CAUTION:

This tax return must be filed electronically.

Paper versions of this return will not be accepted.

If you have questions about filing electronically, contact us at 617-887-6367.

See https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements for further information about our electronic filing and payment requirements.



Massachusetts Department of Revenue Form 63-Fl Financial Institution Excise Return

2021

For calendar year 2021 or taxable year beginning	2021	and ending
Name of corporation	Federal Identification number	State or country of incorporation
Principal address		
City/Town	State Zip	
Principal address in Massachusetts		
City/Town	State Zip	
Federal business code	Name of treasurer	Date of incorporation or charter (mm/dd/yyyy)
First date of business in Massachusetts (mm/dd/yyyy)	Name of common parent corporation	Federal Identification number of parent corporation
Most recent year audited by IRS	Fill in if adjustments have been reported	d to Massachusetts
	0	
U.S. return filed	Fill in if corporation is participating in th	ne filing of a U.S. consolidated return
○ 1120 ○ 1120-REIT ○ 1120S ○ Other	0	QL.
Fill in if taxpayer is an S corporation	Fill in if corporation is participating in the	ne filing of a Massachusetts combined report
0	0 70	
Corporation (check one only)		ζΟ,
·	successor	
Fill in if alternative apportionment is requested	Fill in if this return is being filed by FDI	
<u>O</u>	<u> </u>	
If predecessor or successor, name of corporation	Federal Identification number	State or country of incorporation
Principal address	5	
	•	
City/Town	State Zip	Phone number
Fill in if:)
O Amended return (see "Amended Return" in instructions)	deral amendment	Enclosing Schedule TDS
○ Final return ○ Initial return ○ Name change ○ Addre	ess change O Enclosing Schedule FCI	O Terminated S corporation status during taxable year
O Amended return due to IRS BBA Partnership Audit O Enclosing	g Schedule DRE	
X		
.	0.0	
Declaration		
Under penalties of perjury, I declare that to the best of my k	knowledge and belief this return and e	enclosures are true, correct and complete.
Signature of appropriate officer (see instructions) Date	Print paid preparer's name	Preparer's PTIN
Title Date	Paid preparer's phone	Doid avanovada
Title Date	Paid preparer's priorie	Paid preparer's
Are you signing as an outherized delegate of the account of	Poid propagada signatura	EIN Date Fill in if self-employed
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	
If you are signing as an authorized delegate of the appropriate Attorney. The Privacy Act Notice is available upon request. Ma		



Name of corporation Federal Identification number State or country of incorporation **Excise tax calculation.** See instructions if part of a Massachusetts unitary group. Use whole dollar method. 3 S corporations, enter total receipts (from Schedule S, line 17)...... 4 If taxpayer is an S corporation and line 3 is \$6 million or more but less than \$9 million, multiply line 1 by 2.67% (.0267).. 4 5 If taxpayer is an S corporation and line 3 is \$9 million or more, multiply line 1 by 4% (.04) 6 Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See instructions 6 10 Minimum excise (cannot be prorated; combined reporting filers, see instructions). . . **11** Excise due before voluntary contribution (line 9 or 10, whichever is greater) 12 Voluntary contribution for endangered wildlife conservation.) 13 Excise due plus voluntary contribution. Add lines 11 and 12... Refund or tax due 14 2020 overpayment applied to 2021 estimated tax . . 15 2021 estimated tax payments (do not include amount in line 14)... 17 Payment with original return. Use only if amending return . . . 17 Payer Identification number **18** Pass-through entity withholding. 19 **19** Refundable credit (from Credit Manager Schedule) Total payments. Add lines 14 through 19. 21 Amount overpaid. If line 13 is smaller than line 20, subtract line 13 from line 20 Amount overpaid to be credited to 2022 estimated tax... 22 23 Amount overpaid to be refunded. Subtract line 22 from line 21 23 24 Balance due. If line 20 is smaller than line 13, subtract line 20 from line 13. 25a **25b** Other penalties...... 25 Total penalties. Add lines 25a and 25b. 26 Interest on unpaid balance



27 Total payment due at time of filing. Add lines 24, 25 and 26



Name of corporation Federal Identification number State or country of incorporation Disclosure schedule 1 Amount claimed as a deduction for contributions to bad debt reserve from the corporation's federal return for the 3 Amount of capital loss claimed federally that was treated as an ordinary loss (per IRC sec. 582(c)). 5 Amount of total income as reported on U.S. Form 1120, line 11 or 1120S, line 6 Schedule A. Taxable income 1 Gross receipts or sales (from U.S. Form 1120, line 1c). **2** Net income (from U.S. Form 1120, line 28)..... 3 State and municipal bond interest not included in federal nettincome (total from Schedule B, col. d) 4 Foreign, state or local income, franchise, excise or capital stock taxes deduction from federal net income. 5 Portion of net capital loss carryover used to reduce capital gain on U.S. Schedule D... 6 Section 168(k) "bonus" depreciation adjustment. **7** Other income not included in line 2 . . 8 Section 31I and 31J intangible and interest expense add back 9 Reserved for future use . . . 10 10 Other adjustments (enclose schedule) 11 Adjusted income. Add lines 2 through 10. If loss, enter 0 . . 12 Abandoned Building Renovation deduction...Total cost 13 Dividends deduction (from Schedule D, line 5). 14 Exception(s) to the add back of interest and/or intangible expenses (enclose schedule(s)). . 15 Total deductions. Add lines 12 through 14 4 **16** Income subject to apportionment. Subtract line 15 from line 11. If loss, enter 0 17 Income apportionment percentage (from Schedule E, line 5 or 1.0, whichever applies) . 18 Income taxable in Massachusetts. Multiply line 16 by line 17. If loss, enter 0. Enter result here and in line 1 of return 18





		Federal Identification	n number S	State or country of incorpo	pration
chedule B. Wholly tax-	exempt interest	t c. Maturity	d. Interest received	e. Amortization	f. Net interest
				\ .	
				NO.	
				10	
			.0	Y	
omplete this schedule only if the corpo	oration has income from bu		ich is taxable both in Ma		
		siness activities wh	ich is taxable both in Ma Number of	ssachusetts and in an Fill in if registered to do business in state	Fill in if files
emplete this schedule only if the corpo Location	oration has income from bu	siness activities wh	ich is taxable both in Ma Number of	Fill in if registered to	Fill in if files
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omplete this schedule only if the corpo Location	oration has income from bu	siness activities wh	ich is taxable both in Ma Number of	Fill in if registered to do business in state	Fill in if files returns in stat
omplete this schedule only if the corpo Location	oration has income from bu	siness activities wh	ich is taxable both in Ma Number of	Fill in if registered to do business in state	Fill in if files returns in stat
chedule D. Dividends of the voting stock of the institution	Business conducted a	activity at location account of the own	Number of locations	Fill in if registered to do business in state	Fill in if files returns in stat
chedule D. Dividends ginning January 1, 1999, 95% of div ore of the voting stock of the institution d percent of voting stock owned by co	deduction idends received from or on paying the dividend, will ass of stock.	activity at location account of the own be allowed as a de	Number of locations	Fill in if registered to do business in state	Fill in if files returns in stat
chedule D. Dividends ginning January 1, 1999, 95% of div ore of the voting stock of the institution d percent of voting stock owned by c	deduction idends received from or on paying the dividend, will lass of stock.	activity at location account of the own be allowed as a de	Number of locations locations locations locations locations locations locations locations locations location lo	Fill in if registered to do business in state	Fill in if files returns in stat
chedule D. Dividends of the corporation city and state chedule D. Dividends of the institution of the voting stock of the institution of the voting stock owned by classification of the voting stock	deduction idends received from or on paying the dividend, will lass of stock. 20, Schedule C, line 23)	activity at location account of the own be allowed as a de	Number of locations locations locations locations locations locations locations locations locations location lo	Fill in if registered to do business in state tock, if the financial in Enclose schedule show 1	Fill in if files returns in stat
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chedule D. Dividends ginning January 1, 1999, 95% of div ore of the voting stock of the institution d percent of voting stock owned by cl Total dividends (from U.S. Form 112 Dividends, if less than 15% of votin a On common stock	deduction idends received from or on paying the dividend, will ass of stock. g stock owned. Do not make	activity activity at location account of the own be allowed as a de-	Number of locations described any class of standard to net income. Experience of the complex of	Fill in if registered to do business in state tock, if the financial in Enclose schedule show 1 2a 2b	Fill in if files returns in stat
chedule D. Dividends of ginning January 1, 1999, 95% of div	deduction idends received from or on paying the dividend, will ass of stock. g stock owned. Do not make	activity activity at location account of the own be allowed as a de-	Number of locations described any class of standard to net income. Experience of the complex of	Fill in if registered to do business in state tock, if the financial in Enclose schedule show 1 2a 2b	Fill in if files returns in stat





Name of corporation Federal Identification number State or country of incorporation

Schedule E. Income apportionment Apportionment factors

1	Re	ceipts	a. Massachusetts	b. Worldwide	c. Percentage
	а	Receipts from lease, sublease or rental of real property 1a			
		Receipts from lease, sublease or rental of tangible property (other than transportation property)			
		Receipts from lease, sublease or rental of transportation property			
		Interest (including fees and penalties) received on loans secured by real property			
		Interest (including fees and penalties) received on loans not secured by real property 1e		9.	
	f	Net gain on sale of loans secured by real property			
	g	Net gain on sale of loans not secured by real property 1g		S. K.	
		Interest (including fees and penalties) on credit card receivables	200		i ic
		Net gains on sales of credit card receivables (but not less than 0)	100		Mar
	j	Credit card issuer's reimbursement fees	X		601
	k	Receipts from merchant discount	V	*	
	ı	Loan servicing fees from loans secured by real property			
	m	Loan servicing fees from loans not secured by real property 1m		~~	
	n	Receipts from performance of other services		70	
		Interest, dividends and net gains (but not less than 0) from investment and/or trading assets and activities 1o Method used for this item ▶ ○ Average value ○ Gross income		501	
		Any other "receipts" included in factor but not listed above 1p Describe			
	q	Totals. Add lines 1a through 1p for each column			
		ceipts apportionment percentage. Divide Massachusetts total (line 1q, umn b). Enter as decimal		total (line 1q,	
		umn b). Enter as decimal			



Name of corporation Federal Identification number State or country of incorporation

Schedule	Ε.	Income	apportionment (cont'd.)
Apportionm	ien	t factors	

2	Property	a. Massachusetts	b. Worldwide	c. Percentage
	a Average value of real property rented from another (capitalized at eight times gross rents during taxable year)			
	b Average value of tangible property (other than transportation property) (capitalized at eight times gross rents during taxable year)			
	c Average value of transportation property (capitalized at eight times gross rents during taxable year)			
	d Fill in if alternative valuation method has been used for rented prope Note: Prior written approval from the Commissioner of Revenue is re		native method.	
	Average value of real property owned (including capital leases)		Xec	
	f Tangible property (other than transportation property)		COX	
	g Transportation property		-0	
	h Average value of loans (see statute)			
	i Average value of credit card receivables (see statute)2i			200
	j Number of times per year averaging used for determining value of a	Il property owned		
	k Totals. Add lines 2a through 2i for each column 2k	, O		·XIO
2	Property apportionment percentage. Divide Massachusetts total (line 2) column b). Enter as decimal	c, column a) by Worldwide		2
3	Payroll			
	a Total			
3	Payroll apportionment percentage. Divide Massachusetts total (line 3a, column b). Enter as decimal			
4	Apportionment percentage. Add total of Percentage columns, (line 1, co	olumn c; line 2, column c; a	and line 3, column c) 4	
5	Massachusetts apportionment percentage. Divide line 4 by 3. Enter her	e and in Schedule A, line	17 5	

An exact copy of all pages of U.S. Form 1120, 1120-REIT or other federal return along with any supporting schedules and/or forms substantiating the Massachusetts excise must be enclosed with this return. If filing U.S. Form 1120S, complete and enclose a pro forma U.S. Form 1120. Any changes or amendments to any U.S. amount must be explained in detail. Any return filed without the copy of such U.S. information enclosed is an incomplete return and is subject to assessment penalties.