## **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 <a href="https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements">https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements</a> for further information about our electronic filing and payment requirements.



## Form 355U Excise for Taxpayers Subject to Combined Reporting

2023

Massachusetts

Department of

Revenue

For calendar year 2023 or taxable period beginning	2023 and 6	endina	
Name of principal reporting corporation	Federal Identification number		
Principal address	City/Town	State	Zip
Contact person	Telephone number		
	7		
1 Type of group (check one only): ☐ Financial ☐ Non-financial ☐			
2 Are you making or are you subject to an affiliated group or worldwide	•		
3 Check if an affiliated group or worldwide election applies, and if so,		current year $\square$	
4 Check if any member of the group is requesting alternate apportion			
5 Check if an amended filing I If Yes, check if federal amendment		•	
Check if due to IRS BBA Partnership Audit	a valatad autitu.	<b>∂</b> .	
6 Check if group or any member is deducting interest expense paid to	to a related entity $\Box$		
7 Check if group or any member is deducting intangible experise paid  8 Check if group has an excluded parent □	to a related entity $\square$		
Check if group has elected a Massachusetts adjusted basis for non-	tavahla members 🗆	edied.	
10 Check if any member is currently under a the Internal Revenue			
11 Check if any member is taking a Massachusetts film credit or a life s		tax □	
12 Enter the number of Schedule FC statements included in the comb	-		
13 Last year for which any member was audited by IRS		13	X
<b>14</b> Enter the number of federal disclosure statements filed by members		14	
15 Enter the number of Massachusetts taxpayer disclosure statements			
<b>16</b> Total number of taxable members included in the combined report .			
17 Number of members subject to non-income measure only			<u> </u>
<b>18</b> Number of non-taxable members in the combined group	<b></b>		111.
19 Number of U.S. Schedules M-3 filed		19	<b>X</b>
20 Number of U.S. Forms 5471 filed by members			<i></i>
Excise Tax Calculation			
21 Total financial institution excise due from member		21	
		22	
23 Total business corporation measure of excise due from members			
24 Total excise before credits and payments (dd lines 21 through 23.		24	
25 Credits taken by corporations using the wn credits			
<b>26</b> Credits taken under sharing rules		26	
27 Excise due before voluntary contribution		27	
<b>28</b> Voluntary contribution for endangered wildlife conservation			
<b>29</b> Excise due plus voluntary contribution. Add lines 27 and 28 $\ldots$		29	
<b>30</b> Overpayment from prior year applied to this year's estimated tax (from			
<b>31</b> Massachusetts estimated tax payments (group) (from Schedule CG		1	
<b>32</b> Payment with extension (group) (from Schedule CG, Part 1, line 7).			
<b>33</b> Pass-through entity withholding (total of all Schedules U-ST, line 42)			
<b>34</b> Total refundable credits (total of all Schedules U-ST, line 43)			
35 Other payment or refund for this tax year			
36 Total payments for the combined group		1	
<ul><li>37 Amount overpaid. Subtract line 29 from line 36</li></ul>			
Amount overpaid to be applied to flext year			
41 M-2220 penalty \$			
42 Interest			
43 Excise due plus statutory additions.			