Caution:

DRAFT – DO NOT FILE

This is an early release draft of a 2025 Massachusetts tax form or schedule.

Do not file **DRAFT** forms.

DRAFT forms **will not** be processed.

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
2a. Payer name	**2b.** Payer ID number	**2c.** Massachusetts corporate excise withheld
3a. Payer name	**3b.** Payer ID number	**3c.** Massachusetts corporate excise withheld
4a. Payer name	**4b.** Payer ID number	**4c.** Massachusetts corporate excise withheld
5a. Payer name	**5b.** Payer ID number	**5c.** Massachusetts corporate excise withheld
6a. Payer name	**6b.** Payer ID number	**6c.** Massachusetts corporate excise withheld
7a. Payer name	**7b.** Payer ID number	**7c.** Massachusetts corporate excise withheld
8a. Payer name	**8b.** Payer ID number	**8c.** Massachusetts corporate excise withheld
9a. Payer name	**9b.** Payer ID number	**9c.** Massachusetts corporate excise withheld
10a. Payer name	**10b.** Payer ID number	**10c.** Massachusetts corporate excise withheld
11a. Payer name	**11b.** Payer ID number	**11c.** Massachusetts corporate excise withheld
12a. Payer name	**12b.** Payer ID number	**12c.** Massachusetts corporate excise withheld
13a. Payer name	**13b.** Payer ID number	**13c.** Massachusetts corporate excise withheld

14 Total Massachusetts corporate excise withheld.
Add all amounts in column c and enter here. See instructions. **14**