

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

Schedule 63-WH

Massachusetts Corporate Excise Withholding

2025

Name(s) as shown on return

Identification number

A taxpayer that is a corporation, pass-through entity or other organization subject to MGL Chapter 63 must complete and submit Schedule 63-WH with their tax return to report withholding of Massachusetts corporate excise. Complete items A through C, entering all withholding amounts reported to the taxpayer (including forms 1099, Schedules K-1, W-2G and NRW and other forms or schedules that include withholding of Massachusetts corporate excise).

Amounts withheld by one or more lower-tier entities: If the taxpayer is a member of one or more lower-tier entities and amounts were withheld for the taxpayer by one or more of such lower-tier entities, the taxpayer should indicate how much of the total amount withheld was allocated to it, along with the payer name and identification number of each lower-tier entity.

Note: Failure to submit Schedule 63-WH with a return may delay processing. Enclose with your return all state copies of your Forms 1099, Schedules K-1, W-2G and NRW and any form(s) which include Massachusetts corporate excise withholding.

Massachusetts Corporate Excise Withheld

1a. Payer name

1b. Payer ID number

1c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2a. Payer name

2b. Payer ID number

2c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3a. Payer name

3b. Payer ID number

3c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4a. Payer name

4b. Payer ID number

4c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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5a. Payer name

5b. Payer ID number

5c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6a. Payer name

6b. Payer ID number

6c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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7a. Payer name

7b. Payer ID number

7c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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8a. Payer name

8b. Payer ID number

8c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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9a. Payer name

9b. Payer ID number

9c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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10a. Payer name

10b. Payer ID number

10c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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11a. Payer name

11b. Payer ID number

11c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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12a. Payer name

12b. Payer ID number

12c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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13a. Payer name

13b. Payer ID number

13c. Massachusetts corporate excise withheld

<input type="text"/>	<input type="text"/>	<input type="text"/>
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14 Total Massachusetts corporate excise withheld.

Add all amounts in column c and enter here. See instructions. **14**

E-File Only. Paper returns will not be accepted. See TIRS 169 and 21-9 for more information.