

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 355SC
Security Corporation Excise Return

2024

For calendar year 2024 or taxable period beginning

2024 and ending

An exact copy of U.S. Forms 1120 or 1120-RIC, including all applicable schedules and forms required to substantiate the Massachusetts excise, must be made available to the Department of Revenue upon request. Any changes or amendments to any U.S. amount must be explained in detail.

Name of corporation _____ U.S. Principal Business Code _____ Federal Identification number _____

Principal address _____

City/Town _____ State _____ Zip _____ Phone number _____

Principal business address in Massachusetts _____

City/Town _____ State _____ Zip _____ Phone number _____

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 S election termination or revocation Member of a lower-tier entity

1 Fill in if corporation is incorporated within Massachusetts **2** Date of charter (mm/dd/yyyy) _____

3a Fill in if Class 1 security corporation **3b** Fill in if Class 2 security corporation

4 Date corporation first classified as security corporation (mm/dd/yyyy) _____ **5** Date business began in Mass. (mm/dd/yyyy) _____ **6** State or country of incorporation _____

7a Number of employees in Massachusetts _____ **7b** Number of employees worldwide _____ **8** Fill in if Schedule TDS enclosed

9a Most recent year audited by IRS (mm/dd/yyyy) _____ **9b** Fill in if adjustments have been reported to Massachusetts

10 Corporation's books are in the care of _____ **10b** Title _____

11 Corporation (fill in one only)
 New Terminated Has predecessor Has successor

12 Fill in if entity continues to qualify as a security corporation. If Yes, enclose statement explaining changes in corporate activity since last qualified.

13a Fill in if corporation is participating in the filing of a U.S. consolidated return **13b** Federal Identification number of parent _____

14 U.S. form(s) and schedule(s) filed for this tax year
 1120 1120-RIC 851 5471 1120S 1120-REIT

15 Fill in if, at any time during this tax year, the corporation (a) received a digital asset (as a reward, award, 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 oval 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 _____

E-File Only. Paper returns will not be accepted. See IRS 76-9 and 21-9 for more information.



Name of corporation

U.S. Principal Business Code

Federal Identification number

Computation of excise. Use whole dollar method.

1	Total U.S. income (from U.S. Form 1120 or appropriate form)	1	<input type="text"/>
2	State and municipal bond interest not included in line 1	2	<input type="text"/>
3	Adjustments to income (enclose schedule; see instructions)	3	<input type="text"/>
4	Massachusetts gross income. Add lines 1 through 3	4	<input type="text"/>
5	Class 1 excise, if applicable (line 4) <input type="text"/> × .0033	5	<input type="text"/>
6	Class 2 excise, if applicable (line 4) <input type="text"/> × .0132	6	<input type="text"/>
7	Excise before credits (line 5 or 6, whichever is applicable)	7	<input type="text"/>
8	Total Credits (From Schedule CMS)	8	<input type="text"/>
9	Excise after credits. Subtract line 8 from line 7	9	<input type="text"/>
10	Minimum excise (cannot be prorated)	10	456
11	Excise due before voluntary contribution (line 9 or 10, whichever is larger)	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	Payments made with extension	16	<input type="text"/>
17	Payment with original return (use only if amending a return)	17	<input type="text"/>
18	Amount overpaid. Subtract line 13 from total of lines 14 through 17	18	<input type="text"/>
19	Amount of line 18 to be credited to next year	19	<input type="text"/>
20	Amount of line 18 to be refunded. Subtract line 19 from line 18	20	<input type="text"/>
21	Balance due. Subtract total of lines 14 through 17 from line 13	21	<input type="text"/>
a	M-2220 penalty	21a	<input type="text"/>
b	Other penalties	21b	<input type="text"/>
22	Total penalty. Add lines 21a and 21b	22	<input type="text"/>
23	Interest on unpaid balance	23	<input type="text"/>
24	Total payment due at time of filing. Add lines 21 through 23	24	<input type="text"/>

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See TIRs 16-9 and 21-9 for more information.



Name of corporation

U.S. Principal Business Code

Federal Identification number

Schedule A

— Balance sheet as of —

Assets

a. Start of tax year b. End of tax year

Table with 13 rows for Assets (1-13) and 2 columns for tax years (a, b). Includes items like Cash, Federal and state government obligations, etc.

Liabilities and capital

a. Start of tax year b. End of tax year

Table with 12 rows for Liabilities and capital (14-26) and 2 columns for tax years (a, b). Includes items like Accounts payable, Mortgages, etc.

Ownership information

1 Fill in if at any time during taxable year more than 50% of the voting stock was:

a Of another corporation owned by your corporation If Yes, enclose an ownership schedule (see instructions).

b Of your corporation owned by any single entity If

If Yes, enter amount. 2a

b Any amount was owed to your corporation If

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