

**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.



Form 355U  
Excise for Taxpayers  
Subject to Combined Reporting

2024  
Massachusetts  
Department of  
Revenue

For calendar year 2024 or taxable period beginning		2024 and ending	
Name of principal reporting corporation		Federal Identification number	
Principal address	City/Town	State	Zip
Contact person		Telephone number	

- 1 Type of group (check one only): ☐ Financial ☐ Non-financial ☐ Mixed
- 2 Are you making or are you subject to an affiliated group or worldwide election? ☐ Affiliated group ☐ Worldwide ☐ Neither
- 3 Check if an affiliated group or worldwide election applies, and if so, that it is a new election for the current year ☐
- 4 Check if any member of the group is requesting alternate apportionment ☐
- 5 Check if an amended filing ☐ If Yes, check if federal amendment ☐ Check if federal audit ☐  
Check if due to IRS BBA Partnership Audit ☐
- 6 Check if group or any member is deducting interest expense paid to a related entity ☐
- 7 Check if group or any member is deducting intangible expense paid to a related entity ☐
- 8 Check if group has an excluded parent ☐
- 9 Check if group has elected a Massachusetts adjusted basis for non-taxable members ☐
- 10 Check if any member is currently under audit by the Internal Revenue Service (IRS) ☐
- 11 Check if any member is taking a Massachusetts film credit or a life science credit against its excise tax ☐
- 12 Enter the number of Schedule FCI statements included in the combined report ..... 12
- 13 Last year for which any member was audited by IRS ..... 13
- 14 Enter the number of federal disclosure statements filed by members for this tax year ..... 14
- 15 Enter the number of Massachusetts taxpayer disclosure statements included with return ..... 15
- 16 Total number of taxable members included in the combined report ..... 16
- 17 Number of members subject to non-income measure only. .... 17
- 18 Number of non-taxable members in the combined group. .... 18
- 19 Number of U.S. Schedules M-3 filed. .... 19
- 20 Number of U.S. Forms 5471 filed by members. .... 20

Excise Tax Calculation

21 Total financial institution excise due from members	21
22 Reserved	22
23 Total business corporation measure of excise due from members	23
24 Total excise before credits and payments. Add lines 21 through 23	24
25 Credits taken by corporations using their own credits	25
26 Credits taken under sharing rules	26
27 Excise due before voluntary contribution	27
28 Voluntary contribution for endangered wildlife conservation	28
29 Excise due plus voluntary contribution. Add lines 27 and 28	29
30 Overpayment from prior year applied to this year's estimated tax (from Schedule CG, Part 1, line 2)	30
31 Massachusetts estimated tax payments (group) (from Schedule CG, Part 1, total of lines 3 through 6)	31
32 Payment with extension (group) (from Schedule CG, Part 1, line 7)	32
33 Pass-through entity withholding (total of all Schedules U-ST, line 42)	33
34 Total refundable credits (total of all Schedules U-ST, line 43)	34
35 Other payment or refund for this tax year	35
36 Total payments for the combined group	36
37 Amount overpaid. Subtract line 29 from line 36	37
38 Amount overpaid to be applied to next year	38
39 Amount overpaid to be refunded	39
40 Balance due. Subtract line 36 from line 29	40
41 M-2220 penalty \$ _____; Other penalties \$ _____ Total penalty	41
42 Interest	42
43 Excise due plus statutory additions	43