



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 ▶

M M D D Y Y Y Y

Tax year ending ▶

M M D D Y Y Y Y

Form 355S S Corporation Excise Return**2017**

NAME OF CORPORATION

FEDERAL IDENTIFICATION NUMBER (FID)

PRINCIPAL BUSINESS ADDRESS

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

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. M M D D Y Y Y Y
- 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
- 5** Fill in if corporation is filing a Massachusetts combined return (see instructions) ▶ ☐
- 6** FID of principal reporting corporation (if line 5 is filled in) ▶ 6
- 7** If line 5 is filled in, fill in if the corporation's tax year ends in a different month than the 355U ▶ ☐
- 8** Fill in if corporation is the parent of another corporation ☐
- 9** Fill in if corporation is requesting alternative apportionment (enclose Form AA-1) ▶ ☐
- 10** Principal business code (from U.S. return) ▶ 10
- 11** Average number of employees in Massachusetts 11
- 12** Average number of employees worldwide 12
- 13** Foreign corporation: first date of business in Massachusetts 13 M M D D Y Y Y Y
- 14** Last year audited by IRS ▶ 14
- 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)

Date

Print paid preparer's name

Preparer's SSN
or PTIN ▶

Title

Date

Paid preparer's phone

Paid preparer's
EIN ▶Are you signing as an authorized delegate of the appropriate
corporate officer? ☐ (enclose Form M-2848) ☐ No

Paid preparer's signature

Date ☐ Fill in if self-employed
/ /

Taxpayer's e-mail address

Name of designated tax matters partner

Identifying number of tax matters partner

Mail to: Massachusetts Department of Revenue, PO Box 7025, Boston, MA 02204.



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

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			
	d. Machinery taxed locally ▶ 1d			
	e. Machinery not taxed locally ▶ 1e			
	f. Equipment ▶ 1f			
	g. Fixtures ▶ 1g			
	h. Leasehold improvements taxed locally ▶ 1h			
	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			
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			
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





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- 8** Inventories outside Massachusetts 8
- 9** Supplies and other non-depreciable assets outside Massachusetts 9
- 10** Total tangible assets outside of Massachusetts 10
- 11** Total tangible assets. Add lines 4 and 10 11
- 12** Investments (capital stock investments and equity contributions only):
- a.** Investments in subsidiaries at least 80% owned ▶ 12a
- b.** Other investments ▶ 12b
- 13** Notes receivable 13
- 14** Accounts receivable 14
- 15** Intercompany receivables ▶ 15
- 16** Cash 16
- 17** Other assets 17
- 18** Total assets ▶ 18

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
- 22** Intercompany payables ▶ 22
- 23** Notes payable 23
- 24** Miscellaneous current liabilities 24
- 25** Miscellaneous accrued liabilities 25
- 26** Total liabilities ▶ 26
- 27** Total capital stock issued 27
- 28** Paid-in or capital surplus 28
- 29** Retained earnings and surplus reserves ▶ 29
- 30** Undistributed S corporation net income ▶ 30
- 31** Total capital. Add lines 27 through 30 31
- 32** Treasury stock 32
- 33** Total liabilities and capital. Do not enter less than "0" 33

▼ If a loss, mark an X in box at left



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

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

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)	1							
2	Exempt Massachusetts tangible property:								
	a. Massachusetts real estate (from Schedule A, lines 1a and 1b)	2a							
	b. Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	2b							
	c. Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	2c							
	d. Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	2d							
	e. Exempt goods (from Schedule A, line 2b)	2e							
	f. Certified Massachusetts industrial waste/air treatment facilities	2f							
	g. Certified Massachusetts solar or wind power deduction	2g							
3	Total exempt Massachusetts tangible property. Add lines 2a through 2g	3							
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.	4							





CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

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)	1							
2	Total liabilities (from Schedule A, line 26)	2							
3	Massachusetts tangible property taxed locally (from Schedule B, line 6)	3							
4	Mortgages on Massachusetts tangible property taxed locally (from Schedule A, line 19a)	4							
5	Subtract line 4 from line 3. Do not enter less than "0"	5							
6	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	6							
7	Deductions from total assets. Add lines 2, 5 and 6	7							
8	Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"	8							
9	Income apportionment percentage (from Schedule F, line 5)	9							
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	10							

Schedule E-1 Dividends Deduction

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



CORPORATION NAME

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Schedule E Taxable Income

2017

▼ If a loss, mark an X in box at left

[illegible]