- 1 0 2 2 2 3 3 3 3 3 3 3

PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

O1012018 Tax year ending > 12312018 Tax = 12312018 Test #2 Calendar year filers enter 01-01-2018 and 12-31-2018 below. Fiscal year filers enter appropriate dates.

_ ´	rm 3558 S Corporation Excise Return	2018
7,1	FCORPORATION ST. TWO SCORP	FEDERAL IDENTIFICATION NUMBER (FID) 043333333
4	AL BUSINESS ADDRESS CITY/TOWN/POST OFFICE C.H.E.L.S.E.A.	STATE ZIP+4 MA 02 1:5:06:3:7:1 STATE ZIP+4
ill in	if: Amended return (see instructions) ► ☐ Federal amendment ► ☐ Federal audit ► ☐ Enclosing Schedule TDS ► ☐ Final Massachusetts return ► ☐ Initial return ► ☐ N	
1	Fill in if corporation is incorporated within Massachusetts	▶ ■
2	Date of incorporation in Massachusetts.	11371991
3	Type of corporation (select one, if applicable)	Section 38 manufacturer Mutual fund service
4	Type of corporation (select one, if applicable)	► 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)	
7	If line 5 is filled in, fill in if the corporation's tax year ends in a different month than the 355	iU▶ 🗅
8	Fill in if corporation is the parent of another corporation	0
9		······································
10		·····561300
11;		
10.3		150
1		
15	Last year audited by IRS	······································
16 [[]	Fill in if adjustments have been reported to Massachusetts	
17	Fill in if: Taxpayer is claiming exemption from the income measure of the excise pu	
	► C 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 re Signature of appropriate officer (see instructions) Date Print paid preparer's name	Prenarer's SSN
-	Title Date Paid preparer's phone	or PTIN ► 123 456 789 Paid preparer's
-	Are you signing as an authorized delegate of the appropriate corporate officer? (enclose Form M-2848) No No Taxpayer's e-mail address	EIN 987654321 Date Fill in if self-employed
-	Name of designated tax matters partner ► RICH RICHARDS Identifying number of tax matters partner ► 99691812789	__



FEDERAL IDENTIFICATION NUMBER 0433333 2018 FORM 355S, PAGE 2 EXCISE CALCULATION

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) ▶	
2	Taxable net worth, if applicable (from Schedule D, line 10) \sim $2.804.757$ $\times .0026 = > 2$	7.292
3	Qualified taxable income and passive income	
4	Income (from 2018 Schedule S, line 17)	54678.968
15.	Income taxable in Massachusetts (from Schedule E, line 27). Not less than "0"	2315768
07.50 13.50	multiply line 5 by .0193. If line 4 is \$9 million or more, multiply line 5 by .029	67.157
7	Credit recapture (enclose Credit Recapture Schedule). See instructions ▶ 7	14884
8	Additional tax on installment sales	. 12737
. 9	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3, 6, 7 and 89	102070
10	Total credits (from Credit Manager Schedule; combined report filers, see instructions) ▶ 10	300
111	Excise after credits. Subtract line 10 from line 9	101770
12	Combined filers only, enter the amount of tax from Schedule U-ST, line 41	•
13	Minimum excise (cannot be prorated; combined report filers, see instructions)	13 4 5 6
14	Excise due before voluntary contribution. (line 11 or 13, whichever is greater)	101770
15	Voluntary contribution for endangered wildlife conservation. ▶ 15	
16	Excise due plus voluntary contribution. Add:lines 14 and 15	1.01,770
17	2017 overpayment applied to your 2018 estimated tax. ▶ 17	
18	2018 Massachusetts estimated tax payments (do not include amount in line 17) ▶ 18	101770
19	Payment made with extension. ▶ 19	
20 21	Payment with original return. Use only if amending a return. ▶ 20 Pass-through entity withholding (from Schedule 3K-1)	
	Payer ID number > 0 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	600
22	Total refundable credits (from Credit Manager Schedule) ≥ 22	102503
23	Total payments. Add lines 17 through 22	204873
24	Amount overpaid. Subtract line 16 from line 23	.103103
25	Amount overpaid to be credited to 2019 estimated tax ≥ 25	
26	Amount overpaid to be refunded. Subtract line 24 from line 23	103103
27	Balance due. Subtract line 22 from line 16	
28	a. M-2220 penalty \blacktriangleright b. Late file/pay penalties $a + b = 28$	
29	Interest on unpaid balance	••
30)	Payment due at time of filing. See instructions	4.5



2018 FORM 355S, PAGE 3

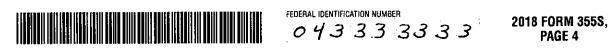
TIESITI ITWO IS ICORP.

FEDERAL IDENTIFICATION NUMBER

043333333

redule A Balance Sheet		,	20
ASSETS	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. NET BOOK VALUE
Capital assets in Massachusetts:	*		
a. Buildings ▶ 1a	**	▶ (8) (9)	
b. Land▶ 1b			
c. Motor vehicles and trailers ▶ 1c	221848	186,733	3 <i>5</i> 1.
d. Machinery taxed locally ▶ 1d	. * · · · · · · · · · · · · · · · · · ·	, ▶	•
e. Machinery not taxed locally1e		•	•
f. Equipment1f	5.169.642	4950059	a1958
g. Fixtures	1806980	1.648874	.15810
h. Leasehold improvements taxed locally ▶ 1h	1.197908	. 1133447	6446
i. Leasehold improvements not taxed locally 1i			
j. Other fixed depreciable assets 1j		C	anda a sa
k. Construction in progress1k			Section 1 to 1
I. Total capital assets in Massachusetts			47726
Inventories in Massachusetts:			
a. General merchandise		~2a	
b. Exempt goods		▶ 2b	
Supplies and other non-depreciable assets i	n Massachusetts	3 ;	in the second se
Total tangible assets in Massachusetts	<u> </u>	> 4	.47726
Capital assets outside of Massachusetts:) "		
a. Buildings and other depreciable			. ^
assets5a			er en
b . Land	10 16		
Leaseholds/leasehold improvements outside Massachusetts 6	· · · · · · · · · · · · · · · · · · ·		
Total capital assets outside		• .	
Massachusetts ▶ 7	4.	•	* **

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE



. (8)	Inventories outside Massachusetts	
9	Supplies and other non-depreciable assets outside Massachusetts	
10	Total tangible assets outside of Massachusetts	e de la companya de l
11	Total tangible assets. Add lines 4 and 10	.477265
12	Investments (capital stock investments and equity contributions only):	
	a. Investments in subsidiaries at least 80% owned ▶ 12a	
	b. Other investments	. 21353
13	Notes receivable	500000
14	Accounts receivable	11.354071
13	Intercompany receivables ▶ 15	the state of the s
10	Cash	. 1787
177	Other assets	3209893
18	Total assets. ► 18	15564369
	LIABILITIES AND CAPITAL	,
19	Mortgages on:	
	a. Massachusetts tangible property taxed locally	
	b. Other tangible assets	The state of the s
20	Bonds and other funded debt. 20	and the second s
21	Accounts payable	45.7.73.5
22	Intercompany payables. ▶ 22	
23	Notes payable 23	2,321619
23	Miscellaneous current liabilities	72289714
25	Miscellaneous accrued liabilities	24.1.313 1.6
26	Total liabilities ▶ 26	3606365
27	Total capital stock issued	3606363
28)	Paid-in or capital surplus	f a loss, mark an X in box at left
29	Retained earnings and surplus reserves	1,5
නා	Undistributed S corporation net income	1834710
න	Total capital. Add lines 27 through 30	5441.075
82	Treasury stock	art of the second
33	Total liabilities and capital. Do not enter less than "0"	15564369

CORPORATION NAME

2018 FORM 355S, PAGE 5

FEDERAL IDENTIFICATION NUMBER

0433333333

TIEST ITWO SI CORPLESS IN ELECTION Schedule B Tangible or Intangible Property Corporation Classification 2018 Enter all values as net book values from Schedule A, col. c. 477.265 Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)...... 4 Massachusetts tangible property taxed locally. Add lines 2 through 5 ▶ 6 Massachusetts tangible property taxed locally (from line 6 above) Investments in subsidiaries at least 80% owned (from Schedule'A, line 12a)? Assets subject to allocation. Subtract line 11 from line 10: Income apportionment percentage (from Schedule F, line 5) 8120377 Allocated assets. Multiply line 12 by line 13, 004651 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. Exempt Massachusetts tangible property: a. Massachusetts real estate (from Schedule A, lines 1a and 1b)......2a c. Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d) . . . 2c

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."



Dividends from non-wholly-owned DISCs

Dividends from RICs

Dividends from REITs

Dividends, if less than 15% of voting stock owned

Total taxable dividends. Add lines 2 through 6.

CORPORATION NAMI

2018 FORM 355S, PAGE 6

FEDERAL IDENTIFICATION NUMBER

0433333333 TEST. TWO IS CORPLETED IN THE 2018 **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. 1556436 1012329 99576 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 2804757 enter "0" in line 1 of the Excise Calculation Schedule E-1 Dividends Deduction Total dividends. See instructions Dividends from Massachusetts corporate trusts

2018 FORM 355S, PAGE 7

FEDERAL IDENTIFICATION NUMBER

043333333

TIESIT. ITWO IS ICORIP.

Schedule E Taxable Income

ामका		
1.51	• • • • • • • • • • • • • • • • • • •	If a loss, mark an X in box at left
1	Gross receipts or sales (from U.S. Form 1120, line 1c)	54.634717
2	Gross profit (from U.S. Form 1120, line 3)	21.827.454
-3	Other deductions (from U.S. Form 1120, line 26)	4206862
4	Net income (from U.S. Form 1120, line 28)	4418919
.5	Allowable U.S. wage credit. See instructions	· ·
(6)	Subtract line 5 from line 4	4.408.919
7	State and municipal bond interest not included in U.S. net income	5000
8	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income > 8	54418
9	Section 168(k) "bonus" depreciation adjustment. See instructions	45 853
10	Section 31I and 31K intangible expense add back adjustment. See instructions► 10	2000
-111	Section 31J and 31K interest expense add back adjustment. See instructions:	. 1000
12	Federal production activity add back adjustment. See instructions	
:13	Other adjustments, including research and development expenses. See instructions > 13	The second of th
14	Add lines 6 through 13.	4421166
15	Abandoned building renovation deduction × .10 = ► 15	· · · · · · · · · · · · · · · · · · ·
16	Dividends deduction (from Schedule: E-1, line 9). ▶ 16	0.00
17	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE) ▶ 17	. 2000
18	Exception(s) to the add back of interest expenses (enclose Schedule ABI) ▶ 18	ကြောင်းသည်။ မြောင်းသည်။ မောင်းသည်။ ကြောင်းသည်။ မောင်းသည်။ မောင်းသည်။ မောင်းသည်။
19)	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14	the state of the s
20	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)▶	the state of the s
21	Multiply line 19 by line 20	•
22	Income not subject to apportionment	•
23	Total net income allocated or apportioned to Massachusetts. Add lines 21 and 22 ▶ 23	2320.426
24	Certified Massachusetts solar or wind power deduction	
25)	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23 25	
26)	Net operating loss deduction (enclose Schedule NOL) ≥ 26	0-1-7/0
27	Massachusetts taxable income. Subtract line 26 from line 25	2315768
28	Total net operating loss available for carryover to future years ▶ 28	

CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

043333333

T.EST TWO S CORP

Schedule F Income Apportionment

<u> 2018</u>

CITY AND STATE	SPECIFY WHETHER FACTORY, SALES OFFICE, WAREHOUSE, CONSTRUCTION SITE, ETC.	ACCEPTS ORDERS	REGISTERED TO DO BUSINESS IN STATE	FILES RETURI IN STATE
NEW YORK, NY	SERVICE	•	.	•
<u> </u>		0		0
			0	0
PPORTIONMENT FACTORS				
angible property:		1		
. Property owned (averaged)	▶ Massachusetts 833&	123 HX.	Worldwide 83	3 <i>3, 2,23</i>
. Property rented (capitalized)	▶ Massachusetts 2800	マスペリー		00.70
	11120	938		13293
. Total property owned and rented	a s		1	0000
. Tangible property apportionment per	centage. Divide (from line 1c) Massachuset	tts total by world	wide total1d 🗸 🗥	
ayroll:		1 3 3 3	A = :	7260
. Total payroll	Massachusetts 15.65	M/3/,	Worldwide 253	
. Payroll apportionment percentage. D	ivide (from line 2a) Mass. total payroll by v	worldwide total p	ayroll2b	6177
ales:				
. Tangibles (Massachusetts destination	n) Massachusetts			
. Tangibles (Massachusetts throwback			Worldwide	
	12167			(187
Services (including mutual fund sale	s)		Worldwide 54.6	. _
. Rents and royalties	Wassachusetts		Worldwide	10.00
. Other	► Massachusetts 5	000	Worldwide	6.00
Total sales	Massachusetts 13.182	376	Worldwide 5 4 6	3471
	tual fund corporations reporting mutual fur	nd sales, divide (
assachusetts mutual fund sales by tot	al mutual fund sales. All other corporations ual fund sales, divide (from line 3f) Massac	s, including mutu	al fund	
	uai luhu sales, ulviue (hohi lihe si) iviassac			7412
	ions must complete this line. Section 38 m			
	and sales, enter the amount from line 3g. A ing non-mutual fund sales, enter the total o		<u> </u>	1 4 42
				003



Massachusetts Department of Revenu Schedule CRS Credit Recapture Schedule

2018

		,		. / /	
For calendar year 2018 or taxable year beginning	01/01	1/2018	2018 and ending	12/31/20	218
Name of taxpayer	7 1	Identification number		/ /	
TEST TWO S CORP		043 33	3 <i>33.3</i>		

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.

Credit recaptures 1 List any credit for which recapture is taking place.

Credit type	Period end date (mm/dd/yyyy)		Original amount	Revised amount	Credit never used	Addition to excise
LOWING	12/31/2018		18725	3841	14884	14884
		()				
	Í					-
	<i>y</i> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	// (V/ C	170			
	V					
<u> </u>) 10				
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Massachusetts Department of Revenue

Schedule CMS Credit Manager Schedule

2018

For calendar year 2018 or taxable year beginning		2018 and ending	
Name of taxpayer TEST TWO S COPP	Identification number	Total credits taken this year (add lines 1h and 3l)	Total refundable credits allowable this year (add lines 2g and 4h

Instructions

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. ment of Revenue (DOR) 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, 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 each partner, shareholder or beneficiary in the credit shared column (except for Brownfields, Film Incentive and Medical Device credits, which must be transferred to each partner, shareholder or beneficiary of the pass-through entity). 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

List all credits available not received via Massachusetts K-1 schedules, including those not used in the current year. Show the amounts used to reduce the total excise or tax, passed to each partner,

shareholder or beneficiary, or shared with affiliates. Note: If you are using a tax credit that does not have an expiration date fill in the oval for line 1b and leave lines 1c and 1d blank. Taxpayers taking the Brownfields, Film Incentive and/or Medical Device credits received via credit transfers/sales should complete section 1. Ih. Total. Enter total amount of credit(s) taken this year here and where indicated above..................... EDIPCR HIS RHB ドラク シレト CRT HOU Credit type non-expiring 1b. Fill in if \circ 0 \circ 0 0 0 0 0 0 \bigcirc \circ 0 13/31/2018 کو Į. 1c. Period end date (31) /3/ (3/₁) Jaok. 12018 210C TO CO 10800H 980H 4127/W003 4020E 38700 HRC 1337A √1d. Certificate number te, Credit available or certificate. 157 100 98 カカ 1f. Credit taken 300 00 9 57 Credit shared this year



155	Name of to
4	axpayer
4	

TWO S CORP

Identification number

043333333

Section 2. Refundable Credits

Taxpayers with refundable credits who are requesting a refund from credits not received via Massachusetts K-1 schedules or credit transfer* must 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. Enter the amount by which the available credit balance is being reduced

*Taxpayers taking the Film Incentive credit received via credit transfers should complete section 2. and the amount to be treated as a refundable credit, which may be either 90% or 100% of the reduction. **2g. Total.** Enter total amount of credit(s) taken this year here and where indicated on page 1 \dots DAI FRM FLMCRD Credit type 2b. Period end date 12/31/2018 12/31/2018 (mm/dd/yyyy) (1 4020 FO 1113 P1234 2c. Certificate Ja number 6 2d. Credit available or certificate balance 0 ,01770, 733 (balance for refund 2e. Reduction in 101770 733 2f. Refundable credit taken (100% or 90%) 02503 01770 733



Name of taxpayer TEST TWO S COR	s CORP

Identification number

043 333 333

Section 3. Non-Refundable Credits Received from Massachusetts K-1 Schedules

List any credit for which this taxpayer received via Massachusetts K-1 schedules and show the amounts used to reduce the total excise or tax, passed to each partner, shareholder or beneficiary, or shared with affiliates. List all credits available, including those not used in the current year. Note: If you are using one of the two tax credits (Research; Investment Tax) that do not have an expiration date, fill in the oval for line 3c and leave lines 3d and 3e blank.

transfers/sales of these credits. The Brownfields, Film Incentive and/or Medical Device credits cannot be reported in this section. Taxpayers receive new certificate numbers to be used in section 1 after applying through DOR to request

3i. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1																			3a. Federal ID number of credit source
of credit(s) taken this yea																			3b. Credit type
r here and wher	0	0	0	0	0	0	0	. 0	0	0	0	0	0	0	0	0	0	0	3c. Fill in if non-expiring
e indicated on page 1							E.W					N 13 W	₩ .//₩		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3d. Period end date (mm/dd/yyyy)
											11/4						110		3e. Certificate number
														>	1	5 \$}	<i>"</i> ≪		3f. Credit received
													-						3g. Credit taken this year
J																			3h. Credit shared this year



	TEST	Name of taxpayer
, ,	TWO	er.
	5	
•	CORP	

Identification number

043 333 333

Section 4. Refundable Credits Received from Massachusetts K-1 Schedules

Taxpayers who are requesting a refund with refundable credits received via Massachusetts K-1 schedules must 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. 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.

Note: The Film Incentive credit cannot be reported in this section. Taxpayers receive new certificate numbers to be used in section 2 after applying through DOR to request transfers of these credits.

of credit source	Credit type	(mm/dd/yyyy)
		19hir



Massachusetts Department of Revenue

Schedule EDIP

Refundable Economic Development Incentive Program Credit 2018

For calendar year 2018 or taxable period beginning	01/01/	12018	and ending	g / <i>a /3</i>	1/201	P.
Under the provisions of the Economic Development II Coordination Council (EACC) may authorize taxpayer ch 63 § 38N. Taxpayers authorized by the EACC to claim such credits. Taxpayers seeking to claim credit for further information.	rs participating aim tax credits f	in certified project or projects certific	cts to claim tax ed on or after J	credits under Mo anuary 1, 2010 m	GL ch 62 § 6(ust use this	g) and MGL schedule to
Taxpayer name TEST TWO 5 CORP		dentification 3333.		Social Security numb	er	
Mailing address 4 STORAGE 5T						
City/Town CHELSEA	State MA	02150-	6371	Phone number 1-888	-123-	4567
Name of controlling business identified on credit certificate VAN BOWIE		dentification or Socia	Security number 4321			
Project type O CEP O CEEP CMRP O CJCP C	Projects certifi	ed after January 1		Certificate number 4/20	E00	103
Part 1. Credit generated or award For projects certified prior to January 1, 2018, complete lir authorized by the EACC for the current year. Partners an on Schedule K-1 or SK-1, do not complete this schedu	nes 1 through 5. d shareholders b lle. Instead, com	For projects certifie eing allocated a sh	ed after January hare of credits g	enerated by a part	tnership or S	
Cost basis of qualified property Credit rate authorized by the EACC	Ŵ.					00000
3 Tentative credit for CEP, CEEP and CMRP. Multiply li	ine (1 by line 2		9	3		500
4 Limit on authorized credit in EACC award for CEP,;C	EEP and CMRP.	See instructions.	<i></i>	4	2500	0000
5 Credit allowable as authorized by the EACC. Enter the	ne smaller of line	3 or line 4		5		500
Credit for certified job creation purched to the year subsequent to the year		s, are created. See	TIR 14-13.			
6 Number of new jobs created	~_4\\1.			6		1
7 Credit rate for new jobs authorized by the EACC	Q				0.310	000
8 Tentative credit for certified job creation projectsMul	♡					
9 Limit on authorized credit in EACC award. Not more						5000
10 Credit allowable for the certified jobs creation project.	. Enter the smalle	er of line 8 or line 9)	10		
Part 2. Credit available from the c					f ·	500
11 Total credit available. Combine lines 5 and 10						300
12 Refundable credit (see instructions). Not more than li- certificate number issued by the EACC		amount on Schedi		er with the		500



For calendar year 2018 or taxable period beginning

Massachusetts Department of Revenue

Schedule RFC Refundable Film Credit Motion Picture Production Company

and ending

2018

Name of taxpayer		fication number	0.77	Social Securit	y number	
TEST TWO S CORP	04	<u> 3 333</u>	333			
Mailing address 4 STORAGE ST						
City/Town	State	Zip		Phone number	r	*******
CHELSEA	MA	03150 6.	371			
Designated production company representative	E-mail addres	s		Phone numbe		
ES CLAUSE	HOHOG	POLE . N	/FT	1-22	<u> 5 122</u>	5/22
Massachusetts start date 07/04/2018	Massachusett	s end date OI / a O	18	·		
Fill in if any amount of this credit(s) originates from a pass-through entit	y If Yes, name a	and identification r	umber of the p	pass-through er	ntity	
Credit calculation. If a corporation, omit lines 2 to	hrough 4		U,			
1 Amount of film credit (from Application for Payroll/Production	-	_				
Certificate number ►			4020 F	0113	▶1	102584
Note: If you are the beneficiary of a trust, enter amount fro	m Schedule 2K	-1, line 32, col	d.	()		
2 Tax after credits (from Form 1, line 32; Form 1-NR/PY, line line 1, you do not have a refundable film credit. Enter the li					l is greater tha	n or equal to
remainder of this schedule. If line 1 is greater than line 2, g					2	101710
3 Subtract line 2 from line 1			9	• • • • • • • • • • • • • • • • • • • •	3	814
4 Refundable film credit. Multiply line 3 by .9 (90%). Enter he with your return. Failure to do so will result in this credit be					ust enclose So	hedule RFC
your reported tax					4	733
their film credit on the Credit Manager Schedule. If an election to refund the film credit for a production or certific credits will be refunded at 90%. Partial refunds transfers or car for the subsequent tax year.						
<i>(1)</i>						
Declaration						
declare under the pains and penalties of perjury that to the	e best of my kn	owledge, the in	nformation o	contained he	rein is accura	te and complete.
Signature My Man	Date /2/	2019				
• / / / / / / / / / / / / / / / / / / /	1 01	W-11				
I '						



2018 SCHEDULE S, PAGE 1

FEDERAL IDENTIFICATION NUMBER

Sch	nedule S S Corporation Distributive Income 2018
	CLASSIFICATION INFORMATION
1	Gross receipts or sales (from U.S. Form 1120S, line 1c)
2	Net gain. Not less than "0" (from U.S. Form 1120S, line 4)
3 :	Gross income from rental real estate activity (from U.S. Form 8825, line 18a)
4	Gross income from other rental activity (from U.S. Form 1120S, Schedule K, line 3a)
45	Interest income (from U.S. Form 1120S, Schedule K, line 4)
6	Dividend income (from U.S. Form 1120S, Schedule K, line 5a)
. 7	Royalty income (from U.S. Form 1120S, Schedule K, line 6)
8	Net short-term capital gain. Not less than "0" (from U.S. Form 1120S, Schedule K, line 7)
9	Net long-term capital gain. Not less than "0" (from U.S. Form 1120S, Schedule K, line 8a) 9 10000
10	Net gain under the provisions of Section 1231. Not less than "0" (from U.S. Form 1120S; Sched. K, line 9) 10
90	Other income. Not less than "0". See instructions.
12	Add lines 1 through 11.
13	S corporations sharing common ownership and engaged in a unitary business with one or more entities, complete lines 13 through 16. All other corporations, skip to line 17. Receipts from inter-company transactions included in lines 1 through 11. See instructions
14)	Total receipts excluding receipts from intercompany transactions. Subtract line 13 from line 12
15	Total aggregated receipts of all other related entities. See instructions
16	Add lines 14 and 15 16 5 4 6 7 8 9 6 8
17	Enter amount from line 12 or 16, whichever is applicable.
	S CORPORATION INFORMATION
18	S-election effective date 18 1 27 1991
19	Accounting method (fill in one) Cash Cash Other Other
20	How many Schedules SK-1 are attached to this return? Attach one for each person who was a shareholder at any time during the tax year
21	Fill in if any shareholders in this S corporation file as part of a nonresident composite income tax return
22	If line 21 is filled in, enter Federal Identification number under which the composite return is filled
23	Number of shareholders included in composite return

FEDERAL IDENTIFICATION NUMBER

04333333

2018 SCHEDULE S, PAGE 2

7 TO ST	S CORPORATION INCOME ▼ If a loss, mark an X in box at left
24	Ordinary business income or loss (from U.S. Form 1120S, line 21)
25	Other income (from U.S. Form 1120S, Schedule K, line 10)
26	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income 26 5 9 . 4 1 8
27.	Subtotal. Add lines 24 through 26. 27 4.608038
28	Other Massachusetts gains or losses. See instructions
29	Subtotal. Subtract line 28 from line 27
30	Other adjustments, if any 30 X 50.1.71
31	Massachusetts ordinary income or loss. Add lines 29 and 30
82	Net income or loss from rental real estate activity (from U.S. Form 1120S, Schedule K, line 2)
83	Adjustments (if any) to line 32. Enter the line number and amount from U.S. Form 1120S to which the adjustment applies.
	a. Line number Amount
	b. Line number Amount
89	Adjusted Mass. net income or loss from rental real estate activities. Combine lines 32 and 33 34.
35	Net income or loss from other rental activity (from U.S. Form 120S, Schedule K, line, 3c)
36	Adjustments (if any) to line 35. Enter the line number and amount from U.SForm 1120S to which the adjustment applies.
	a. Line number Amount 0.00
	b. Line number Amount Total adjustments 36
37	Adjusted Mass. net income or-loss from other rental activities. Combine lines 35 and 36 ► 37
33	U.S. portfolio income, excluding capital gains (from U.S. Form 1120S, Schedule K, lines 4, 5a and 6) 38
3 9	Interest on U.S. obligations included in line 38.
40	5.1% interest included in line 38. Enclose statement listing sources and amounts
41	Other interest and dividend income included in line 38. Enclose statement listing sources and amounts 41
42	Foreign state and municipal bond interest
43	Royalty income included in line 38
44	Other income included in line 38
45	Total short-term capital gains included in U.S. Form 1120S, Schedule D, line 7
46	Total short-term capital losses included in U.S. Form 1120S, Schedule D, line 7
47	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)
43	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)



CORPORATION NAME

2018 SCHEDULE S, PAGE 3

EDERAL IDENTIFICATION NUMBER

S CORP FEST TWO S CORPORATION INCOME (cont'd.) Net gain or loss under the provisions of Section 1231 (from U.S. Form 1120S, Sched. K, line 9) 50 Long-term gains on collectibles included in line 49.......52 RESIDENT AND NONRESIDENT RECONCILIATION S corporations owned by a nonresident shareholder(s) and with income derived from business activities in another state, and which activities provide that state with the power to levy an income tax or a franchise tax, complete Schedule F, Income Apportionment, and then lines 54-57. Nonresident shareholder value. Enter the nonresident shareholder portion of the amounts from the following Schedule S lines. **a.** Line 31..... **b.** Line 34..... h. Line 44. i. Line 45 . j. Line 46 k. Line 47. I. Line 48 . . m.Line 49 . . p. Line 52.....

FEDERAL IDENTIFICATION NUMBER

04333333

2018 SCHEDULE S, PAGE 4

Nonresident taxable income. Multiply the amounts from lines 54a through 54q by the apportionment percentage in Form 355S, Schedule F, line 5. a. Line 54a times apportionment percentage	,957313
b. Line 54b times apportionment percentage	
c. Line 54c times apportionment percentage	. 1.050
d. Line 54d times apportionment percentage	1,470
e. Line 54e times apportionment percentage	2,363
f. Line 54f times apportionment percentage	in the state of th
g. Line 54g times apportionment percentage	11050
h. Line 54h times apportionment percentage	A decide the management
i. Line 54i times apportionment percentage	16180
j. Line 54j times apportionment percentage	6370
k. Line 54k times apportionment percentage	The second secon
I. Line 54I times apportionment percentage	April Constitution of the configuration of the conf
m.Line 54m times apportionment percentage	21100
n. Line 54n times apportionment percentage	And Same Same Same Same Same Same Same Same
o. Line 540 times apportionment percentage	and the state of t
p. Line 54p times apportionment percentage	I had a had been to
q. Line 54q times apportionment percentage	
O SO CONTRACTOR OF THE PARTY OF	



2018 SCHEDULE S, PAGE 5

FEDERAL IDENTIFICATION NUMBER
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	ent snarenolder value. E ule S lines.	nter the resident shar	eholder portion of t	he amounts from the	e following		211177
a. Line	a 31				56a 🌠 .	d./;	3472
b. Line	e 34				56b	· · · · .	1.25 mg
c. Line	e 37				56c 🗀 :	24	300
d. Line	e 40			• • • • • • • • • • • • • • • • • • • •	56d		420
e. Line	e 41				56e		6.75
f. Line	e 42				56f		e all months as we
g. Line	e 43						300
h. Line	9 44				56h		and the same
i. Line	e 45						480
j. Line	e 46				56 _j X		180
k. Line	9 47						
	. 9 48		1	Ship (56	. , , , , , , , , , , , , , , , , , , ,	
	49			N 9	56m		600
	50	2	R. L.				
		ET B			, V. 3		
	51				560	**	n de maria de
•	9 52 9 53						
	· ·						

FEDERAL IDENTIFICATION NUMBER
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2018 SCHEDULE S, PAGE 6

	Apportioned Massachusetts total. Add the amounts from lines 55a through 55q to the corresponding amounts from lines 56a through 56q.	
	a. Line 55a plus line 56a	3.692.033
	b. Line 55b plus line 56b	A House A Commence of the Comm
3	c. Line 55c plus line 56c	4.050
	d. Line 55d plus line 56d	5670
	e . Line 55e plus line 56e	. 9.1.13
	f. Line 55f plus line 56f	
	g. Line 55g plus line 56g	. 4050
	h. Line 55h plus line 56h	to a survey of the second
	i. Line 55i plus line 56i	6,480
	j. Line 55j plus line 56j	. 2 43 0
	k. Line 55k plus line 56k	· Carl And
	I. Line 55l plus line 56l	The state of the s
	m.Line 55m plus line 56m	81100
	n. Line 55n plus line 56n	The second secon
	a . Line 550 plus line 560	
	p. Line 55p plus line 56p	
	q. Line 55q plus line 56q	And the second
		·

			2018 SCHEDULE S, PAGE 7
		illi	FEDERAL IDENTIFICATION NUMBER
TEST TWO SICO	2 0		the state of the s
SHAREHOLDER INFORMATION	<u> </u>	1 1 1	
	Jedore () E	ill in if attachi	ng additional page(s) to include additional taxpayers.
SOCIAL SECURITY OR	NON	-	NAME OF SHAREHOLDER
المناف المتعارض المتع	RESIDENT RESIDI	ENT OTHER	(last, first)
018123456) 0	RESIDENT, JOHN
0.18654321		• 0	NONRESIDENT, JANE
018010203	• =) O	T,R.U,5,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,
	0 0	0	
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Marie Marie) <i>(</i>	
The second secon			
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and the second s		0	
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$\frac{1}{2} \frac{d}{dt} \left(\frac{dt}{dt} + \frac{dt}{dt} \right) = \frac{1}{2} \frac{dt}{dt} $	0 0	0	
	0 0		
en e			
No. 120 Emilion Review of the Control of the Contro	<u> </u>		
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And the second of the second o	0	0	
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Louis Access to the second sec	0 0		

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Schedule SK-1 Shareholder's Massachusetts Information. Complete one Sci			2018
AME OF SHAREHOLDER	FAXPAYER IDENTIFICATI) I
J.A.N.E. N.O.N.R.E.S. I.D.E.N.T. CITY/TOWN/POST OFFICE	STATE ZIP+4	,5 436	<i>(</i> , ()
21. BROAD ST. BEDFORD	NH 03	8,6,2 , NN NUMBER (FID)	
T.ES.T. TWO S. CORP.	0433	3333	3.3
DDRESS CITY/TOWN/POST OFFICE	STATE ZIP+4	مامام	ا،
4. STORAGE SITI LELSEA		15063	
Type of shareholder: Individual resident Individual nonresident Trust or estate Bank will in if: Final Amended S corporation participated in one or more installment sales transact filled in, indicate whether information has been communicated to the shareholder to calculate an addition 32A based on the following Internal Revenue Code (IRC) provisions (check all that apply): IRC § 45	ctions to Massachuse 33A	tts tax under MGL 453(I)(2)(B)	
SHAREHOLDER'S DISTRIBUTIVE SHARE	▼ If a lo	ss, mark an X in box	1200
Massachusetts ordinary income or loss (from Schedule S, line 31)	1 💆 📒	18231	4/
2 Separately stated deductions	2 X	200	et en lande en
3 Add lines 1 and 2	3	18030	7.7
4 Credits available	<u></u> ٠٠	**	agus again s N
a. Taxes paid to another jurisdiction (residents only)	4a	Art Comment of the Co	
b. Lead Paint Credit	4b	100 mg 100 mg 100 mg 100 mg	
c. Economic Opportunity Area Credit.	4c		
d. Economic Development Incentive Program Credit	4d .		
e. Brownfields Credit	4e		
f. Low-Income Housing Credit	4f	A	
g. Historic Rehabilitation Credit	4g		40
h. Refundable Film Credit	4h	en e	خيمين ٿي. ميد دينو اه
i. Film Incentive Credit	4i .	As Supplement	
j. Medical Device Credit	4j		
k. Refundable Dairy Credit	4k	•	
I. Refundable Life Science Credit	41	•	
m.Life Science Company Tax Credit	4m		
n. Refundable Economic Development Incentive Credit		7	
o. Conservation Land Credit	40	,	
p. Employer Wellness Program Crédit	4р		23
q. Refundable Community Investment Credit	4q	· · · · · · · · · · · · · · · · · · ·	
r. Certified Housing Development Credit	4r	•	18
Mail to Massachusetts Department of Revenue, PO Box 7025, Boston, MA 02204.			1

	SHAREHOLDER'S DISTRIBUTIVE SHARE (cont'd.)		
1 E.	s. Veteran's Hiring Credit4s	••	* 1
	t. Low-Income Housing Donation Credit		*
	u. Total credits	4,8	, , , , <i>B</i> I,
5	Adjusted Massachusetts net income or loss from rental real estate activity(ies) (from Schedule S, line 34) 5	• ,.	•
6	Adjusted Massachusetts net income or loss from other real estate activity(ies) (from Schedule S, line 37) 6	•	2000
7	Interest from U.S. obligations (from Schedule S, line 39)	**	2.000
8	Interest (5.1%) from Massachusetts banks (from Schedule S, line 40)	•	2800
9	Other interest and dividend income (from Schedule S, line 41)9		4,500
10	Non-Massachusetts state and municipal bond interest (from Schedule S, line 42)	4,2	4.5
ข	Royalty income (from Schedule S, line 43)	•	2000
12	Other income (from Schedule S, line 44).	. 4	
13	Other income (from Schedule S, line 44)		3,200
12	Short-term capital losses (from Schedule S, line 46)		1200
15	Gain on the sale, exchange or involuntary conversion of property used in a trade or business held for		
។ត	one year or less (from Schedule S, line 47)	•	*
שני	one year or less (from Schedule S, line 48)	*	
177	Long-term capital gain or loss (from Schedule S, line 49)		4000
18	Net gain or loss under Schedule (1231, (from Schedule S, line 50)	• •	
19	Other long-term gains and losses (from Schedule S, line 51)		9
20	Long-term gains on collectibles (from Schedule: Schine 52)		
21	Differences and adjustments (from Schedule S, line 53)		
22.	Property distributions made to shareholder (from U.S. Form 1120S, Schedule K-1, line 16d)	•	•
(Sufficient			

, A. v.	SHAREHOLDER'S BASIS INFORMATION		10071000
23	a. Enter date of federal basis (12-31-1985 or later)	23a	
	b. Number of shares owned		the same of the sa
	c. Shareholder's percentage of stock ownership	2	30 0400000
	d. Dollar value of basis as of the date in line 23a	23d	540955
24	Massachusetts basis at beginning of tax year a. Stock	24a	1,434597
	b. Indebtedness	24b 🖄	. 10808
2 5	Net Massachusetts adjustments a. Stock	25a V	7.9.49
	b. Indebtedness	25b : 🔨	1500
26	Net federal adjustments a. Stock	26a	
	b. Indebtedness	26b	A
27	Massachusetts basis at end of tax year - a. Stock (add lines 24a and 25a)	27a	14425146
1100	b . Indebtedness (add lines 24b and 25b)	27b	9308
A	PASS-THROUGH ENTITY PAYMENT AND CREDIT INFORMATION		
	Declaration election code: Withholding Composite Mem	ber self _t file Exempt PTE ONOn-	the control of the co
28	Withholding amount		600
29	Estimated payments	<i>J</i> 29	
80	Credit for amounts withheld by lower-tier entity(ies)		ex la se
	Payer Identification number	▶ 30	the state of the state of
31	Credit for amounts of estimated payments made by lower-tier entity(ies)		
	Payer Identification number ►	▶31	er e



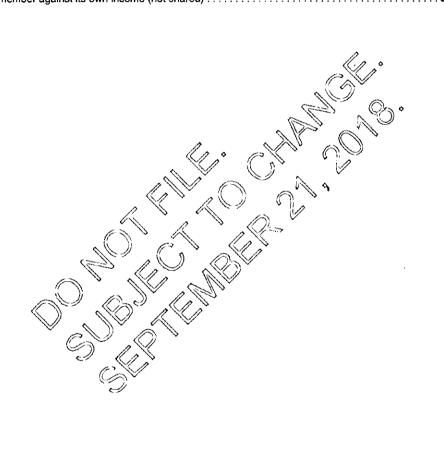
Massachusetts Department of Revenue Schedule NOL Net Operating Loss Carryforward

For calendar year 2018 or taxal	ole year beginning 01/01/201	2018 and ending 1	2/31/2018
Name of corporation	Federal Iden	tification number	
TEST TWO S	CORP 043	<i>333 </i>	
Date of most recent ownership change	9		
Corporation's total income allocations	cated or apportioned in Massachusetts for the	ne year	1 2320426
	allable for any year below is different from the		_
Explain difference (see instruct	tions)	- · · · · · · · · · · · · · · · · · · ·	
	year end. Losses may be carried forward u vailable loss for each succeeding prior taxab		
Period end date	Post apportionment NOL available	NOL used or shared	Remaining NOL
12/31/2017	2320426	,	4658
		(/) · ·	
		W. Car	
	2		
		<u>(*)</u>	
			-
<u> </u>			





M40	~ ~ ~			
073	<u> </u>	<i>333</i>	 	
			 4	4658
				4650
			 6	
			 7	
			 8	
Federal Identifi	cation nun	nber		
				4





Massachusetts Department of Revenue

Schedule FCI Foreign Corporation Income of U.S. Shareholder

For calendar year 2018 or taxable year beginning OI OI 2018 2018 and ending 12 31 20	18
The U.S. shareholder must provide copies of U.S. Forms 5471, 965 and 8992 (as filed, with all schedules and supporting stachedule.	atements) with this
Name of U.S. shareholder TEST TWO S CORP Taxpayer Identification number 043333333	
Fill in if U.S. shareholder is a Massachusetts combined group member Combined group election Worldwide OAffiliated group ONeither	
Name of principal reporting corporation of Massachusetts combined group Taxpayer Identification number **RATHER BIG CORP 04333330**	
Number of foreign corporations for which U.S. shareholder is reporting income	
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 Repatriation Transition Income. See instructions. Deemed repatriated income of U.S. shareholder. IRC § 965 inclusions and deductions.	
1 U.S. shareholder's 2018 IRC § 965(a) inclusion amounts (from 2018 U.S. Form 965, Part I, line 3)	1001
2 U.S. shareholder's total 2018 tax year section 965(c) deduction (from 2018 U.S. Form 965, Part 2, section 1, line 17) 2	1002
3 U.S. shareholder's 2017 IRC § 965(a) inclusion amounts (from 2018 U.S. Form 965, Part I, line 6)	1003
4 U.S. shareholder's total 2017 tax year section 965(c) deduction (from 2018 U.S. Form 965, Part 2, section 1, line 28) 4	1004
Part B. Controlled Foreign Corporation (CFC) Income: See instructions.	
Subpart F income of U.S. shareholder 1 U.S. shareholder's Subpart F income (from U.S. Form 5471, Schedule I, total of lines 1 through 4; see instructions) 1	1005
Global Intangible Low-Taxed Income (GILTI) of U.S. shareholder	1000
2 U.S. shareholder's IRC § 951A GILTI (from U.S. Form 8992, Part II, line 3)	1006
Dividends actually received by U.S. shareholder from CFCs 3 Dividends actually received by U.S. shareholder from CFCs (from U.S. Form 5471, line 5; see instructions)	1007
Dividuality received by C.S. Shareholder norm of Os (norm 0.5.) of the 5471, time 5, see instructions)	



Name of U.S. shareholder
TEST TWO S CORP

Taxpayer Identification number 04333333

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.

1 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)	10000	1000
2 Combined group dividends of U.S. shareholder subject to intercompany elimination 2	9000	900
3 Total of all dividends of U.S. shareholder not subject to intercompany elimination. Subtract line 2 from line 1	1000	100
4 Line 3 dividends attributable to U.S. subsidiaries where U.S. shareholder owns less than 15% of voting stock	300	30
5 Line 3 dividends attributable to foreign subsidiaries where U.S. shareholder owns less than 15% of voting stock	a00	20
6 Line 3 dividends attributable to U.S. shareholder's ownership of RICs, REITs or non-wholly owned DISCs	\$0100	10
7 Total line 3 taxable dividends of U.S. shareholder. Add lines 4 through 6	600 L	60
8 Total line 3 dividends of U.S. shareholder eligible for 95% Massachusetts DRD. Subtract line 7 from line 3	400	40
9 95% Massachusetts DRD of U.S. shareholder. Multiply line 8 by .95	380	38
Subtract line 7 from line 3 9 95% Massachusetts DRD of U.S. shareholder. Multiply line 8 by .95 9 95% Massachusetts DRD of U.S. shareholder. Multiply line 8 by .95		