

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 [MMDDYYYY] Tax year ending [MMDDYYYY]

Form 355 Business/Manufacturing Corporation Excise Return 2024

NAME OF CORPORATION, FEDERAL IDENTIFICATION NUMBER (FID), PRINCIPAL BUSINESS ADDRESS, CITY/TOWN/POST OFFICE, STATE, ZIP+4

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 [] Enclosing Schedule FCI [] Enclosing Schedule TDS [] S election 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).
4 Type of corporation (select one, if applicable).
5 Fill in if corporation is included in a 355U filing (see instructions).
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.
14 Last year audited by IRS.
15 Fill in if adjustments have been reported to Massachusetts.
16 Fill in if corporation is deducting intangible or interest expenses paid to a related entity.
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.
18 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.

Signature of appropriate officer (see instructions), Date, Print paid preparer's name, Preparer's PTIN, Title, Date, Paid preparer's phone, Paid preparer's EIN, Fill in if DOR may discuss this return with the paid preparer, Paid preparer's signature, Date, Fill in if self-employed, Taxpayer's e-mail address



FEDERAL IDENTIFICATION NUMBER

Input field for Federal Identification Number

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4)	<input type="text"/>	$\times .0026 = 1$	<input type="text"/>
2	Taxable net worth, if applicable (from Schedule D, Line 10)	<input type="text"/>	$\times .0026 = 2$	<input type="text"/>
3	Massachusetts taxable income (from Schedule E, line 27). Not less than "0"	<input type="text"/>	$\times .0800 = 3$	<input type="text"/>
4	Credit recapture (enclose Credit Recapture Schedule). See instructions		4	<input type="text"/>
5	Additional tax on installment sales		5	<input type="text"/>
6	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 through 5		6	<input type="text"/>
7	Total credits (from Credit Manager Schedule; combined report filers, see instructions)		7	<input type="text"/>
8	Excise after credits. Subtract line 7 from line 6		8	<input type="text"/>
9	Combined filers only, enter the amount of tax from Schedule U-ST, line 41		9	<input type="text"/>
10	Minimum excise (cannot be prorated; combined report filers, see instructions)		10	<input type="text"/>
11	Excise due before voluntary contribution. (line 8 or 10, whichever is greater)		11	<input type="text"/>
12	Voluntary contribution for endangered wildlife conservation		12	<input type="text"/>
13	Excise due plus voluntary contribution. Add lines 11 and 12		13	<input type="text"/>
14	Overpayment of tax from prior year applied to this year's estimated tax		14	<input type="text"/>
15	Massachusetts estimated tax payments (do not include amount in line 14)		15	<input type="text"/>
16	Payment made with extension		16	<input type="text"/>
17	Payment with original return. Use only if amending a return		17	<input type="text"/>
18	Pass-through entity withholding (from Schedule 3K-1)			
	Payer ID number	<input type="text"/>	18	<input type="text"/>
19	Total refundable credits (from Credit Manager Schedule)		19	<input type="text"/>
20	Total payments. Add lines 14 through 19		20	<input type="text"/>
21	Amount overpaid. Subtract line 13 from line 20		21	<input type="text"/>
22	Amount overpaid to be credited to next year		22	<input type="text"/>
23	Amount overpaid to be refunded. Subtract line 22 from line 21		Refund 23	<input type="text"/>
24	Balance due. Subtract line 20 from line 13		Balance due 24	<input type="text"/>
25	a. M-2220 penalty <input type="text"/> b. Late file/pay penalties <input type="text"/>		a + b = 25	<input type="text"/>
26	Interest on unpaid balance		26	<input type="text"/>
27	Payment due at time of filing. See instructions		Total due 27	<input type="text"/>

Paper returns will not be accepted. See TIPS 16-9 and 21-9 for more information.



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule A Balance Sheet

2024

ASSETS	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. NET BOOK VALUE
1 Capital assets in Massachusetts:			
a. Buildings 1a			
b. Land 1b			
c. Motor vehicles and trailers 1c			
d. Machinery taxed locally 1d			
e. Machinery not taxed locally. 1e			
f. Equipment 1f			
g. Fixtures 1g			
h. Leasehold improvements taxed locally 1h			
i. Leasehold improvements not taxed locally 1i			
j. Other fixed depreciable assets 1j			
k. Construction in progress. 1k			
l. Total capital assets in Massachusetts. 1l			
2 Inventories in Massachusetts:			
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:			
a. Buildings and other depreciable assets 5a			
b. Land 5b			
6 Leaseholds/leasehold improvements outside Massachusetts 6			
7 Total capital assets outside Massachusetts 7			

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE

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FEDERAL IDENTIFICATION NUMBER

Empty boxes for Federal Identification Number

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 only):								
	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	Cash	16							
17	Other assets	17							
18	Total assets	18							
LIABILITIES AND CAPITAL									
19	Mortgages on:								
	a. Massachusetts tangible property taxed locally	19a							
	b. Other tangible assets	19b							
20	Bonds and other funded debt	20							
21	Accounts payable	21							
22	Intercompany payable	22							
23	Notes payable	23							
24	Miscellaneous current liabilities	24							
25	Miscellaneous accrued liabilities	25							
26	Total liabilities	26							
27	Total capital stock issued	27							
28	Paid-in or capital surplus	28							
29	Retained earnings and surplus reserves	29	<input checked="" type="checkbox"/>						
30	Undistributed S corporation net income	30							
31	Total capital. Add lines 27 through 30	31	<input checked="" type="checkbox"/>						
32	Treasury stock	32							
33	Total liabilities and capital. Do not enter less than "0"	33							

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If a loss, mark an X in box at left



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule B Tangible or Intangible Property Corporation Classification

2024

Enter all values as net book values from Schedule A, col. c.

1	Total Massachusetts tangible property (from Schedule A, line 4)	1	<input type="text"/>
2	Massachusetts real estate (from Schedule A, lines 1a and 1b)	2	<input type="text"/>
3	Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	3	<input type="text"/>
4	Massachusetts machinery taxed locally. Classified manufacturers enter 0 (from Schedule A, line 1d)	4	<input type="text"/>
5	Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	5	<input type="text"/>
6	Massachusetts tangible property taxed locally. Add lines 2 through 5	6	<input type="text"/>
7	Massachusetts tangible property not taxed locally. Subtract line 6 from line 1	7	<input type="text"/>
8	Total assets (from Schedule A, line 18)	8	<input type="text"/>
9	Massachusetts tangible property taxed locally (from line 6 above)	9	<input type="text"/>
10	Total assets not taxed locally. Subtract line 9 from line 8	10	<input type="text"/>
11	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	11	<input type="text"/>
12	Assets subject to allocation. Subtract line 11 from line 10	12	<input type="text"/>
13	Income apportionment percentage (from Schedule F, line 5)	13	<input type="text"/>
14	Allocated assets. Multiply line 12 by line 13	14	<input type="text"/>
15	Tangible property percentage. Divide line 7 by line 14	15	<input type="text"/>

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.

1	Total Massachusetts tangible property (from Schedule A, line 4)	1	<input type="text"/>
2	Exempt Massachusetts tangible property:		
a.	Massachusetts real estate (from Schedule A, lines 1a and 1b)	2a	<input type="text"/>
b.	Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	2b	<input type="text"/>
c.	Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	2c	<input type="text"/>
d.	Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	2d	<input type="text"/>
e.	Exempt goods (from Schedule A, line 2b)	2e	<input type="text"/>
f.	Certified Massachusetts industrial waste/air treatment facilities	2f	<input type="text"/>
g.	Certified Massachusetts solar or wind power deduction	2g	<input type="text"/>
3	Total exempt Massachusetts tangible property. Add lines 2a through 2g	3	<input type="text"/>
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	<input type="text"/>

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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	Total assets (from Schedule A, line 18)	1	<input type="text"/>
2	Total liabilities (from Schedule A, line 26)	2	<input type="text"/>
3	Massachusetts tangible property taxed locally (from Schedule B, line 6)	3	<input type="text"/>
4	Mortgages on Massachusetts tangible property taxed locally (from Schedule A, line 19a)	4	<input type="text"/>
5	Subtract line 4 from line 3. Do not enter less than "0"	5	<input type="text"/>
6	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	6	<input type="text"/>
7	Deductions from total assets. Add lines 2, 5 and 6	7	<input type="text"/>
8	Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"	8	<input type="text"/>
9	Income apportionment percentage (from Schedule F, line 5)	9	<input type="text"/>
10	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	10	<input type="text"/>

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 dividend, will be allowed as a deduction to net income. Enclose schedule showing payers amounts and percent of voting stock owned by class of stock.

1	Total dividends. See instructions	1	<input type="text"/>
2	Dividends from Massachusetts corporate trusts	2	<input type="text"/>
3	Dividends from non-wholly-owned DISCs	3	<input type="text"/>
4	Dividends, if less than 15% of voting stock owned	4	<input type="text"/>
5	Dividends from RICs	5	<input type="text"/>
6	Dividends from REITs	6	<input type="text"/>
7	Total taxable dividends. Add lines 2 through 6	7	<input type="text"/>
8	Dividends eligible for deduction. Subtract line 7 from line 1	8	<input type="text"/>
9	Dividends deduction. Multiply line 8 by .95	9	<input type="text"/>

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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)	1	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Gross profit (from U.S. Form 1120, line 3)	2	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Other deductions (from U.S. Form 1120, line 26)	3	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Net income (from U.S. Form 1120, line 28)	4	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Allowable U.S. wage credit. See instructions	5	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Subtract line 5 from line 4	6	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	State and municipal bond interest not included in U.S. net income	7	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	8	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Section 168(k) "bonus" depreciation adjustment. See instructions	9	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Section 311 and 31K intangible expense add back adjustment. See instructions	10	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Section 31J and 31K interest expense add back adjustment. See instructions	11	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Reserved for future use	12	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Other adjustments, including research and development expenses. See instructions	13	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Add lines 6 through 13	14	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	Abandoned building renovation deduction	<input type="text"/> × .10 =	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Dividends deduction (from Schedule E-1, line 9)	16	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE)	17	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	Exception(s) to the add back of interest expenses (enclose Schedule ABI)	18	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14	19	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	20	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	Multiply line 19 by line 20	21	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	Income not subject to apportionment	22	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	Total net income allocated or apportioned to Massachusetts. Add lines 21 and 22	23	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	Certified Massachusetts solar or wind power deduction	24	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23	25	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26	Net operating loss deduction (enclose Schedule NOL)	26	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27	Massachusetts taxable income. Subtract line 26 from line 25	27	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28	Total net operating loss available for carryover to future years	28	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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