

AREA RESERVED
FOR 2-D BARCODE

2017 Form 355

XXXXXXXXXXXXXX

Business or Manufacturing 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 2 XXXXXXXX
3. Type of corporation ☒ Section 38 manufacturer ☒ Mutual fund service
4. Type of corporation ☒ R&D ☒ Classified manufacturing ☒ RIC ☒ REIT
5. Check if the corporation is filing a Massachusetts combined 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 an insurance mutual holding 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: ☒ Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272 ☒ Taxable only with respect to partnership activity

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.

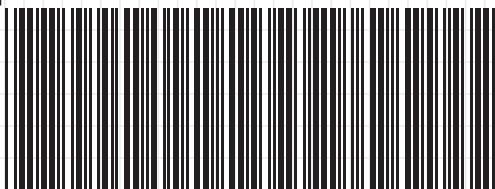
Signature of appropriate officer Date XXXXXXXX Print paid preparer's name Paid preparer's SSN or PTIN
Title Paid preparer's phone Paid preparer's EIN XXXXXXXXXX

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

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



2017 Excise Calculation

XXXXXXXXXXXXXX

Business or Manufacturing Corporation Excise Return

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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.	Massachusetts taxable income	▶	XXXXXXXXXXXXXX	×	.0800 = ▶	3	XXXXXXXXXXXXXX
4.	Credit recapture				▶	4	XXXXXXXXXXXXXX
5.	Tax on installment sales				▶	5	XXXXXXXXXXXXXX
6.	Excise before credits					6	XXXXXXXXXXXXXX
7.	Total credits				▶	7	XXXXXXXXXXXXXX
8.	Excise after credits					8	XXXXXXXXXXXXXX
9.	Combined filer tax due					9	XXXXXXXXXXXXXX
10.	Minimum excise					10	XXX
11.	Excise due before voluntary contribution					11	XXXXXXXXXXXXXX
12.	Voluntary contribution for endangered wildlife conservation				▶	12	XXXXXXXXXXXXXX
13.	Excise due plus voluntary contribution				▶	13	XXXXXXXXXXXXXX
14.	2016 overpayment applied to your 2017 estimated tax				▶	14	XXXXXXXXXXXXXX
15.	2017 Massachusetts estimated tax payments				▶	15	XXXXXXXXXXXXXX
16.	Payment made with extension				▶	16	XXXXXXXXXXXXXX
17.	Payment with original return				▶	17	XXXXXXXXXXXXXX
18.	Pass-through entity withholding. Payer ID number ▶	XXXXXXXXXXXXXX			▶	18	XXXXXXXXXXXXXX
19.	Total refundable credits				▶	19	XXXXXXXXXXXXXX
20.	Total payments					20	XXXXXXXXXXXXXX
21.	Amount overpaid					21	XXXXXXXXXXXXXX
22.	Amount overpaid to be credited to 2018 estimated tax				▶	22	XXXXXXXXXXXXXX
23.	Amount overpaid to be refunded				Refund ▶	23	XXXXXXXXXXXXXX
24.	Balance due				Balance due ▶	24	XXXXXXXXXXXXXX
25.	a. M-2220 penalty ▶	XXXXXXX	b. Late file/pay penalties	XXXXXXX	a + b =	25	XXXXXXXXXXXXXX
26.	Interest on unpaid balance					26	XXXXXXXXXXXXXX
27.	Total payment due at time of filing				Total due ▶	27	XXXXXXXXXXXXXX

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