# 2016 Form 355S

XXXXXXXXXXXXX

S Corporation Excise Return

AREA RESERVED
FOR 2-D BARCODE

Year beginning XXXXXXXX Ending XXXXXXXX

CORPORATIONNAMEXXXXXXXXXXXXXXXXX FEDERALIDNO
PRINCIPALBUSINESSADDRESS CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
PRINCBUSINESSADDRESSINMA CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXX

Check if: ► X Amended return ► X Federal amendment ► X Federal audit X Member of lower-tier entity
► X Enclosing Schedule TDS ► X Final Massachusetts return ► X Initial return ► X Name change ► X Address change

| | | | |
|---|---|---|---|
| 1. | Check if the corporation is incorporated within Massachusetts | ► X | |
| 2. | Date of incorporation in Massachusetts | | XXXXXXXX |
| 3. | Type of corporation ► X Section 38 manufacturer X Mutual fund service | | |
| 4. | Type of corporation ► X R&D X Classified manufacturing | | |
| 5. | Check if the corporation is filing a Massachusetts unitary return | ► X | |
| 6. | FID of principal reporting corporation, if answer to line 5 is Yes | ► 6 | XXXXXXXXX |
| 7. | Check if the corporation's tax year is different from the 355U | ► X | |
| 8. | Check if the corporation is the parent of another corporation | X | |
| 9. | Check if the corporation is requesting alternate apportionment | ► X | |
| 10. | Principal business code | ► 10 | XXXXXX |
| 11. | Average number of employees in Massachusetts | 11 | XXXXXX |
| 12. | Average number of employees worldwide | 12 | XXXXXX |
| 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 | X | |
| 16. | Check if the corporation is deducting intangible or interest expenses paid to a related entity | ► X | |

17. Check if: ► X Taxable only with respect to partnership activity ► X 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
► XXXXXXXXXXX

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) X Yes X No

Paid preparer's signature

Date
XXXXXXXX

Check if self-employed X

Taxpayer's e-mail address
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name of designated tax matters partner
► XXXXXXXXXXXXXXXXX

Identifying number of tax matters partner
► XXXXXXXXXX

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**

XXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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## 2016 Form 355S, pg. 2

XXXXXXXXXXXXX

S Corporation Excise Return

FEDERALIDNUM

| | | | | |
|---|---|---|---|---|
| 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 | × .0800 = ► 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 .0193. If line 4 is $9 million or more, multiply line 5 by .029 | 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. | 2015 overpayment applied to your 2016 estimated tax | ► 17 | XXXXXXXXXXXX |
| 18. | 2016 Massachusetts estimated tax payments | ► 18 | XXXXXXXXXXXX |
| 19. | Payment made with extension | ► 19 | XXXXXXXXXXXX |
| 20. | Pass-through entity withholding. Payer ID number ► XXXXXXXXXX | ► 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 2017 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 |

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX