

# 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 01-01-2025 and 12-31-2025 below. Fiscal year filers enter appropriate dates.

Tax year beginning

MMDDYYYY

Tax year ending

MMDDYYYY

# Form 355 Business/Manufacturing Corporation Excise Return 2025

NAME OF CORPORATION

FEDERAL IDENTIFICATION NUMBER (FID)

PRINCIPAL BUSINESS ADDRESS

CITY/TOWN/POST OFFICE

STATE

ZIP+4

PRINCIPAL BUSINESS ADDRESS IN MASSACHUSETTS (IF DIFFERENT)

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 ..... 2 MMDDYYYY
- 3 Fill in if corporation is a mutual fund service corporation. .... ☐
- 4 Type of corporation (select one, if applicable)..... ☐ R&D ☐ Classified mfg ☐ RIC ☐ Public REIT
- 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)..... 6
- 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 an insurance mutual holding corporation..... ☐
- 9 Fill in if corporation is requesting alternative apportionment (enclose Form AA-1) ..... ☐
- 10 Principal business code (from U.S. return)..... 10
- 11 Number of employees in Massachusetts..... 11
- 12 Number of employees worldwide ..... 12
- 13 Foreign corporation: first date of business in Massachusetts..... 13 MMDDYYYY
- 14 Last year audited by IRS ..... 14
- 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 <input type="checkbox"/>		Paid preparer's signature	Date <input type="checkbox"/> Fill in if self-employed / /
Taxpayer's e-mail address			



FEDERAL IDENTIFICATION NUMBER

2025 FORM 355, PAGE 2  
EXCISE CALCULATION

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) .....	<input type="text"/>	× .0026 = 1	<input type="text"/>
2	Taxable net worth, if applicable (from Schedule D, Line 10) .....	<input type="text"/>	× .0026 = 2	<input type="text"/>
3	Massachusetts taxable income (from Schedule E, line 27). Not less than "0" .....	<input type="text"/>	× .0800 = 3	<input type="text"/>
4	Credit recapture (enclose Credit Recapture Schedule). See instructions .....		4	<input type="text"/>
5	Additional tax on installment sales .....		5	<input type="text"/>
6	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 through 5 .....		6	<input type="text"/>
7	Total credits (from Credit Manager Schedule; combined report filers, see instructions) .....		7	<input type="text"/>
8	Excise after credits. Subtract line 7 from line 6. ....		8	<input type="text"/>
9	Combined filers only, enter the amount of tax from Schedule U-ST, line 41 .....		9	<input type="text"/>
10	Minimum excise (cannot be prorated; combined report filers, see instructions) .....		10	<input type="text"/>
11	Excise due before voluntary contribution. (line 8 or 10, whichever is greater) .....		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	Payment made with extension. ....		16	<input type="text"/>
17	Payment with original return. Use only if amending a return .....		17	<input type="text"/>
18	Corporate excise withheld. (Enter amount from Schedule 63-WH, line 14. See instructions). ....		18	<input type="text"/>
19	Total refundable credits (from Credit Manager Schedule). ....		19	<input type="text"/>
20	Total payments. Add lines 14 through 19 .....		20	<input type="text"/>
21	Amount overpaid. Subtract line 13 from line 20 .....		21	<input type="text"/>
22	Amount overpaid to be credited to next year. ....		22	<input type="text"/>
23	Amount overpaid to be refunded. Subtract line 22 from line 21 .....		Refund 23	<input type="text"/>
24	Balance due. Subtract line 20 from line 13 .....		Balance due 24	<input type="text"/>
25	a. M-2220 penalty <input type="text"/> b. Late file/pay penalties <input type="text"/> .....		a + b = 25	<input type="text"/>
26	Interest on unpaid balance. ....		26	<input type="text"/>
27	Payment due at time of filing. See instructions. ....		Total due 27	<input type="text"/>



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

**Schedule A Balance Sheet****2025**

ASSETS	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. NET BOOK VALUE
<b>1</b> Capital assets in Massachusetts:			
<b>a.</b> Buildings . . . . . 1a			
<b>b.</b> Land . . . . . 1b			
<b>c.</b> Motor vehicles and trailers . . . . . 1c			
<b>d.</b> Machinery taxed locally . . . . . 1d			
<b>e.</b> Machinery <b>not</b> taxed locally. . . . . 1e			
<b>f.</b> Equipment . . . . . 1f			
<b>g.</b> Fixtures . . . . . 1g			
<b>h.</b> Leasehold improvements taxed locally . . . . . 1h			
<b>i.</b> Leasehold improvements <b>not</b> taxed locally . . . . . 1i			
<b>j.</b> Other fixed depreciable assets . . . . . 1j			
<b>k.</b> Construction in progress. . . . . 1k			
<b>l.</b> Total capital assets in Massachusetts. . . . . 1l			
<b>2</b> Inventories in Massachusetts:			
<b>a.</b> General merchandise . . . . . 2a			
<b>b.</b> Exempt goods . . . . . 2b			
<b>3</b> Supplies and other non-depreciable assets in Massachusetts . . . . . 3			
<b>4</b> Total tangible assets in Massachusetts . . . . . 4			
<b>5</b> Capital assets outside Massachusetts:			
<b>a.</b> Buildings and other depreciable assets . . . . . 5a			
<b>b.</b> Land . . . . . 5b			
<b>6</b> Leaseholds/leasehold improvements outside Massachusetts . . . . . 6			
<b>7</b> Total capital assets outside Massachusetts . . . . . 7			

**BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE**



FEDERAL IDENTIFICATION NUMBER

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2025 SCHEDULE A,  
PAGE 2

8	Inventories outside Massachusetts .....	8	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
9	Supplies and other non-depreciable assets outside Massachusetts .....	9	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
10	Total tangible assets outside of Massachusetts .....	10	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
11	Total tangible assets. Add lines 4 and 10 .....	11	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
12	Investments (capital stock investments and equity contributions only):										
a.	Investments in subsidiaries at least 80% owned .....	12a	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
b.	Other investments .....	12b	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
13	Notes receivable .....	13	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
14	Accounts receivable .....	14	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
15	Intercompany receivables .....	15	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
16	Cash .....	16	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
17	Other assets .....	17	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
18	Total assets .....	18	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
<b>LIABILITIES AND CAPITAL</b>											
19	Mortgages on:										
a.	Massachusetts tangible property taxed locally .....	19a	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
b.	Other tangible assets .....	19b	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
20	Bonds and other funded debt .....	20	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
21	Accounts payable .....	21	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
22	Intercompany payable .....	22	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
23	Notes payable .....	23	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
24	Miscellaneous current liabilities .....	24	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
25	Miscellaneous accrued liabilities .....	25	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
26	Total liabilities .....	26	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
27	Total capital stock issued .....	27	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
28	Paid-in or capital surplus .....	28	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
29	Retained earnings and surplus reserves .....	29	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
30	Undistributed S corporation net income .....	30	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
31	Total capital. Add lines 27 through 30 .....	31	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
32	Treasury stock .....	32	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
33	Total liabilities and capital. Do not enter less than "0" .....	33	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

▼ If a loss, mark an X in box at left



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

**Schedule B** Tangible or Intangible Property Corporation Classification**2025**

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



FEDERAL IDENTIFICATION NUMBER

# 2025

<b>1</b>	Total assets (from Schedule A, line 18) .....	1							
<b>2</b>	Total liabilities (from Schedule A, line 26) .....	2							
<b>3</b>	Massachusetts tangible property taxed locally (from Schedule B, line 6) .....	3							
<b>4</b>	Mortgages on Massachusetts tangible property taxed locally (from Schedule A, line 19a) .....	4							
<b>5</b>	Subtract line 4 from line 3. Do not enter less than "0" .....	5							
<b>6</b>	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a) .....	6							
<b>7</b>	Deductions from total assets. Add lines 2, 5 and 6 .....	7							
<b>8</b>	Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0" .....	8							
<b>9</b>	Income apportionment percentage (from Schedule F, line 5) .....	9							
<b>10</b>	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							

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.

[illegible]

At least 80% owned (from Schedule A, line 12a) .....	6	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Add lines 2, 5 and 6 .....	7	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
line 7 from line 1. Do not enter less than "0" .....	8	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
centage (from Schedule F, line 5) .....	9	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
ne 8 by line 9. Enter result in line 2 of the Excise Calculation on page 2, and e Calculation .....	10	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

### Dividends Deduction

5% of dividends received from or on account of the ownership of any class of stock, if the business corporation owns  
 stock of the corporation paying the dividend, will be allowed as a deduction to net income. Enclose schedule showing payers  
 g stock owned by class of stock.

ns .....	1	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
ts corporate trusts .....	2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
wned DISCs .....	3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
f voting stock owned .....	4	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
.....	5	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
.....	6	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
ines 2 through 6 .....	7	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
on. Subtract line 7 from line 1 .....	8	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
y line 8 by .95 .....	9	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

	Gross receipts or sales (from U.S. Form 1120, line 1c) . . . . .	.1	X						
	Gross profit (from U.S. Form 1120, line 3) . . . . .	.2	X						
	Other deductions (from U.S. Form 1120, line 26). . . . .	.3	X						
	Net income (from U.S. Form 1120, line 28) . . . . .	.4	X						
	Allowable U.S. wage credit. See instructions . . . . .	.5							
	Subtract line 5 from line 4. . . . .	.6	X						
	State and municipal bond interest not included in U.S. net income . . . . .	.7	X						
	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income . . . . .	.8	X						
	Section 168(k) "bonus" depreciation adjustment. See instructions . . . . .	.9	X						
	Section 31I and 31K intangible expense add back adjustment. See instructions . . . . .	.10							
	Section 31J and 31K interest expense add back adjustment. See instructions. . . . .	.11							
	Reserved for future use . . . . .	.12							
	Other adjustments, including research and development expenses. See instructions . . . . .	.13	X						
	Add lines 6 through 13. . . . .	.14	X						
	Abandoned building renovation deduction . . . . . <div style="text-align: center;"><div style="width: 100px; height: 1em; border-bottom: 1px solid black;"></div><div style="float: right;">x .10 =</div></div>	.15							
	Dividends deduction (from Schedule E-1, line 9) . . . . .	.16							
	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE) . . . . .	.17							
	Exception(s) to the add back of interest expenses (enclose Schedule ABI) . . . . .	.18							
	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14. . . . .	.19	X						
	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies). . . . .	.20							
	Multiply line 19 by line 20 . . . . .	.21	X						
	Income not subject to apportionment . . . . .	.22	X						
	Total net income allocated or apportioned to Massachusetts. Add lines 21 and 22 . . . . .	.23	X						
	Certified Massachusetts solar or wind power deduction. . . . .	.24							
	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23. . . . .	.25	X						
	Net operating loss deduction (enclose Schedule NOL) . . . . .	.26							
	Massachusetts taxable income. Subtract line 26 from line 25 . . . . .	.27	X						
	Total net operating loss available for carryover to future years. . . . .	.28							