 is \$9 million or more, multiply line 5 by .029						6	XXXXXXXXXXXXXX
7.	Credit recapture					▶	7	XXXXXXXXXXXXXX
8.	Tax on installment sales					▶	8	XXXXXXXXXXXXXX
9.	Excise before credits						9	XXXXXXXXXXXXXX
10.	Total credits					▶	10	XXXXXXXXXXXXXX
11.	Excise after credits						11	XXXXXXXXXXXXXX
12.	Combined filer tax due						12	XXXXXXXXXXXXXX
13.	Minimum excise						13	XXXXXXXXXXXXXX
14.	Excise due before voluntary contribution						14	XXXXXXXXXXXXXX
15.	Voluntary contribution for endangered wildlife conservation					▶	15	XXXXXXXXXXXXXX
16.	Excise due plus voluntary contribution					▶	16	XXXXXXXXXXXXXX
17.	2015 overpayment applied to your 2016 estimated tax					▶	17	XXXXXXXXXXXXXX
18.	2016 Massachusetts estimated tax payments					▶	18	XXXXXXXXXXXXXX
19.	Payment made with extension					▶	19	XXXXXXXXXXXXXX
20.	Pass-through entity withholding. Payer ID number	▶	XXXXXXXXXXXXXX			▶	20	XXXXXXXXXXXXXX
21.	Total refundable credits					▶	21	XXXXXXXXXXXXXX
22.	Total payments						22	XXXXXXXXXXXXXX
23.	Amount overpaid						23	XXXXXXXXXXXXXX
24.	Amount overpaid to be credited to 2017 estimated tax					▶	24	XXXXXXXXXXXXXX
25.	Amount overpaid to be refunded					▶	25	XXXXXXXXXXXXXX
26.	Balance due						Balance due ▶ 26	XXXXXXXXXXXXXX
27.	a. M-2220 penalty	▶	XXXXXXX	b. Late file/pay penalties	▶	XXXXXXX	a + b = 27	XXXXXXXXXXXXXX
28.	Interest on unpaid balance						28	XXXXXXXXXXXXXX
29.	Total payment due at time of filing						Total due ▶ 29	XXXXXXXXXXXXXX

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