

#### **PRINT IN BLACK INK**

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2018 and 12-31-2018 below. Fiscal year filers enter appropriate dates. 12312018 01012018 Tax vear ending ► Tax year beginning ▶ Business/Manufacturing Corporation Excise Return **2018** FEDERAL IDENTIFICATION NUMBER NAME OF CORPORATION LEST TWO CORT PRINCIPAL BUSINESS ADDRESS *MACTORY* HELSEA PRINCIPAL BUSINESS ADDRESS IN MASSACHUSETTS (IF DIFFERENT) 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 ► ☐ 2 R&D Classified mfg RIC Public REIT Fill in if corporation is included in a 355U filling (see instructions) . . . . . . . . . . . . . . FID of principal reporting corporation (if line 5 is filled in) ... Fill in if line 5 is filled in and corporation's tax year ends in a different month than the 355U ..... Fill in if corporation is an insurance mutual holding corporation Fill in if corporation is requesting alternative apportionment (enclose Form AA-1) Principal business code (from U.S. return) Average number of employees in Massachusetts 12 Average number of employees worldwide 14 Last year audited by IRS ...... 16 Fill in if corporation is deducting intangible or interest expenses paid to a related entity..... Fill in if: F 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. Date 01 , 20, 30 Signature of appropriate officer (see instructions) Print paid preparer's name Preparer's SSN RICHA 20 or PTIN Paid preparer's Paid preparer's phone (619)632 3226 Are you signing as an authorized delegate of the appropriate Fill in if self-employed Paid preparen corporate officer? (enclose Form M-2848) 2019 Taxpayer's e-mail address



#### 2018 FORM 355, PAGE 2 EXCISE CALCULATION

15	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) ▶ 65 08 8 8 2 × .0026 = ▶ 1		16923
2	Taxable net worth, if applicable (from Schedule D, line 10)	Y	·
3	Massachusetts taxable income (from Schedule E, line 27). Not less than "0" $\sim$ 0800 = > 3	. 4	503579
4	Credit recapture (enclose Credit Recapture Schedule). See instructions ▶ 4	• .	2000
5	Additional tax on installment sales	···.	94421
6	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 through 5	6	16923
7.	Total credits (from Credit Manager Schedule; combined report filers, see instructions) ▶ 7	6	16467
<b>:</b> 8	Excise after credits. Subtract line 7 from line 6		456
9	Combined filers only, enter the amount of tax from Schedule U-ST, line 419	, 4	••
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)		456
112	Voluntary contribution for endangered wildlife conservation. ▶ 12		100
113	Excise due plus voluntary contribution. Add lines 11 and 12		.556
12	2017 overpayment applied to your 2018 estimated tax. ► 14		1000
115	2018 Massachusetts estimated tax payments (do not include amount in line 14). ▶ 15		10000
16	Payment made with extension	.,	100
17	Payment with original return. Use only if amending a return.		
18	Pass-through entity withholding (from Schedule 3K-1)		
	Payer ID number > 0 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,,	2500
19	Total refundable credits (from Credit Manager Schedule)	•	1.500
20	Total payments. Add lines 14 through 19.	•	15100
21	Amount overpaid. Subtract line 13 from line 20		14544
22	Amount overpaid to be credited to 2019 estimated tax ▶ 22		13544
23	Amount overpaid to be refunded. Subtract line 22 from line 21		1.000
24	Balance due. Subtract line 20 from line 13	,	•
25,	a. M-2220 penalty ► b. Late file/pay penalties a + b = 25	,	· .
26			
100	Interest on unpaid balance		•
27	Payment due at time of filing. See instructions		······································



#### 2018 FORM 355, PAGE 3

CORPORATION NAME

TEST TWO CORP

FEDERAL IDENTIFICATION NUMBER

Sch	edule A Balance Sheet			2018
Fr.	ASSETS	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. Net book value
1	Capital assets in Massachusetts:	110110051	2266216	2746727
	a. Buildings ▶ 1a	4.848.956	, 2099,229	2749727
	<b>b.</b> Land ▶ 1b	6383750		6383750
	c. Motor vehicles and trailers ▶ 1c	1039333	631100	408,233
	d. Machinery taxed locally ▶ 1d		•	
1. Car	e. Machinery not taxed locally 1e	6.473.155	1150.009	5323146
95.73	f. Equipment	65366	13.073	52.293
	g. Fixtures 1g	95600	27314	68286
	h. Leasehold improvements taxed locally ▶ 1h	58375	. (8680	39695
	i. Leasehold improvements not taxed locally	282375	37650	244725
	j. Other fixed depreciable assets 1j	1847,50	6000	12.750
	k. Construction in progress1k	5,9,0,64,5	a a	590645
	Total capital assets in Massachusetts		<b>⊘</b>	15873250
2	Inventories in Massachusetts:			5 · · · · · · · · · · · · · · · · · · ·
120	a. General merchandise		2a	
	b. Exempt goods		▶ 2b	28375
3	Supplies and other non-depreciable assets in	Massachusetts		9673
4	Total tangible assets in Massachusetts		▶4	16.1.18,662
5	Capital assets outside of Massachusetts:			
	a. Buildings and other depreciable assets	5567481	261542	5305939
	b. Land	1578700		1578700
6	Leaseholds/leasehold improvements outside Massachusetts	.624965	342224	282741
<b>第</b> 7	Total capital assets outside Massachusetts ▶ 7	7771146	603766	7167380
1.75.4.3				

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE



	FEDERAL IDENTIFICATION NUMBER  O 4   1   1   1	2018 FORM 355, PAGE 4
8)	Inventories outside Massachusetts	399843
9	Supplies and other non-depreciable assets outside Massachusetts	28991
10	Total tangible assets outside of Massachusetts	759.6214
11,	Total tangible assets. Add lines 4 and 10	23714876
12	Investments (capital stock investments and equity contributions only):	A SECTION SECT
	a. Investments in subsidiaries at least 80% owned▶ 12a	400331
	b. Other investments ▶ 12b	
13	Notes receivable	1953618
14	Accounts receivable	65,64,937
115	Intercompany receivables▶ 15	the control of the co
10	Cash	
117	Other assets	268719
13	Total assets	39285489
	LIABILITIES AND CAPITAL	
19	Mortgages on:	
	a. Massachusetts tangible property taxed locally	1710791
	<b>b.</b> Other tangible assets	547868
20	Bonds and other funded debt. 20	356250
21	Accounts payable	3404856
-22;	Intercompany payables . ▶ 22	500000
23	Notes payable	358840
24.	Miscellaneous current liabilities	619500
25	Miscellaneous accrued liabilities	aa 1.1 1 7
26	Total liabilities ▶ 26	
27	Total capital stock issued	4488750
28	Paid-in or capital surplus	9 53 62 5 0 f a loss, mark an X in box at left
29	Retained earnings and surplus reserves	17928600
න	Undistributed S corporation net income	
31	Total capital. Add lines 27 through 30	31953600
32	Treasury stock	393/50
33	Total liabilities and capital. Do not enter less than "0"	39285429



2018 FORM 355, PAGE 5 FEDERAL IDENTIFICATION NUMBER CORPORATION NAME TEST TWO CORP .... Schedule B Tangible or Intangible Property Corporation Classification Enter all values as net book values from Schedule A, col. c. 6118662 9133477 408233 Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)......4 39695 9581405 6537 257 839285489 .. 10 29704084 400331 Investments in subsidiaries at least 80% owned (from Schedule A., line 12a)? <sub>12</sub> 29 3 03 7 5 3 Assets subject to allocation. Subtract line 11 from line 10. .....13 0760200 Income apportionment percentage (from Schedule F, line 5) Allocated assets. Multiply line 12 by line 13. 15 0293457 Tangible property percentage. Divide line 7 by line 14? 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. 16,118,662 Exempt Massachusetts tangible property: 9133477 a. Massachusetts real estate (from Schedule A, lines 1a and 1b)......2a 408233 c. Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A. line 1d) ... 2c 39695 28375 e. Exempt goods (from Schedule A, line 2b)......2e

g. Certified Massachusetts solar or wind power deduction.....2a

Enter result in line 1 of the Excise Calculation on page 2, and enter "0" in line 2 of the Excise Calculation . . . . 4

Taxable Massachusetts tangible property. Subtract line 3 from line 1. Do not enter less than "0."

9609780



#### 2018 FORM 355, PAGE 6

FEDERAL IDENTIFICATION NUMBER CORPORATION NAME TWO CORPLETE **Schedule D** Intangible Property Corporation Complete only if Sched. B, line 15 is less than 10%. Enter all values as net book values from Sched. A, col. c. Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"...... Income apportionment percentage (from Schedule F, line 5)..... 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 . . . . . **Schedule E-1** Dividends Deduction Total dividends. See instructions Dividends from Massachusetts corporate trusts Dividends from non-wholly-owned DISCs Dividends, if less than 15% of voting stock owned Dividends from RICs Dividends from REITs. Total taxable dividends. Add lines 2 through 6. 



2018 FORM 355, PAGE 7

 FEDERAL IDENTIFICATION NUMBER

Sch	edule E Taxable Income	2018
11/2	▼	if a loss, mark an X in box at left
1	Gross receipts or sales (from U.S. Form 1120, line 1c)	228224543
2	Gross profit (from U.S. Form 1120, line 3)	95125332
3	Other deductions (from U.S. Form 1120, line 26)	48319467
4	Net income (from U.S. Form 1120, line 28) ▶ 4 ○	7585010
<b>5</b>	Allowable U.S. wage credit. See instructions	
6	Subtract line 5 from line 4	7585010
7	State and municipal bond interest not included in U.S. net income	
. 8	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income ► 8	513783
9	Section 168(k) "bonus" depreciation adjustment. See instructions	3600
10	Section 31I and 31K intangible expense add back adjustment. See instructions	72277
11	Section 31J and 31K interest expense add back adjustment. See instructions:	a 7.863
12	Federal production activity add back adjustment. See instructions.   ▶ 12	5000
13	Other adjustments, including research and development expenses. See instructions ▶ 13	107730
14	Add lines 6 through 13.	8307763
15	Abandoned building renovation deduction	1.00=0
16	Dividends deduction (from Schedule E-1, line.9). ▶ 16	19950
17	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE)	7.00 0
<b>.18</b> .	Exception(s) to the add back of interest expenses (enclose Schedule ABI) ▶ 18	
19	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14	8280363
20	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)  Multiply line 19 by line 20	(19472)
21		60/1/12
22	Income not subject to apportionment	6294732
23	Total net income allocated or apportioned to Massachusetts. Add lines 21 and 22 ▶ 23	<i>ω</i> α / 1./3α <sub>.</sub>
24	Certified Massachusetts solar or wind power deduction ≥ 24	6294732
25	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23 25	0.4.11.13 &
26	Net operating loss deduction (enclose Schedule NOL) ≥ 26	6294722
27	Massachusetts taxable income. Subtract line 26 from line 25	6294.732
28	Total net operating loss available for carryover to future years ≥ 28	·

CORPORATION NAME

TIESITI TIMO CORP.

FEDERAL IDENTIFICATION NUMBER

041111111

#### Schedule F Income Apportionment

BUSINESS LOCATIONS OUTSIDE OF N	SPECIFY WHETHER FACTOR		ACCEPTS	REGISTERED TO DO	FILES RETURNS
CITY AND STATE	WAREHOUSE, CONSTRUCT	OFFICE	ORDERS	BUSINESS IN STATE	IN STATE
NEW YORK, NY					<b>(1997</b> )
TUESA , OK	FACTOR,	У	<u> </u>		
APPORTIONMENT FACTORS					
Tangible property:			//	,	_
a. Property owned (averaged)	Massachusetts	3.653.7	148	Worldwide 25.	15131
<b>b.</b> Property rented (capitalized)	► Massachusetts	2432,0	200°	► (Worldwide	800.00
		40857	48	Worldwide 865	15121
c. Total property owned and rented	<i>11</i>		100	11	
d. Tangible property apportionment per	centage. Divide (from line	1c) Massachusetts t	otal by wor	ldwide total1d 🧿,/	5569
Payroll:			1 4		
a. Total payroll	Massachusetts	a 905 513	395	► Worldwide 505	54290
b. Payroll apportionment percentage. D	livida (from line 2a) Mass	total payroll by worl	ldwida tatal	payroll ab 05	57486
/	Wide (1) OTT IME Za) Wass.	total payroll by worl	idwide total	payron2b	-
Sales:		330000	00		
a. Tangibles (Massachusetts destinatio	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, "			000 57
o. Tangibles (Massachusetts throwback	()). Massachusetts	1503012	(	► Worldwide aa 7. 6	194.5 /
:. Services (including mutual fund sale	s) Massachusetts	a50	000	► Worldwide	0000
1. Rents and royalties	Massachusetts	200	00	► Worldwide	50,00
·		.150.0	200	f	7500
e. Other	•			► Worldwide	- '
. Total sales	Massachusetts	173.49 6.a	777	Worldwide 2282	aa 457
J. Sales apportionment percentage. Mu					
Massachusetts mutual fund sales by to service corporations reporting non-mut				.1 1	7 # # ^ =
vorldwide total sales					76020
Apportionment percentage. All corporat service corporations reporting mutual fi					
nutual fund service corporations repor	ting non-mutual fund sale:	s, enter the total of (I	ine 3g × 2)	plus line 1d	16020
olus line 2b				4 <i>O.</i> .1	budu

CORPORATION NAME

TEST TWO CORP

FEDERAL IDENTIFICATION NUMBER

041-11-1111

#### **Schedule H** Investment Tax Credit and Carryovers

nedule h investment fax credit and carryovers	2010
Type of corporation. Fill in one oval:  ► Classified manufacturer  Agriculture  Commercial fishing  Research and development (R&D). If R&D corporation, complete line 1.	
PART 1. CALCULATION OF CURRENT-YEAR INVESTMENT TAX CREDIT GENERATED	
Receipts tests for R&D corporations. Enter only receipts assignable to Massachusetts.  a. Total receipts	en e
b. Receipts from R&D included in 1a	
c. Percent of revenues derived from R&D. Divide line 1b by line 1a1c	· American
d. Describe R&D category	
List all qualified depreciable property (owned or leased) located in Massachusetts by Schedule A category.  a. Total cost of qualified buildings	the second
b. Total cost of qualified machinery taxed locally	
c. Total cost of qualified machinery not taxed locally	700000
d. Total cost of qualified equipment.	
e. Total cost of qualified fixtures	35000
f. Total cost of qualified leasehold improvements taxed locally 2f	and the state of t
g. Total cost of qualified leasehold improvements not taxed locally	50000
h. Total cost of qualified other fixed depreciable assets	
Total cost of eligible properties Add: lines 2a through 2h	800000
Total U.S. investment tax credit and U.S. basis reduction	
Amount eligible for Massachusetts Investment Tax Credit (ITC). Subtract line 4 from line 3	800000
Available current-year ITC. Multiply line 5 by=03.	6 24.000
Amount of credit reduction for assets placed in service during current year but no longer qualified at year end 7	
Net current year investment tax credit generated. Report this amount on Schedule CMS	24000



#### Massachusetts Department of Revenu Schedule CRS Credit Recapture Schedule

2018

				1 1	
For calendar year 2018 or taxable year beginning	01/01/2018	2018 and ending	121	131/2018	
Name of taxpayer	Identification number				
TEST TWO CORP	041 1111	1)			

#### 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 MGL ch 63, § 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.

IVTAX		number	Original amount	Rev	ised amount	Credit never used	Addition to excise
	12/31/2018	<del>,</del> ×	2 52000		50 000	2000	2000
	<u>,                                    </u>		?				
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# Massachusetts Department of Revenue Schedule CMS Credit Manager Schedule

## Instructions

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. ment 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 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 Depart-

affiliates. For pass-through entities, report the amount of credits distributed to partners/shareholders/beneficiaries in the credit shared column 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

# Section 1. Non-refundable credits

to partners/shareholders/beneficiaries, or shared with affiliates. **Note:** If you are using a tax credit that does not have an expiritation date, for example the Van Pool, fill in the "Non-Expiring" oval and leave the "Period end date" and "Certificate number" fields blank. 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

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

,	7 94919		ve	1h. Total. Enter total amount of credit(s) taken this year here and where indicated above .	of credit(s) taken this yea	1h. Total. Enter total amount
					0	-
					0	
					0	
					0	
					0	
					0	
	1000	1001	12018 1002 MOODIO	12/31/2018	0	CRT HOU
	6000	1009	41234W9898	13/31/2018	0	EMPWLL
	67500	67501	4030E00088	12/31/2018	0	FLMCRD
	8300	8301		12/31/2018	0	HRB MNT
9 9 9 9 9 9	300205	300 306			•	REA RCH
	5000	5001			•	VANPOL
	228462	» 228463	11650 FORD	12/31/2018	0	ED1 PC12
1g. Credit shared this year	1f. Credit taken this year	1e. Credit available or	1d. Certificate	1c. Period end date (mm/dd/yyyy)	1b. Fill in if non-expiring	1a. Credit type

Name of taxpayer

Identification number

## Section 2. Refundable credits

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 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

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

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%)
DAI FRM	12/31/2018	A 1234	111	110	110
LFSJOB	12/31/2018		831 SW/	820	820
CNSLNO	12/31/2018	4101100102	504	500	500
CMMINV	19/31/2018	4302 Va0110	71 70 700	, 70	70
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		* 17 17 1/2			
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		N 0 0			
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	W 10				
		11 (11)			
<b>2g. Total.</b> Enter total amount o	<b>2g. Tota</b> l. Enter total amount of credit(s) taken this year here and where indicated on page 1.	here indicated on page 1			500
•	The second secon				



Name of taxpayer
Two
COL
0
Identification numbe
ber /

Section 3. Non-refundable credits received from Massachusetts K-1s or credit transfer

õ Instructions. List any credit for which this taxpayer received via Massachusetts K-1s or credit transfer\* and show the amounts used to reduce the total excise or tax, passed to partners/shareholders/ beneficiaries, or shared with affiliates. List all credits available, including those not used in the current year. Note: If you are using a tax credit that does not have an expiration date, for example the Research

The Brownileds Credit, Film Incentive Credit, and/or Medical Device Department of Revenue to request transfers/sales of these credits.  3a. Federal ID number 3b. 3c. Fill in of credit source Credit type non-expirit	Incentive Credit, and/or quest transfers/sales of 3b. Credit type	Medical Device C these credits.  3c. Fill in if non-expiring	<ul> <li>The Brownfields Credit, Film Incentive Credit, and/or Medical Device Credit cannot be reported in this section. Taxpayers receive Department of Revenue to request transfers/sales of these credits.</li> <li>3a. Federal ID number</li> <li>3b.</li> <li>3c. Fill in if</li> <li>3d. Period end date</li> <li>3e. Certificate of credit source</li> <li>Credit type non-expiring (mm/dd/yyyy)</li> </ul>	his section. Taxpayers π  3e. Certificate  number	ceive new certificate number 3f. Credit received	new certificate numbers to be used in Section 1 after applying through the  3f. 3g. Credit taken 3h. Credit shared Credit received this year this year	after applying through the 3h. Credit shared this year
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		0					
3i. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1	of credit(s) taken this ye	ar here and wher	e indicated on page 1				



Name of taxpayer	
Two	
CORP	

Identification number

111111 1110

# Section 4. Refundable credits received from Massachusetts K-1s or credit transfer

Instructions. Taxpayers who are requesting a refund with refundable credits received via Massachusetts K-1s or credit transfer\*, complete Section 4. 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 3 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.

these credits. \*The Film Incentive Credit cannot be reported in this section. Taxpayers receive new certificate numbers to be used in Section 2 after applying through the Department of Revenue to request transfers of 4a. Federal ID number of credit source Credit type 4c. Period end date (mm/dd/yyyy) 4 4d. Certificate 4e. Credit available or certificate balance \$ 4f. Reduction in balance for refund 4g. Refundable credit taken (100% or 90%)

A ARRINDIA ANG AND AKKAS ANGA NAGA NAGA NAGA NAGA NAKA ANG ANG ANDANA ANG ANGANA ANG ANGA NAGA NA

#### 2018 SCHEDULE RC, PAGE 1

FEDERAL IDENTIFICATION NUMBER

041111111

TIEST ITMO CORP ....

#### Schedule RC Research Credit

2018

Enclose Schedule RC to the return of each member of the group that is reporting Massachusetts basic research payments, qualified research expenses, or is taking research credit against the excise. Controlled groups and entities under common control are required to compute the research credit on an aggregate basis. Refer to Proposed Regulation 830 CMR 63.38M.2(9).

#### Fill in applicable oval(s):

- ► ► Taxpayer is electing to calculate the credit separately for defense-related activities (see instructions).
- ► ☐ Taxpayer is electing to calculate the credit under the alternate simplified method provided in MGL ch 63, § 38M(b).
- ► ► Taxpayer is electing to calculate the credit for qualified research expenses using Massachusetts gross receipts.

PART 1. QUALIFIED RESEARCH EXPENSES	112	= 02
Qualified wage expenses for this corporation	7.3	5830
Qualified supply expenses for this corporation	,a	96.7
Qualified computer rental time expenses for this corporation		35
Enter 65% of qualified contract expenses for this corporation	œ.	1123
Total qualified research expenses for this corporation. Add lines 1 through 4	4.6	69.8
Total qualified research expenses for the aggregated group	4,6	69.8
PART 2. CREDIT DETERMINED UNDER MGL CH 63, § 38M(b) (ALTERNATE SIMPLIFIED METHOD)		
If using the Alternative Simplified Method and you did not have qualified research'expenses in each of the three pri	ior years,	fill in oval >
Also, skip lines 7 through 10.  Average qualified research expenses for the 3 most recent prior years		•
Enter 50% of line 7	*	
Subtract the amount on line 8 from current year expenses on line 6. Not less than "0"	•	••
Applicable rate for the Alternate Simplified Method	0	
Total credit for the group. If the taxpayer did not have qualified research expenses in each of the three prior		
years, enter 5% of the amount on line 6; otherwise, multiply line 9 by line 10	•	^
Percentage of aggregated group credit attributable to this corporation. Line 5 divided by line 6	4)	



#### 2018 SCHEDULE RC, PAGE 2

	PART 3. CREDIT DETERMINED UNDER MGL CH 63, § 38M(a)	0030000
14	Fixed-base ratio (see instructions)	14 000000
15	<u> </u>	120.684.477
16		3620,335
17	Subtract line 16 from current year expenses on line 6. Not less than "0"	1.049295
18	Total group credit for qualified research expenses. Multiply line 17 by 10%	104930
19	Total group credit for basic research payments (see instructions)	
20	Total Research Credit for the aggregated group. Combine lines 18 and 1920	104930
21	Percentage of aggregated group credit attributable to this corporation. Line 5 divided by line 6	
<b>22</b>	Amount of credit for this corporation. Multiply line 20 by line 21 ≥ 22	104.930
	PART 4. MASSACHUSETTS RESEARCH CREDIT USED	
	Unless it is a member of an aggregated group, the amount of credit that a corporation may use to reduce the e corporation's first \$25,000 of corporate excise liability, plus 75% of the corporation's excise liability over \$25,000 each separate member of a combined group unless such member is also a member of an aggregated group. T each combined group member is each member's separately computed excise determined under G.L. c. 63, § 3	00. These limitations apply to he corporate excise liability of
	A single \$25,000 amount applies to all members of an aggregated group, plus 75% of the aggregated group's excess of \$25,000. Each aggregated group member determines its subtotal of excise within the limitation by er subject to the 75% limitation, plus 75% of its separate corporate excise liability in excess of \$25,000.	corporate excise liability in itering its share of excise not
23	Total excise before credits for this corporation (from Form 355, line 6; Form 355S, line 9; or Schedule U-ST, line 37)	616923
24	Total of aggregated group excise before credit. Enter the amount of line 23 on line 24 if not a member of an aggregated group (see instructions)	.616.923
25	Allocation percentage for the \$25,000 excise bracket. Divide line 23 by line 24. Enter 1.000000 if not a member of an aggregated group	25 1.000000
26	Corporation's share of excise not subject to the 75% limitation. If an aggregated group member, multiply the lesser of line 23 or \$25,000 by line 25. If not an aggregated group member, enter the lesser of line 23 or \$25,000	25000
<b>27</b>	Corporation's excise subject to the 75% limitation. Subtract \$25,000 from line 23. Not less than "0" 27	591.923
28	75% of excise subject to limitation. Multiply line 27 by .75	443942
29	Corporation's subtotal of excise within the limitation. Add lines 26 and 28	468942



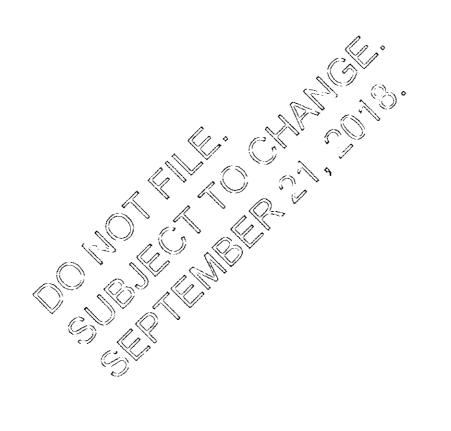
## Massachusetts Department of Revenue Schedule NOL Net Operating Loss Carryforward

For calendar year 2018 or taxable y	rear beginning $Ol/Ol/20$	2018 and ending	12/31/2018
Name of corporation		ntification number	· •
TEST TWO CORP		041111	111
Date of most recent ownership change			
Corporation's total income allocate	d or apportioned in Massachusetts for t	the year	1 Ga94732
2 Fill in if the amount of NOL availab	le for any year below is different from th	ne NOL remaining as shown on last ye	ar's tax retum 🍑
Explain difference (see instructions	.)		·
	r end. Losses may be carried forward uble loss for each succeeding prior taxal		
Period end date	Post apportionment NOL available	NOL used or shared	Remaining NOL
12/31/2017	6294732	7	
12/31/2016	6294000	(2). V	
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#### 2018 SCHEDULE NOL, PAGE 2

Name of corporation	Federal Identification number
TEST TWO CORP	041 111 111
4 Total NOL available	4
5 Total NOL used or shared this year	5
6 Total NOL not used	6
7 Total NOL expired (if applicable)	7
8 Total NOL available for carryover to future years	
Complete if filing Form 355U:	
Name of principal reporting corporation	Federal Identification number





### Massachusetts Department of Revenue Schedule FCI Foreign Corporation Income of U.S. Shareholder

For calendar year 2018 or taxable year b	peginning 0/ 0/ 20/0	2018 and	ending / 2 3/	2018
The U.S. shareholder must provide copi schedule.		3992 (as filed, with all sch	nedules and supporti	ng statements) with this
Name of U.S. shareholder TEST TWO CORP	Taxpayer Ide	ntification number		
Fill in if U.S. shareholder is a Massachusetts com	bined group member Combined group Co	. ^	ONeither	
Name of principal reporting corporation of Massac TEST TWO CORP	chusetts combined group Taxpayer Ide	ntification number		
Number of foreign corporations for which U.S. sh	areholder is reporting income	5		
Fill in if any such foreign corporation is a member	of the same Massachusetts combined	group as a U.S. shareholder		
Part A. IRC § 965 Repatri Deemed repatriated income of			ions	
1 U.S. shareholder's 2018 IRC § 965(a)	inclusion amounts (from 2018 U.S.	Form 965, Part I, line 3)	<u>}</u> 2i∣	7000
2 U.S. shareholder's total 2018 tax year s	section 965(c) deduction (from 2018	3 U.S. Form 965, Part 2, se	ction 1, line 17) <b>2</b> [	6000
3 U.S. shareholder's 2017 IRC § 965(a)	inclusion amounts (from 2018 U.S.	Form 965, Part I, line 6) .	<b>3</b> [	5000
4 U.S. shareholder's total 2017 tax year s	section 965(c) deduction (from 2018	B U.S. Form 965, Part 2, se	ction 1, line 28) 4 [	4000
Part B. Controlled Foreign		Income. See instructi	ons.	
<b>Subpart F income of U.S. sha</b> 1 U.S. shareholder's Subpart F income (i	<i>N</i>	otal of lines 1 through 4; se	ee instructions) 1	3000
Global Intangible Low-Taxed	Income (GILTI) of U.S. s	hareholder		
2 U.S. shareholder's IRC § 951A GILTI (1	rom U.S. Form 8992, Part II-line 3	<b>)</b>	2	2000
Dividends actually received by			г	
3 Dividends actually received by U.S. sh	areholder from CFCs (from U.S. Fo	orm 5471, line 5; see instru	ctions) 3 [	1.000



Name of U.S. shareholder

TEST TWO CORP

Taxpayer Identification number

041111111

#### Part C. Total Dividends of U.S. Shareholder — Massachusetts Combined Group Member

Complete lines 1 through 9 for each year only if U.S. shareholder is a member of a Massachusetts combined group. See instructions.

Total of all U.S. and foreign dividends (deemed or actual) of U.S. shareholder (including	2017	2018
965(a) inclusions, Subpart F income, GILTI and CFC dividends)	100 000	1000
2 Combined group dividends of U.S. shareholder subject to intercompany elimination 2	90000	900
3 Total of all dividends of U.S. shareholder not subject to intercompany elimination.  Subtract line 2 from line 1	10000	100
4 Line 3 dividends attributable to U.S. subsidiaries where U.S. shareholder owns less than 15% of voting stock	3000	10
<b>5</b> Line 3 dividends attributable to foreign subsidiaries where U.S. shareholder owns less than 15% of voting stock	2000	a0
6 Line 3 dividends attributable to U.S. shareholder's ownership of RICs, REITs or non-wholly owned DISCs	01000	30
7 Total line 3 taxable dividends of U.S. shareholder. Add lines 4 through 6	D 6000	60
8 Total line 3 dividends of U.S. shareholder eligible for 95% Massachusetts DRD. Subtract line 7 from line 3	4000	40
9 95% Massachusetts DRD of U.S. shareholder. Multiply line 8 by .95	3800	38
Subtract line 7 from line 3		