

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 355S S 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 [MMDDYYYY]
3 Type of corporation (select one, if applicable) Section 38 manufacturer [] Mutual fund service []
4 Type of corporation (select one, if applicable) R&D [] Classified mfg []
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 the parent of another 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 [MMDDYYYY]
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

Name of designated tax matters partner Identifying number of tax matters partner



FEDERAL IDENTIFICATION NUMBER

Input field for Federal Identification Number

2024 FORM 355S, PAGE 2
EXCISE CALCULATION

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4)	<input type="text"/>	× .0026 =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Taxable net worth, if applicable (from Schedule D, line 10)	<input type="text"/>	× .0026 =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Qualified taxable income and passive income	<input type="text"/>	× .0800 =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Income (from 2024 Schedule S, line 17)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Income taxable in Massachusetts (from Schedule E, line 27). Not less than "0"			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	If line 4 is less than \$6 million, enter "0". If line 4 is \$6 million or more, but less than \$9 million, multiply line 5 by .02. If line 4 is \$9 million or more, multiply line 5 by .03			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Credit recapture (enclose Credit Recapture Schedule). See instructions			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Additional tax on installment sales			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3, 6, 7 and 8			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Total credits (from Credit Manager Schedule; combined report filers, see instructions)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Excise after credits. Subtract line 10 from line 9			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Combined filers only, enter the amount of tax from Schedule U-ST, line 41			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Minimum excise (cannot be prorated; combined report filers, see instructions)								<input type="text"/>
14	Excise due before voluntary contribution. (line 11 or 13, whichever is greater)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	Voluntary contribution for endangered wildlife conservation			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Excise due plus voluntary contribution. Add lines 14 and 15			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	Overpayment of tax from prior year applied to this year's estimated tax			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	Massachusetts estimated tax payments (do not include amount in line 17)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	Payment made with extension			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	Payment with original return. Use only if amending a return			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	Pass-through entity withholding (from Schedule 3K-1. See instructions)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Payer ID number	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	Total refundable credits (from Credit Manager Schedule)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	Total payments. Add lines 17 through 22			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	Amount overpaid. Subtract line 16 from line 23			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	Amount overpaid to be credited to next year			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26	Amount overpaid to be refunded. Subtract line 25 from line 24		Refund	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27	Balance due. Subtract line 23 from line 16		Balance due	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28	a. M-2220 penalty <input type="text"/> b. Late file/pay penalties <input type="text"/>		a + b =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
29	Interest on unpaid balance			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30	Payment due at time of filing. See instructions		Total due	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Paper returns will not be accepted. See TIRS 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

E-File Only. Paper returns will not be accepted. See TIRS 16-9 and 21-9 for more information.



FEDERAL IDENTIFICATION NUMBER

Input boxes for Federal Identification Number

Table with 3 columns: Line number, Description, and Amount. Rows 8-18 include assets like Inventories, Supplies, Notes receivable, and Cash.

LIABILITIES AND CAPITAL

Table with 3 columns: Line number, Description, and Amount. Rows 19-33 include liabilities and capital items like Mortgages, Bonds, Accounts payable, and Total capital.

Watermark text: E-File Only. Paper returns will not be accepted. See TIRS 16-9 and 21-9 for more information.

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							
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	Massachusetts tangible property taxed locally (from line 6 above)	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	12							
13	Income apportionment percentage (from Schedule F, line 5)	13							
14	Allocated assets. Multiply line 12 by line 13	14							
15	Tangible property percentage. Divide line 7 by line 14	15							

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							
2	Exempt Massachusetts tangible property:								
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							

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

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