TEST #1

DRAFT AS OF OCTOBER 6, 2017
SUBJECT TO CHANGE

PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2017 and 12-31-2017 below. Fiscal year filers enter appropriate dates.

Tax year beginning ► 01012017 Tax year ending ► 12312017

Form 355 Business/Manufacturing Corporation Excise Return 2017

NAME OF CORPORATION: TEST ONE CORP

FEDERAL IDENTIFICATION NUMBER (FID): 041234567

PRINCIPAL BUSINESS ADDRESS: 1 SERVICE RD

CITY/TOWN/POST OFFICE: CHELSEA

STATE: MA ZIP + 4: 021506371

PRINCIPAL BUSINESS ADDRESS IN MASSACHUSETTS (IF DIFFERENT):

CITY/TOWN/POST OFFICE:

STATE: ZIP + 4:

Fill in if: Amended return (see instructions) ► ○ Federal amendment ► ○ Federal audit ► ○ Member of lower-tier entity ○
Enclosing Schedule TDS ► ○ Final Massachusetts return ► ● Initial return ► ○ Name change ► ● Address change ► ●

1	Fill in if corporation is incorporated within Massachusetts ►	●
2	Date of incorporation in Massachusetts 2	01031991
3	Type of corporation (select one, if applicable) ► ○ Section 38 manufacturer ○ Mutual fund service	
4	Type of corporation (select one, if applicable) ► ○ R&D ○ Classified mfg ○ RIC ○ Public REIT	
5	Fill in if corporation is included in a 355U filing (see instructions) ►	○
6	FID of principal reporting corporation (if line 5 is filled in) ► 6	
7	Fill in if line 5 is filled in and corporation's tax year ends in a different month than the 355U ►	○
8	Fill in if corporation is an insurance mutual holding corporation ►	○
9	Fill in if corporation is requesting alternative apportionment (enclose Form AA-1) ►	○
10	Principal business code (from U.S. return) ► 10	561300
11	Average number of employees in Massachusetts 11	500
12	Average number of employees worldwide 12	600
13	Foreign corporation: first date of business in Massachusetts 13	11271991
14	Last year audited by IRS ► 14	2002
15	Fill in if adjustments have been reported to Massachusetts	●
16	Fill in if corporation is deducting intangible or interest expenses paid to a related entity ►	●
17	Fill in 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 (see instructions): Don Donaldson Date: 01/02/2018 Print paid preparer's name: RICHARD RICHIE Preparer's SSN or PTIN ► 123456789

Title: TESTER Date: / / Paid preparer's phone: (619) 622 2222 Paid preparer's EIN ► 987654321

Are you signing as an authorized delegate of the appropriate corporate officer? ● (enclose Form M-2848) ○ No Paid preparer's signature: Richard Richie Date 01/02/2018 ○ Fill in if self-employed

Taxpayer's e-mail address

Mail to: **Massachusetts Department of Revenue, PO Box 7005, Boston, MA 02204.**

2017 FORM 355, PAGE 2
EXCISE CALCULATION

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) ►		× .0026 = ► 1	
2	Taxable net worth, if applicable (from Schedule D, line 10) ►	7569656	× .0026 = ► 2	19681
3	Massachusetts taxable income (from Schedule E, line 27). Not less than "0" ►	3286913	× .0800 = ► 3	262953
4	Credit recapture (enclose Credit Recapture Schedule). See instructions ► 4			7949
5	Additional tax on installment sales ► 5			55614
6	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 through 5 . . . 6			346197
7	Total credits (from Credit Manager Schedule; combined report filers, see instructions) ► 7			300
8	Excise after credits. Subtract line 7 from line 6 . . . 8			345897
9	Combined filers only, enter the amount of tax from Schedule U-ST, line 41 . . . 9			
10	Minimum excise **(cannot be prorated; combined report filers, see instructions)** . . . 10			456
11	Excise due before voluntary contribution. (line 8 or 10, whichever is greater) . . . 11			345897
12	Voluntary contribution for endangered wildlife conservation ► 12			100
13	Excise due plus voluntary contribution. Add lines 11 and 12 ► 13			345997
14	2016 overpayment applied to your 2017 estimated tax ► 14			6700
15	2017 Massachusetts estimated tax payments (do not include amount in line 14) ► 15			340000
16	Payment made with extension ► 16			64200
17	Payment with original return. Use only if amending a return ► 17			
18	Pass-through entity withholding (from Schedule 3K-1) Payer ID number ► ___-___ ► 18			
19	Total refundable credits (from Credit Manager Schedule) ► 19			300
20	Total payments. Add lines 14 through 19. . . . 20			411200
21	Amount overpaid. Subtract line 13 from line 20 . . . 21			65203
22	Amount overpaid to be credited to 2018 estimated tax ► 22			53836
23	Amount overpaid to be refunded. Subtract line 22 from line 21 . . . Refund ► 23			10000
24	Balance due. Subtract line 20 from line 13 . . . Balance due ► 24			
25	a. M-2220 penalty ► 1367 b. Late file/pay penalties		. . . . a + b = 25	1367
26	Interest on unpaid balance . . . 26			
27	Payment due at time of filing. See instructions . . . Total due ► 27			

CORPORATION NAME: TEST ONE CORP

FEDERAL IDENTIFICATION NUMBER: 041234567

Schedule A Balance Sheet 2017

	ASSETS	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. NET BOOK VALUE
1	Capital assets in Massachusetts:			
	a. Buildings ► 1a			
	b. Land ► 1b			
	c. Motor vehicles and trailers ► 1c	184871	182003	2868
	d. Machinery taxed locally ► 1d			
	e. Machinery **not** taxed locally 1e			
	f. Equipment 1f	5340238	5056077	284161
	g. Fixtures 1g	1808598	1759628	48970
	h. Leasehold improvements taxed locally ► 1h	1203588	1203588	
	i. Leasehold improvements **not** taxed locally 1i			
	j. Other fixed depreciable assets 1j			
	k. Construction in progress 1k			
	l. Total capital assets in Massachusetts ► 1l			335999
2	Inventories in Massachusetts:			
	a. General merchandise 2a			
	b. Exempt goods ► 2b			
3	Supplies and other non-depreciable assets in Massachusetts 3			
4	Total tangible assets in Massachusetts ► 4			335999
5	Capital assets outside of Massachusetts:			
	a. Buildings and other depreciable assets 5a			
	b. Land 5b			
6	Leaseholds/leasehold improvements outside Massachusetts 6			
7	Total capital assets outside Massachusetts ► 7			

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE

FEDERAL IDENTIFICATION NUMBER 041234567

8	Inventories outside Massachusetts 8	140966
9	Supplies and other non-depreciable assets outside Massachusetts 9	
10	Total tangible assets outside of Massachusetts 10	140966
11	Total tangible assets. Add lines 4 and 10 11	476965
12	Investments (capital stock investments and equity contributions only):	
	a. Investments in subsidiaries at least 80% owned ..... ▶ 12a	20196
	b. Other investments ..... ▶ 12b	
13	Notes receivable 13	10000
14	Accounts receivable 14	12092538
15	Intercompany receivables ..... ▶ 15	1500
16	Cash 16	573520
17	Other assets 17	18633815
18	Total assets ..... ▶ 18	31808534
	LIABILITIES AND CAPITAL	
19	Mortgages on:	
	a. Massachusetts tangible property taxed locally 19a	
	b. Other tangible assets 19b	
20	Bonds and other funded debt 20	
21	Accounts payable 21	396570
22	Intercompany payables ..... ▶ 22	
23	Notes payable 23	3388889
24	Miscellaneous current liabilities 24	6468927
25	Miscellaneous accrued liabilities 25	6964950
26	Total liabilities ..... ▶ 26	17219336
27	Total capital stock issued 27	3606365
28	Paid-in or capital surplus 28	11000000
	▼ If a loss, mark an X in box at left	
29	Retained earnings and surplus reserves ..... ▶ 29	X 17167
30	Undistributed S corporation net income ..... ▶ 30	
31	Total capital. Add lines 27 through 30 31	14589198
32	Treasury stock 32	
33	Total liabilities and capital. Do not enter less than "0" 33	31808534

CORPORATION NAME: TEST ONE CORP

FEDERAL IDENTIFICATION NUMBER: 041234567

Schedule B Tangible or Intangible Property Corporation Classification 2017

Enter all values as net book values from Schedule A, col. c.

1	Total Massachusetts tangible property (from Schedule A, line 4)	335999
2	Massachusetts real estate (from Schedule A, lines 1a and 1b)	
3	Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	2868
4	Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	
5	Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	
6	Massachusetts tangible property taxed locally. Add lines 2 through 5 ► 6	2868
7	Massachusetts tangible property not taxed locally. Subtract line 6 from line 1	333131
8	Total assets (from Schedule A, line 18)	31808534
9	Massachusetts tangible property taxed locally (from line 6 above)	2868
10	Total assets not taxed locally. Subtract line 9 from line 8	31805666
11	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	20196
12	Assets subject to allocation. Subtract line 11 from line 10	31785470
13	Income apportionment percentage (from Schedule F, line 5)	0519675
14	Allocated assets. Multiply line 12 by line 13 ► 14	16518114
15	Tangible property percentage. Divide line 7 by line 14	0020168

Schedule C Tangible Property Corporation

Complete only if Sched. B, line 15 is 10% or more. Enter all values as net book values from Sched. A, col. c.

1	Total Massachusetts tangible property (from Schedule A, line 4)	
2	Exempt Massachusetts tangible property:	
	a. Massachusetts real estate (from Schedule A, lines 1a and 1b)	
	b. Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	
	c. Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	
	d. Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	
	e. Exempt goods (from Schedule A, line 2b)	
	f. Certified Massachusetts industrial waste/air treatment facilities	
	g. Certified Massachusetts solar or wind power deduction	
3	Total exempt Massachusetts tangible property. Add lines 2a through 2g	
4	Taxable Massachusetts tangible property. Subtract line 3 from line 1. Do not enter less than "0." Enter result in line 1 of the Excise Calculation on page 2, and enter "0" in line 2 of the Excise Calculation	

CORPORATION NAME: TEST ONE CORP

FEDERAL IDENTIFICATION NUMBER: 041234567

Schedule D Intangible Property Corporation 2017

Complete only if Sched. B, line 15 is less than 10%. Enter all values as net book values from Sched. A, col. c.

1	Total assets (from Schedule A, line 18)	31808534
2	Total liabilities (from Schedule A, line 26)	17219336
3	Massachusetts tangible property taxed locally (from Schedule B, line 6)	2868
4	Mortgages on Massachusetts tangible property taxed locally (from Schedule A, line 19a)	
5	Subtract line 4 from line 3. Do not enter less than "0"	2868
6	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	20196
7	Deductions from total assets. Add lines 2, 5 and 6	17242400
8	Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"	14566134
9	Income apportionment percentage (from Schedule F, line 5)	0519675
10	Taxable net worth. Multiply line 8 by line 9. Enter result in line 2 of the Excise Calculation on page 2, and enter "0" in line 1 of the Excise Calculation	7569656

Schedule E-1 Dividends Deduction

1	Total dividends. See instructions	20000
2	Dividends from Massachusetts corporate trusts	
3	Dividends from non-wholly-owned DISCs	
4	Dividends, if less than 15% of voting stock owned	
5	Dividends from RICs	
6	Dividends from REITs	
7	Total taxable dividends. Add lines 2 through 6	
8	Dividends eligible for deduction. Subtract line 7 from line 1	20000
9	Dividends deduction. Multiply line 8 by .95	19000

CORPORATION NAME: TEST ONE CORP

FEDERAL IDENTIFICATION NUMBER: 041234567

Schedule E Taxable Income 2017

		▼ If a loss, mark an X in box at left	
1	Gross receipts or sales (from U.S. Form 1120, line 1c) ► 1		63393967
2	Gross profit (from U.S. Form 1120, line 3) ► 2		22895322
3	Other deductions (from U.S. Form 1120, line 26) ► 3		2809487
4	Net income (from U.S. Form 1120, line 28) ► 4		6146083
5	Allowable U.S. wage credit. See instructions ► 5		5000
6	Subtract line 5 from line 4 6		6141083
7	State and municipal bond interest not included in U.S. net income ► 7		3500
8	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income ► 8		509035
9	Section 168(k) "bonus" depreciation adjustment. See instructions ► 9	X	36020
10	Section 31I and 31K intangible expense add back adjustment. See instructions ► 10		4000
11	Section 31J and 31K interest expense add back adjustment. See instructions ► 11		750
12	Federal production activity add back adjustment. See instructions ► 12		
13	Other adjustments, including research and development expenses. See instructions ► 13	X	8878
14	Add lines 6 through 13 14		6613470
15	Abandoned building renovation deduction × .10 = ► 15		
16	Dividends deduction (from Schedule E-1, line 9) ► 16		19000
17	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE) ► 17		4000
18	Exception(s) to the add back of interest expenses (enclose Schedule ABI) ► 18		750
19	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14 19		6589720
20	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies) ► 20		0519675
21	Multiply line 19 by line 20 21		3424513
22	Income not subject to apportionment ► 22		680
23	Total net income allocated or apportioned to Massachusetts. Add lines 21 and 22 ► 23		3425193
24	Certified Massachusetts solar or wind power deduction ► 24		
25	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23 25		3425193
26	Net operating loss deduction (enclose Schedule NOL) ► 26		138280
27	Massachusetts taxable income. Subtract line 26 from line 25 27		3286913
28	Total net operating loss available for carryover to future years ► 28		

DRAFT AS OF OCTOBER 6, 2017
SUBJECT TO CHANGE

CORPORATION NAME: TEST ONE CORP

FEDERAL IDENTIFICATION NUMBER: 041234567

Schedule F Income Apportionment 2017

Fill in applicable oval(s):
- ○ Section 38 manufacturer ○ Mutual fund service corporation reporting sales of mutual funds only
- ○ Mutual fund service corporation reporting sales of non-mutual funds ● Other
- ○ Change in method of calculating one or more factors from prior year (attach statement)

BUSINESS LOCATIONS OUTSIDE OF MASSACHUSETTS

CITY AND STATE	SPECIFY WHETHER FACTORY, SALES OFFICE, WAREHOUSE, CONSTRUCTION SITE, ETC.	ACCEPTS ORDERS	REGISTERED TO DO BUSINESS IN STATE	FILES RETURNS IN STATE
ST. LOUIS, MO	WORKSITE	○	●	●
		○	○	○
		○	○	○

APPORTIONMENT FACTORS

1 Tangible property:

a. Property owned (averaged)	► Massachusetts	8466837	► Worldwide	8537320
b. Property rented (capitalized)	► Massachusetts	3029256	► Worldwide	3029256
c. Total property owned and rented	Massachusetts	11496093	Worldwide	11566576
d. Tangible property apportionment percentage. Divide (from line 1c) Massachusetts total by worldwide total. . . 1d		0993906		

2 Payroll:

a. Total payroll	► Massachusetts	15464655	► Worldwide	25589786
b. Payroll apportionment percentage. Divide (from line 2a) Mass. total payroll by worldwide total payroll 2b		0604329		

3 Sales:

a. Tangibles (Massachusetts destination)	► Massachusetts			
b. Tangibles (Massachusetts throwback)	► Massachusetts		► Worldwide	
c. Services (including mutual fund sales)	► Massachusetts	15394949	► Worldwide	64120590
d. Rents and royalties	► Massachusetts	10000	► Worldwide	10000
e. Other	► Massachusetts	2500	► Worldwide	5000
f. Total sales	Massachusetts	15407449	Worldwide	64135590

g. Sales apportionment percentage. Mutual fund corporations reporting mutual fund sales, divide (from line 3c) Massachusetts mutual fund sales by total mutual fund sales. All other corporations, including mutual fund service corporations reporting non-mutual fund sales, divide (from line 3f) Massachusetts total sales by worldwide total sales 3g 0240232

4 Apportionment percentage. All corporations must complete this line. Section 38 manufacturers or mutual fund service corporations reporting mutual fund sales, enter the amount from line 3g. All other corporations, including mutual fund service corporations reporting non-mutual fund sales, enter the total of (line 3g × 2) plus line 1d plus line 2b 4 2078699

5 Massachusetts apportionment percentage. If the taxpayer is a Section 38 manufacturer, enter the amount from line 4 here and in Schedules E, line 20. Mutual fund service corporations for mutual fund sales, enter the amount from line 4 here and in line 20 of the Schedules E for mutual fund sales only. All other corporations including mutual fund service corporations reporting non-mutual fund sales, divide line 4 by 4, enter result here and in Schedules E, line 20 (for mutual fund service corporations, the Schedules E for non-mutual fund sales). See instructions . . . 5 0519675

Schedule EOAC
Economic Opportunity Area Credit

2017

Name: TEST ONE Corp

Federal Identification or Social Security number: 041 234 567

General information

1 Type of business for which property is being used (fill in only one):

○ Sole proprietorship ○ Partnership ○ S corporation ○ Financial institution ○ Insurance company ● Corporation ○ Trust

○ Corporation included in a combined return

○ Other (specify) _____

Name and identification number of type of business indicated above _____

2 Type of return this schedule is filed with FORM 355

3 Location of certified project 1 MAIN ST MEDFORD MA

4 Date project was certified by EACC 10/10/2017

Computation of 5% Current Year Economic Opportunity Area Credit (EOAC)

5 Briefly, but accurately, describe purchases of qualifying property for the 5% EOAC. Complete details must be available upon request.	Date acquired	Life or recovery (years)	Cost (if not using cost, explain on separate sheet)
100 SQ FT LOT	10/10/2017	10	1100

6 Total cost of property	6	1100
7 U.S. basis reduction, if any	7	
8 Total cost of property after reduction. Subtract line 7 from line 6	8	1100
9 Available current-year EOAC. Multiply line 8 by .05. See instructions	9	55

Credit Allowable in Current Year. Corporate taxpayers **omit** this section.

10 Total tax for determining allowable credit. Form 1, line 28; Form 1-NR/PY, line 32; or Form 2, line 41	10	
11 Total of other credits. See instructions.	11	
12 Subtract line 11 from line 10. Not less than "0"	12	
13 Enter 50% of line 12.	13	
14 EOAC available this year. Add line 9 and prior years unused EOAC (from 2016 Schedule EOAC, line 17, col. c)	14	
15 EOAC allowable for use in current year. If line 13 is greater than or equal to line 14, enter line 14. If line 13 is less than line 14 enter line 13. Also enter this amount on Form 1, Credit Manager Schedule; Form 1-NR/PY, Credit Manager Schedule; Form 2, Credit Manager Schedule.	15	

Massachusetts Department of Revenue

Credit Recapture Schedule

2017

For calendar year 2017 or taxable year beginning 01/01/2017 and ending 12/31/2017

Name of taxpayer: TEST ONE Corp

Identification number: 041234567

Instructions

Certain Massachusetts tax credits are subject to recapture as specified in the statute authorizing the credit (e.g. investment tax is subject to recapture under M.G.L. c 63, s 31A(e) if an asset for which the credit was taken is disposed of before the end of its useful life). If a recapture calculation is required, the amount of the credit allowed is redetermined and the reduction in the amount of credit allowable is recaptured to the extent the credit was taken or used in a prior year. See DOR Directive 89-7. Taxpayers who have a recapture calculation must complete this schedule whether or not a recapture tax is determined to be due.

List each credit for which a recapture calculation must be made. For credits tracked by certificate numbers that must be reported on the return to claim the credit, enter each certificate number and the associated credits separately. For credits not tracked by certificate number, enter credits separately by type and the year to which they relate. List only those credits and certificate numbers or tax years for which a reduction in the credit is being calculated.

For each credit, show both the original amount of the credit and the revised amount; the difference between these is the reduction in the credit or tentative recapture. For the investment tax credit (and similar credits) where recapture is being required for some but not all of the assets placed in service during a given year, the total shown for the original credit and revised credit amounts should be the amounts for the assets subject to recapture.

If any of the credit associated with the certificate number and/or tax year (as applicable) was never used, subtract that amount from the tentative recapture and any portion of the reduction in credit that is not offset is added to the return as recapture tax. Reduce any available credit carryover by the amount used to offset tentative recapture.

Credit recaptures

1 List any credit for which recapture is taking place.

Credit type	Period end date (mm/dd/yyyy)	Certificate number	Original amount	Revised amount	Credit never used	Addition to excise
LOW EDC	12/31/2017		10000	2051	7949	7949

Rev. 9/15

Massachusetts Department of Revenue

Credit Manager Schedule

For calendar year 2017 or taxable year beginning	01/01/2017	and ending	12/31/2017
Name of taxpayer	Identification number	Total credits taken this year (add lines 1h and 3i)	Total refundable credits allowable this year (add lines 2g and 4h)
TEST ONE CORP	041234567	300	300

Instructions

Taxpayers with credits available for use in the current year must file this schedule to report the credits and the amount of each credit used. For credits tracked by certificate numbers issued by the Department of Revenue or another state agency that must be used to claim the credit, enter each certificate number and the associated credits separately. For credits not tracked by certificate number, enter credits separately by type and the year to which they relate. List credits available whether or not they are being used in the current year.

For each credit, report the amount of the credit available for use and the amount of credit taken this year to reduce tax. For corporations filing a combined report, report the amount of credit shared with affiliates. For pass-through entities, report the amount of credits distributed to partners/shareholders/beneficiaries in the credit shared column.

Section 1. Non-refundable credits

Instructions. List all credits available not received via Massachusetts K-1s or credit transfer*, including those not used in the current year. Show the amounts used to reduce the total excise or tax, passed to partners/shareholders/beneficiaries, or shared with affiliates. Note: If you are using a tax credit that does not have an expiration date, for example the Van Pool, fill in the "Non-Expiring" oval and leave the "Period end date" and "Certificate number" fields blank.

***Note:** Taxpayers taking the Brownfields Credit, Film Incentive Credit, and/or Medical Device Credit received via credit transfers/sales should complete section 1.

1a. Credit type	1b. Fill in if non-expiring	1c. Period end date (mm/dd/yyyy)	1d. Certificate number	1e. Credit available or certificate balance	1f. Credit taken this year	1g. Credit shared this year
EOACCR	○	12/31/2017		55	35	
BRWFLD	○	12/31/2017	2040B00045	45	45	
LOWINC	○	12/31/2017	MA4016442	65	65	
HIS RHB	○	12/31/2017	HRC021Q	35	35	
MEDDVC	○	12/31/2017	4020M02345	19	19	
EMPWLL	○	12/31/2017	3124WIII	20	20	
CRTHOU	○	12/31/2017	4269 14 12345	30	30	
LFSJOB	○	12/31/2017		51	51	
	○					
	○					
	○					
	○					
	○					

1h. Total. Enter total amount of credit(s) taken this year here and where indicated above 300

Name of taxpayer: TEST ONE Corp

Identification number: 041234567

Section 2. Refundable credits

Instructions. Taxpayers with refundable credits who are requesting a refund from credits not received via Massachusetts K-1s or credit transfer*, complete Section 2. For each refundable credit, report the amount of the credit available after taking into consideration any credits that may have been taken or shared as shown in section 1 of this schedule. Enter the amount by which the available credit balance is being reduced and the amount to be treated as a refundable credit, which may be either 90% or 100% of the reduction (See TIR 13-6, example #3 for an illustration. Company B has $500,000 of credit available, reduces this by $300,000 in order to claim a $270,000 refundable credit as authorized under the Life Sciences Tax Incentive Program.)

***Note:** Taxpayers taking the Film Incentive Credit received via credit transfers should complete section 2.

2a. Credit type	2b. Period end date (mm/dd/yyyy)	2c. Certificate number	2d. Credit available or certificate balance	2e. Reduction in balance for refund	2f. Refundable credit taken (100% or 90%)
DAIFRM	12/31/2017	E6620	49	49	49
LFSROC	12/31/2017		120	120	120
EDIPCR	12/31/2017		80	80	80
CNSLND	12/31/2017	4207L00893	31	31	31
CMMINV	12/31/2017	4110V81240	20	20	20

2g. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1 300