

# 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 355SBC**  
**Small Business Corporation Excise Return**  
 (domestic corporations only)

**2024**

<b>For calendar year 2024 or taxable year beginning</b>		<b>2024 and ending</b>	
Name of corporation	Federal business code	Federal Identification number (FID)	
Principal business address	City/Town	State	Zip
<b>1</b> Kind of business	<b>2</b> Date of charter in Massachusetts	<b>3</b> Average number of employees in Massachusetts	
<b>4</b> Fill in if		<b>5</b> U.S. tax return filed	
<input type="radio"/> Amended return <input type="radio"/> Final return <input type="radio"/> Amended return due to IRS BBA Partnership Audit		<input type="radio"/> 1120 <input type="radio"/> Other	

**Computation**

*Use whole dollar method*

<b>1</b> Taxable Massachusetts tangible property, if applicable (from line 19e) . . . . .	\$		× .0026 = <b>1</b>	
<b>2</b> Taxable net worth, if applicable (from line 25c) . . . . .	\$		× .0026 = <b>2</b>	
<b>3</b> Massachusetts taxable income (from line 35) . . . . .	\$		× .0800 = <b>3</b>	
<b>4</b> Total excise. Add line 3 to either line 1 or line 2, whichever applies . . . . .			<b>4</b>	
<b>5</b> Minimum excise (cannot be prorated) . . . . .			<b>5</b>	456
<b>6</b> Excise due before voluntary contribution (line 4 or line 5, whichever is larger) . . . . .			<b>6</b>	
<b>7</b> Voluntary contribution for endangered wildlife conservation . . . . .			<b>7</b>	
<b>8</b> Excise due plus voluntary contribution. Add lines 6 and 7 . . . . .			<b>8</b>	
<b>9</b> Prepayments:				
<b>a.</b> Overpayment of tax from prior year applied to this year's estimated tax . . . . .			<b>9a</b>	
<b>b.</b> Massachusetts estimated tax payments (do not include amount in line 9a) . . . . .			<b>9b</b>	
<b>c.</b> Payments made with extension . . . . .			<b>9c</b>	
<b>d.</b> Payment with original return (use only if amending a return) . . . . .			<b>9d</b>	
<b>9e.</b> Total. Add lines 9a through 9d . . . . .			<b>9e</b>	

**Refund/Tax Due**

<b>10</b> If line 9e is larger than line 8, enter amount overpaid . . . . .			<b>10</b>	
<b>11</b> Enter amount of line 10 to be credited to next year . . . . .			<b>11</b>	
<b>12</b> Enter amount overpaid to be refunded. Subtract line 11 from line 10 . . . . .			<b>12</b>	
<b>13</b> If line 8 is larger than line 9e, enter balance due . . . . .			<b>13</b>	
<b>14</b> M-2220 penalty \$_____ ; Late file/pay penalties \$_____ ; . . . . . Total penalty			<b>14</b>	
<b>15</b> Interest on unpaid balance . . . . .			<b>15</b>	
<b>16</b> Total payment due at time of filing. Add lines 13 through 15 . . . . . Total due			<b>16</b>	

**Sign Here**

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.**

Signature of appropriate officer	Date	Title	
Individual or firm signature of preparer	Date	PTIN	Address

Fill in if DOR may discuss this return with the paid preparer  The Privacy Act Notice is available upon request.

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



Balance sheet as of the last day of the taxable year ending

Assets

Table with 5 columns: Line number, Description, Line number, and Input box. Rows include Intangible property (17a-17e), Tangible property taxed locally (18a-18e), and Tangible property not taxed locally (19a-19e).

Liabilities

Table with 5 columns: Line number, Description, Line number, and Input box. Rows include Liabilities (21a-21f), Capital stock and surplus (22), and Total liabilities and capital (23).

Net Worth

Table with 5 columns: Line number, Description, Line number, and Input box. Rows include Tangible or intangible property corporation classification (24a-24b) and Taxable net worth (25a-25c).

Net Income

Table with 5 columns: Line number, Description, Line number, and Input box. Rows include Gross receipts or sales (26), Gross profit (27), Other deductions (28), Net income (29), Allowable U.S. wage credit (30), Net income after credit (31), State and municipal bond interest (32), Massachusetts corporation excise (33), Other adjustments (34), and Massachusetts income (35).

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