

DO NOT FILE THIS DRAFT FORM

**Your return will not be processed and
will delay your refund**

Draft forms are provided as a courtesy and are subject to change before final forms are officially released. Do not file DRAFT forms.

You can submit comments about draft or final forms, instructions, or publications at dorforms@dor.state.ma.us. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until a subsequent revision.

Massachusetts tax forms are available at mass.gov/dor/forms.



Massachusetts Department of Revenue
Form 63 FI
Financial Institution Excise Return

2017

For calendar year 2017 or taxable year beginning		2017 and ending	
Name of corporation ▶	Federal Identification number ▶	State or country of incorporation	
Principal address			
City/Town	State	Zip	
Principal address in Massachusetts			
City/Town	State	Zip	
Federal business code ▶	Name of treasurer	Date of incorporation or charter (mm/dd/yyyy) ▶	
First date of business in Massachusetts (mm/dd/yyyy) ▶	Name of common parent corporation	Federal Identification number of parent corporation ▶	
Most recent year audited by IRS ▶	Fill in if adjustments have been reported to Massachusetts ☐		
U.S. return filed ▶ ☐ 1120 ☐ 1120-REIT ☐ 1120S ☐ Other	Fill in if corporation is participating in the filing of a U.S. consolidated return ▶ ☐		
Fill in if taxpayer is an S corporation ▶ ☐	Fill in if corporation is participating in the filing of a Massachusetts combined report ▶ ☐		
Corporation (check one only) ▶ ☐ New ☐ Terminated ☐ Has predecessor ☐ Has successor			
Fill in if alternate apportionment is requested ▶ ☐	Fill in if this return is being filed by FDIC ▶ ☐		
If predecessor or successor, name of corporation	Federal Identification number ▶	State or country of incorporation	
Principal address			
City/Town	State	Zip	Phone number
Fill in if: ☐ Amended return (see "Amended Return" in instructions) ☐ Federal amendment ☐ Federal audit ☐ Enclosing Schedule TDS ☐ Final return ☐ Initial return ☐ Name change ☐ Address change			

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	Date	Social Security number	Phone number
Signature of paid preparer	Date	Employer Identification number	Address

If you are signing as an authorized delegate of the appropriate corporate officer, fill in oval ☐ and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204.**



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Excise tax calculation. See instructions if part of a Massachusetts unitary group. Use whole dollar method.

1	Income taxable in Massachusetts (from Schedule A, line 18)	► 1	
2	Financial institutions that are not S corporations, multiply line 1 by 9% (.09). S corporations, see instructions	► 2	
3	S corporations, enter total receipts (from Schedule S, line 17)	► 3	
4	If taxpayer is an S corporation and line 3 is \$6 million or more but less than \$9 million, multiply line 1 by 2.6% (.026)	► 4	
5	If taxpayer is an S corporation and line 3 is \$9 million or more, multiply line 1 by 3.9% (.039)	► 5	
6	Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See instructions	► 6	
7	Excise due before credits. Add line 2, 4 or 5, whichever applies, to line 6	► 7	
8	Credits (from Credit Manager Schedule)	► 8	
9	Excise after credits. Subtract line 8 from line 7	9	
10	Minimum excise (cannot be prorated; combined reporting filers, see instructions)	► 10	
11	Excise due before voluntary contribution (line 9 or 10, whichever is greater)	► 11	
12	Voluntary contribution for endangered wildlife conservation	► 12	
13	Excise due plus voluntary contribution. Add lines 11 and 12	► 13	

Refund or tax due

14	2016 overpayment applied to 2017 estimated tax	► 14	
15	2017 estimated tax payments (do not include amount in line 14)	► 15	
16	Payments made with extension	► 16	
17	Payment with original return. Use only if amending return	► 17	
18	Pass-through entity withholding Payer Identification number ►	► 18	
19	Refundable credit (from Credit Manager Schedule)	► 19	
20	Total payments. Add lines 14 through 19	20	
21	Amount overpaid. If line 13 is smaller than line 20, subtract line 13 from line 20	21	
22	Amount overpaid to be credited to 2018 estimated tax	► 22	
23	Amount overpaid to be refunded. Subtract line 22 from line 21	► 23	
24	Balance due. If line 20 is smaller than line 13, subtract line 20 from line 13	24	
25a	M-2220 penalty	► 25a	
25b	Other penalties	► 25b	
25	Total penalties. Add lines 25a and 25b	25	
26	Interest on unpaid balance	► 26	
27	Total payment due at time of filing. Add lines 24, 25 and 26	► 27	



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Disclosure schedule

- 1** Amount claimed as a deduction for contributions to bad debt reserve from the corporation's federal return for the taxable year. **▶ 1**
- 2** Amount of bad debts that actually went bad during the taxable year **▶ 2**
- 3** Amount of capital loss claimed federally that was treated as an ordinary loss (per IRC sec. 582(c)) **▶ 3**
- 4** Total amount of capital gains claimed on U.S. Form 1120 or 1120S **▶ 4**
- 5** Amount of total income as reported on U.S. Form 1120, line 11 or 1120S, line 6. **▶ 5**

Schedule A. Taxable income

- 1** Gross receipts or sales (from U.S. Form 1120, line 1c) **▶ 1**
- 2** Net income (from U.S. Form 1120, line 28) **▶ 2**
- 3** State and municipal bond interest not included in federal net income (total from Schedule B, col. d) **▶ 3**
- 4** Foreign, state or local income, franchise, excise or capital stock taxes deduction from federal net income **▶ 4**
- 5** Portion of net capital loss carryover used to reduce capital gain on U.S. Schedule D **▶ 5**
- 6** Section 168(k) "bonus" depreciation adjustment **▶ 6**
- 7** Other income not included in line 2 **▶ 7**
- 8** Section 311 and 31J intangible and interest expense add back. **▶ 8**
- 9** Federal production activity add back **▶ 9**
- 10** Other adjustments (enclose schedule) **▶ 10**
- 11** Adjusted income. Add lines 2 through 10. If loss, enter "0" **11**
- 12** Abandoned Building Renovation deduction Total cost × .10 = **▶ 12**
- 13** Dividends deduction (from Schedule D, line 5) **▶ 13**
- 14** Exception(s) to the add back of interest and/or intangible expenses (enclose schedule(s)) **▶ 14**
- 15** Total deductions. Add lines 12 through 14 **▶ 15**
- 16** Income subject to apportionment. Subtract line 15 from line 11. If loss, enter "0" **▶ 16**
- 17** Income apportionment percentage (from Schedule E, line 5 or 1.0, whichever applies) **▶ 17**
- 18** Income taxable in Massachusetts. Multiply line 16 by line 17. If loss, enter "0". Enter result here and in line 1 of return **▶ 18**

DRAFT AS OF NOVEMBER 7, 2017
SUBJECT TO CHANGE



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Schedule B. Wholly tax-exempt interest

a. Security	b. Rate	c. Maturity	d. Interest received	e. Amortization	f. Net interest

Total. Add column d, and enter in Schedule A, line 3.

Schedule C. Business locations outside Massachusetts

Complete this schedule only if the corporation has income from business activities which is taxable both in Massachusetts and in any other state(s).

Location city and state	Business activity conducted at location	Number of locations	Fill in if registered to do business in state	Fill in if files returns in state
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Schedule D. Dividends deduction

Beginning January 1, 1999, 95% of dividends received from or on account of the ownership of any class of stock, if the financial institution owns 15% or more of the voting stock of the institution 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.

- 1** Total dividends (from U.S. Form 1120, Schedule C, line 19) **▶ 1**
- 2** Dividends, if less than 15% of voting stock owned. Do **not** make an entry in line 2.
- 2a** On common stock **▶ 2a**
- 2b** On preferred stock **▶ 2b**
- 3** Total taxable dividends. Add lines 2a and 2b **▶ 3**
- 4** Dividends eligible for the deduction. Subtract line 3 from line 1 **▶ 4**
- 5** Dividends deduction. Multiply line 4 by .95. Enter here and in Schedule A, line 13 **▶ 5**

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Schedule E. Income apportionment**Apportionment factors****1 Receipts****a. Massachusetts****b. Worldwide****c. Percentage**

a Receipts from lease, sublease or rental of real property ▶ 1a		
b Receipts from lease, sublease or rental of tangible property (other than transportation property) ▶ 1b		
c Receipts from lease, sublease or rental of transportation property ▶ 1c		
d Interest (including fees and penalties) received on loans secured by real property ▶ 1d		
e Interest (including fees and penalties) received on loans not secured by real property ▶ 1e		
f Net gain on sale of loans secured by real property ▶ 1f		
g Net gain on sale of loans not secured by real property ▶ 1g		
h Interest (including fees and penalties) on credit card receivables ▶ 1h		
i Net gains on sales of credit card receivables (but not less than "0") ▶ 1i		
j Credit card issuer's reimbursement fees ▶ 1j		
k Receipts from merchant discount ▶ 1k		
l Loan servicing fees from loans secured by real property . . . ▶ 1l		
m Loan servicing fees from loans not secured by real property . ▶ 1m		
n Receipts from performance of other services ▶ 1n		
o Interest, dividends and net gains (but not less than "0") from investment and/or trading assets and activities ▶ 1o Method used for this item ▶ ☐ Average value ☐ Gross income		
p Any other "receipts" included in factor but not listed above . . ▶ 1p Describe _____		
q Totals. Add lines 1a through 1p for each column. ▶ 1q		

1 Receipts apportionment percentage. Divide Massachusetts total (line 1q, column a) by Worldwide total (line 1q, column b). Enter as decimal ▶ **1**



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Schedule E. Income apportionment (cont'd.)**Apportionment factors****2 Property****a. Massachusetts****b. Worldwide****c. Percentage****a** Average value of real property rented from another (capitalized at eight times gross rents during taxable year) ▶ **2a**

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b Average value of tangible property (other than transportation property) (capitalized at eight times gross rents during taxable year) ▶ **2a**

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c Average value of transportation property (capitalized at eight times gross rents during taxable year) ▶ **2c**

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d Fill in if alternative valuation method has been used for rented property ▶ ☐**Note:** Prior written approval from the Commissioner of Revenue is required for use of an alternative method.**e** Average value of real property owned (including capital leases) ▶ **2e**

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f Tangible property (other than transportation property) ▶ **2f**

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g Transportation property ▶ **2g**

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h Average value of loans (see statute) ▶ **2h**

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i Average value of credit card receivables (see statute) ▶ **2i**

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j Number of times per year averaging used for determining value of all property owned. ▶ **2j**

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k Totals. Add lines 2a through 2i for each column ▶ **2k**

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2 Property apportionment percentage. Divide Massachusetts total (line 2k, column a) by Worldwide total (line 2k, column b). Enter as decimal ▶ **2**

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3 Payroll**a** Total ▶ **3a**

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3 Payroll apportionment percentage. Divide Massachusetts total (line 3a, column a) by Worldwide total (line 3a, column b). Enter as decimal ▶ **3**

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4 Apportionment percentage. Add total of Percentage columns, (line 1, column c; line 2, column c; and line 3, column c) ▶ **4**

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5 Massachusetts apportionment percentage. Divide line 4 by 3. Enter here and in Schedule A, line 17 ▶ **5**

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An exact copy of all pages of U.S. Form 1120, 1120S, 1120-REIT or other federal return along with any supporting schedules and/or forms substantiating the Massachusetts excise must be enclosed with this return. If filing U.S. Form 1120S, complete and enclose a pro forma U.S. Form 1120. Any changes or amendments to any U.S. amount must be explained in detail. Any return filed without the copy of such U.S. information enclosed is an incomplete return and is subject to assessment penalties.