2017 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
FOREIGNSTATEXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXX

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 combined 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
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name of designated tax matters partner ► XXXXXXXXXXXXXXXXX

Identifying number of tax matters partner ► XXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AREA RESERVED
FOR 2-D BARCODE

2017 Form 355S, pg. 2

XXXXXXXXXXXX

S Corporation Excise Return

FEDERALIDNUM

1.	Taxable Massachusetts tangible property, if applicable ►	XXXXXXXXXXX	× .0026 = ► **1**	XXXXXXXXXXX
2.	Taxable net worth, if applicable ►	XXXXXXXXXXX	× .0026 = ► **2**	XXXXXXXXXXX
3.	Qualifying taxable income and passive investment income ►	XXXXXXXXXXX	× .0800 = ► **3**	XXXXXXXXXXX
4.	Income		► **4**	XXXXXXXXXXX
5.	Income taxable in Massachusetts		► **5**	XXXXXXXXXXX
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**	XXXXXXXXXXX
7.	Credit recapture		► **7**	XXXXXXXXXXX
8.	Tax on installment sales		► **8**	XXXXXXXXXXX
9.	Excise before credits		**9**	XXXXXXXXXXX
10.	Total credits		► **10**	XXXXXXXXXXX
11.	Excise after credits		**11**	XXXXXXXXXXX
12.	Combined filer tax due		**12**	XXXXXXXXXXX
13.	Minimum excise		**13**	XXX
14.	Excise due before voluntary contribution		**14**	XXXXXXXXXXX
15.	Voluntary contribution for endangered wildlife conservation		► **15**	XXXXXXXXXXX
16.	Excise due plus voluntary contribution		► **16**	XXXXXXXXXXX
17.	2016 overpayment applied to your 2017 estimated tax		► **17**	XXXXXXXXXXX
18.	2017 Massachusetts estimated tax payments		► **18**	XXXXXXXXXXX
19.	Payment made with extension		► **19**	XXXXXXXXXXX
20.	Payment with original return		► **20**	XXXXXXXXXXX
21.	Pass-through entity withholding. Payer ID number ► XXXXXXXXXX		► **21**	XXXXXXXXXXX
22.	Total refundable credits		► **22**	XXXXXXXXXXX
23.	Total payments		**23**	XXXXXXXXXXX
24.	Amount overpaid		**24**	XXXXXXXXXXX
25.	Amount overpaid to be credited to 2018 estimated tax		► **25**	XXXXXXXXXXX
26.	Amount overpaid to be refunded		► **26**	XXXXXXXXXXX
27.	Balance due		Balance due ► **27**	XXXXXXXXXXX
28.	a. M-2220 penalty ► XXXXXX b. Late file/pay penalties XXXXXX		a + b = **28**	XXXXXXXXXXX
29.	Interest on unpaid balance		**29**	XXXXXXXXXXX
30.	Total payment due at time of filing		Total due ► **30**	XXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX