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.



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2024 and 12-31-2024 below. Fiscal year filers enter appropriate dates.

Tax year beginning Tax year ending Business/Manufacturing **Corporation Excise Return** STATE PRINCIPAL BUSINESS ADDRESS CITY/TOWN/POST OFFICE STATE PRINCIPAL BUSINESS ADDRESS IN MASSACHUSETTS (IF DIFFERENT) CITY/TOWN/POST OFFICE Fill in if: Initial return 🔘 Final return 🔘 Name change 🤍 Address change 🤍 Amended return (see instructions) 🤇 Amended return due to federal change Amended return due to federal audit Amended return due to IRS BBA Partnership Audit Enclosing Schedule DRE C Enclosing Schedule FCI Enclosing Schedule TDS Selection termination or revocation Member of lower-tier entity — 1 Fill in if corporation is incorporated within Massachusetts 2 Date of incorporation in Massachusetts . . . 3 Type of corporation (select one, if applicable)..... Section 38 manufacturer Mutual fund service 4 Type of corporation (select one, if applicable)..... 5 6 FID of principal reporting corporation (if line 5 is filled in)..... 7 Fill in if line 5 is filled in and corporation's tax year ends in a different month than the 355U 8 Fill in if corporation is an insurance mutual holding corporation. 9 Fill in if corporation is requesting alternative apportionment (enclose Form AA-1) 10 Principal business code (from U.S. return). 11 Number of employees in Massachusetts. . 12 Number of employees worldwide . . . 13 Foreign corporation: first date of business in Massachusetts.... Last year audited by IRS. 14 15 Fill in if corporation is deducting intangible or interest expenses paid to a related entity 16 17 Fill in if: Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272 Taxable only with respect to partnership activity Fill in if, at any time during the year, the corporation (a) received a digital asset (as a reward, or payment for property or services); or (b) sold, exchanged, or otherwise disposed of a digital asset (or a financial interest in a digital asset)? See instructions DECLARATION. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete. Preparer's PTIN Signature of appropriate officer (see instructions) Print paid preparer's name Title Paid preparer's phone Paid preparer's Fill in if self-employed Fill in if DOR may discuss this return with Paid preparer's signature the paid preparer Taxpaver's e-mail address



FEDI	FEDERAL IDENTIFICATION NUMBER							

2024 FORM 355, 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)	
3	Massachusetts taxable income (from Schedule E, line 27). Not less than "0"	
4	Credit recapture (enclose Credit Recapture Schedule). See instructions	
5	Additional tax on installment sales5	
6	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 through 5	
7	Total credits (from Credit Manager Schedule; combined report filers, see instructions)	
8	Excise after credits. Subtract line 7 from line 68	
9	Combined filers only, enter the amount of tax from Schedule U-ST, line 419	
10	Minimum excise (cannot be prorated; combined report filers, see instructions) Excise due before voluntary contribution. (line 8 or 10, whichever is greater)	10
11	Excise due before voluntary contribution. (line 8 or 10, whichever is greater)	
12	Voluntary contribution for endangered wildlife conservation	
13	Excise due plus voluntary contribution. Add lines 11 and 12	
14	Overpayment of tax from prior year applied to this year's estimated tax	
15	Massachusetts estimated tax payments (do not include amount in line 14)	
16	Payment made with extension	Ó
17	Payment with original return. Use only if amending a return	
18	Pass-through entity withholding (from Schedule 3K-1) Payer ID number	
19	Total refundable credits (from Credit Manager Schedule)	
20	Total payments. Add lines 14 through 19	
21	Amount overpaid. Subtract line 13 from line 20	
22	Amount overpaid to be credited to next year	
23	Amount overpaid to be refunded. Subtract line 22 from line 21	
24	Balance due. Subtract line 20 from line 13	
25	a. M-2220 penalty b. Late file/pay penalties	
26	Interest on unpaid balance	
27	Payment due at time of filing. See instructions	



CORPORATION NAME FEDERAL IDENTIFICATION NUMBER

Sc	chedule A Balance Sheet			2024
1	ASSETS Capital assets in Massachusetts:	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. NET BOOK VALUE
_	a. Buildings			
	b. Land			
	c. Motor vehicles and trailers 1c			
	d. Machinery taxed locally			
	e. Machinery not taxed locally 1e			
	f. Equipment		9.	
	g. Fixtures1g			
	h. Leasehold improvements taxed locally 1h			
	i. Leasehold improvements not taxed locally1i			
	j. Other fixed depreciable assets	X 1/26		
	k. Construction in progress			
	I. Total capital assets in Massachusetts		11	il KO.
2	Inventories in Massachusetts:	<i>h</i> .		
	a. General merchandise		2a	
	b. Exempt goods		2b	
3	Supplies and other non-depreciable assets in Massachusetts .		3	
4	Total tangible assets in Massachusetts		4	
5	Capital assets outside Massachusetts:		7	
	a. Buildings and other depreciable assets 5a			
	b. Land			
6	Leaseholds/leasehold improvements outside Massachusetts			
7	Total capital assets outside Massachusetts	(2 ⁵)		

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE



		FEDERAL IDENTIFICATION NUMBER	2024 SCHE Page	′
8	Inventories outside Massachusetts		8	
9	Supplies and other non-depreciable assets outside Massachusetts		9	
10	Total tangible assets outside of Massachusetts		10	
11	Total tangible assets. Add lines 4 and 10		11	
12	Investments (capital stock investments and equity contributions of	nly):		
	a. Investments in subsidiaries at least 80% owned		12a	
	b. Other investments		12b	
13	Notes receivable		13	
14	Accounts receivable		14	
15	Intercompany receivables		15	
16	Intercompany receivables. Cash. Other assets. Total assets.		216	
17	Other assets.		17	
18	Total assets	······	18	
	LIABILITIES AND CAPITAL	* O		~0
19	Mortgages on:			
	a. Massachusetts tangible property taxed locally		19a	L CON
	b. Other tangible assets	N.	19b	
20	Bonds and other funded debt)	20	
21	Accounts payable		21	
22	Intercompany payable			
23				
24	Miscellaneous current liabilities.		24	
25	Miscellaneous accrued liabilities	O,	25	
26	Total liabilities	O. O.	26	
27	Total capital stock issued		27	
28	Paid-in or capital surplus		28	
29	Paid-in or capital surplus	P	29	ATT X ITT DOX AT 1811
30	Undistributed S corporation net income			
31	Total capital. Add lines 27 through 30		31	
32	Treasury stock		32	
33	Total liabilities and capital. Do not enter less than "0"		33	



CORPORATION NAME FEDERAL IDENTIFICATION NUMBER

Scl	hedule B Tangible or Intangible Property Corporation Classification			2	2024
1	Enter all values as net book values from Schedule A, col. c. Total Massachusetts tangible property (from Schedule A, line 4)	1			
2	Massachusetts real estate (from Schedule A, lines 1a and 1b)	2			
3	Massachusetts motor vehicles and trailers (from Schedule A, line 1c).	3			
4	Massachusetts machinery taxed locally. Classified manufacturers enter 0 (from Schedule A, line 1d)	4			
5	Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	5			
6	Massachusetts tangible property taxed locally. Add lines 2 through 5	6			
7	Massachusetts tangible property not taxed locally, Subtract line 6 from line 1	7			
8	Total assets (from Schedule A, line 18)	8			
9	Total assets (from Schedule A, line 18)	9			
10	Total assets not taxed locally. Subtract line 9 from line 8	10			
11	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	11			
12	Assets subject to allocation. Subtract line 11 from line 10				
13	Income apportionment percentage (from Schedule F, line 5)	1	3		
14	Allocated assets. Multiply line 12 by line 13				
15	Tangible property percentage. Divide line 7 by line 14				
	hedule C Tangible Property Corporation	0,			
1 2	Complete only if Sched. B, line 15 is 10% or more. Enter all values as net book values from Sched. A, col. c. Total Massachusetts tangible property (from Schedule A, line 4)	1			
	a. Massachusetts real estate (from Schedule A, lines 1a and 1b)	2a			
	b. Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	2b			
	c. Massachusetts machinery taxed locally. Classified manufacturers enter "0" from Schedule A, line 1d)	2c			
	d. Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	2d			
	e. Exempt goods (from Schedule A, line 2b)	2e			
	f. Certified Massachusetts industrial waste/air treatment facilities	2f			
	g. Certified Massachusetts solar or wind power deduction	2g			
3	Total exempt Massachusetts tangible property. Add lines 2a through 2g	3			
4	Taxable Massachusetts tangible property. Subtract line 3 from line 1. Do not enter less than "0." Enter result in line 1 of the Excise Calculation on page 2, and enter "0" in line 2 of the Excise Calculation	4			



CORPORATION NAME FEDERAL IDENTIFICATION NUMBER **Schedule D** Intangible Property Corporation 2024 Complete only if Sched. B, line 15 is less than 10%. Enter all values as net book values from Sched. A, col. c. 1 2 3 5 6 7 Deductions from total assets. Add lines 2, 5 and 6... 8 Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"...... 9 10 Taxable net worth. Multiply line 8 by line 9. Enter result in line 2 of the Excise Calculation on page 2, and enter "O" in line 1 of the Excise Calculation..... **Schedule E-1** Dividends Deduction Beginning January 1, 1999, 95% of dividends received from or on account of the ownership of any class of stock, if the business corporation owns 15% or more of the voting stock of the corporation paying the divident, will be allowed as a deduction to net income. Enclose schedule showing payers amounts and percent of voting stock owned by class of stock. Total dividends. See instructions..... 2 Dividends from Massachusetts corporate trusts.... 3 Dividends from non-wholly-owned DISCs 4 Dividends, if less than 15% of voting stock owned..... 5 6 Dividends from REITs 7 Dividends eligible for deduction. Subtract line 7 from line 1...... 8 Dividends deduction. Multiply line 8 by .95...........



CORPORATION NAME FEDERAL IDENTIFICATION NUMBER

Schedule E Taxable Income 2024

		▼ If a loss, mark an X in box at left
1	Gross receipts or sales (from U.S. Form 1120, line 1c)	
2	Gross profit (from U.S. Form 1120, line 3)	
3	Other deductions (from U.S. Form 1120, line 26)	
4	Net income (from U.S. Form 1120, line 28)	
5	Allowable U.S. wage credit. See instructions	5
6	Subtract line 5 from line 4	
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	
9	Section 168(k) "bonus" depreciation adjustment. See instructions	
10	Section 31I and 31K intangible expense add back adjustment. See instructions	. 10
11	Section 31J and 31K interest expense add back adjustment. See instructions	.11
12	Reserved for future use	. 12
13	Other adjustments, including research and development expenses. See instructions	X XO
14	Add lines 6 through 13	
15	Abandoned building renovation deduction	= 15
16	Dividends deduction (from Schedule E-1, line 9)	
17	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE)	. 17
18	Exception(s) to the add back of interest expenses (enclose Schedule ABI)	
19	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14	
20	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	20
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	
24	Certified Massachusetts solar or wind power deduction.	. 24
25	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23	
26	Net operating loss deduction (enclose Schedule NOL)	. 26
27	Massachusetts taxable income. Subtract line 26 from line 25	
28	Total net operating loss available for carryover to future years	. 28