

AREA RESERVED
FOR 2-D BARCODE

2017 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 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 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

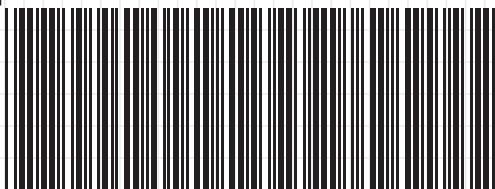
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of appropriate officer Date XXXXXXXX Print paid preparer's name Paid preparer's SSN or PTIN ☒ XXXXXXXXXXXX
Title Paid preparer's phone Paid preparer's EIN XXXXXXXXXXXX
Are you signing as an authorized delegate of the appropriate officer of the corporation? Paid preparer's signature Date XXXXXXXX Check if self-employed ☒
(see instructions) ☒ Yes ☒ No
Taxpayer's e-mail address
XXX

Name of designated tax matters partner Identifying number of tax matters partner
☒ XXXXXXXXXXXXXXXXXX ☒ XXXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



2017 Form 355S, pg. 2

XXXXXXXXXXXXXX

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FEDERALIDNUM

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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	XXX	
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.	2016 overpayment applied to your 2017 estimated tax				▶	17	XXXXXXXXXXXXXX	
18.	2017 Massachusetts estimated tax payments				▶	18	XXXXXXXXXXXXXX	
19.	Payment made with extension				▶	19	XXXXXXXXXXXXXX	
20.	Payment with original return				▶	20	XXXXXXXXXXXXXX	
21.	Pass-through entity withholding. Payer ID number	▶	XXXXXXXXXXXXXX		▶	21	XXXXXXXXXXXXXX	
22.	Total refundable credits				▶	22	XXXXXXXXXXXXXX	
23.	Total payments					23	XXXXXXXXXXXXXX	
24.	Amount overpaid					24	XXXXXXXXXXXXXX	
25.	Amount overpaid to be credited to 2018 estimated tax				▶	25	XXXXXXXXXXXXXX	
26.	Amount overpaid to be refunded				▶	26	XXXXXXXXXXXXXX	
27.	Balance due				Balance due ▶	27	XXXXXXXXXXXXXX	
28.	a. M-2220 penalty	▶	XXXXXXX	b. Late file/pay penalties	XXXXXXX	a + b =	28	XXXXXXXXXXXXXX
29.	Interest on unpaid balance						29	XXXXXXXXXXXXXX
30.	Total payment due at time of filing				Total due ▶	30	XXXXXXXXXXXXXX	

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