TEST #2

DRAFT AS OF OCTOBER 6, 2017
SUBJECT TO CHANGE

PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2017 and 12-31-2017 below. Fiscal year filers enter appropriate dates.

Tax year beginning ► 01012017 Tax year ending ► 12312017

Form 355S S Corporation Excise Return 2017

NAME OF CORPORATION: TEST TWO S CORP

FEDERAL IDENTIFICATION NUMBER (FID): 043333333

PRINCIPAL BUSINESS ADDRESS: 4 STORAGE ST

CITY/TOWN/POST OFFICE: CHELSEA

STATE: MA ZIP + 4: 021506371

PRINCIPAL BUSINESS ADDRESS IN MASSACHUSETTS (IF DIFFERENT)

CITY/TOWN/POST OFFICE

STATE ZIP + 4

Fill in if: Amended return (see instructions) ► ○ Federal amendment ► ○ Federal audit ► ○ Member of lower-tier entity ○
Enclosing Schedule TDS ► ○ Final Massachusetts return ► ○ Initial return ► ○ Name change ► ○ Address change ► ●

1	Fill in if corporation is incorporated within Massachusetts	► ●
2	Date of incorporation in Massachusetts	11271991
3	Type of corporation (select one, if applicable) ►	○ Section 38 manufacturer ○ Mutual fund service
4	Type of corporation (select one, if applicable) ►	○ R&D ○ Classified mfg
5	Fill in if corporation is filing a Massachusetts combined return (see instructions) ►	○
6	FID of principal reporting corporation (if line 5 is filled in) ► 6	
7	If line 5 is filled in, fill in if the corporation's tax year ends in a different month than the 355U ►	○
8	Fill in if corporation is the parent of another corporation	○
9	Fill in if corporation is requesting alternative apportionment (enclose Form AA-1) ►	○
10	Principal business code (from U.S. return) ►10	561300
11	Average number of employees in Massachusetts 11	90
12	Average number of employees worldwide 12	150
13	Foreign corporation: first date of business in Massachusetts 13	MM DD YYYY
14	Last year audited by IRS ►14	2001
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	

SIGN HERE. 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) [signature] Date 01/02/2018 Print paid preparer's name RICHARD RICHIE Preparer's SSN or PTIN ► 123456789

Title Date / / Paid preparer's phone (619) 622 2222 Paid preparer's EIN ► 987654321

Are you signing as an authorized delegate of the appropriate corporate officer? ● (enclose Form M-2848) ○ No Paid preparer's signature [signature] Date ● Fill in if self-employed 01/02/2018

Taxpayer's e-mail address

Name of designated tax matters partner ► RICH RICHARD Identifying number of tax matters partner ► 996918 2789

Mail to: **Massachusetts Department of Revenue, PO Box 7025, Boston, MA 02204.**

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2017 FORM 355S, PAGE 2
EXCISE CALCULATION

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) ►	× .0026 = ► 1	
2	Taxable net worth, if applicable (from Schedule D, line 10) ► 2804757	× .0026 = ► 2	7292
3	Qualified taxable income and passive income ►	× .0800 = ► 3	
4	Income (from 2017 Schedule S, line 17) ► 4		54678968
5	Income taxable in Massachusetts (from Schedule E, line 27). Not less than "0" ► 5		2315768
6	If line 4 is less than $6 million, enter "0". If line 4 is $6 million or more, but less than $9 million, multiply line 5 by .0193. If line 4 is $9 million or more, multiply line 5 by .029 6		67157
7	Credit recapture (enclose Credit Recapture Schedule). See instructions ► 7		14884
8	Additional tax on installment sales ► 8		12737
9	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3, 6, 7 and 8 9		102070
10	Total credits (from Credit Manager Schedule; combined report filers, see instructions) ► 10		300
11	Excise after credits. Subtract line 10 from line 9 11		101770
12	Combined filers only, enter the amount of tax from Schedule U-ST, line 41 12		
13	Minimum excise **(cannot be prorated; combined report filers, see instructions)** 13		456
14	Excise due before voluntary contribution. (line 11 or 13, whichever is greater) 14		101770
15	Voluntary contribution for endangered wildlife conservation ► 15		
16	Excise due plus voluntary contribution. Add lines 14 and 15 ► 16		101770
17	2016 overpayment applied to your 2017 estimated tax ► 17		
18	2017 Massachusetts estimated tax payments (do not include amount in line 17) ► 18		101770
19	Payment made with extension ► 19		
20	Payment with original return. Use only if amending a return ► 20		
21	Pass-through entity withholding (from Schedule 3K-1) Payer ID number ► 043333330 ► 21		600
22	Total refundable credits (from Credit Manager Schedule) ► 22		102503
23	Total payments. Add lines 17 through 22 23		204873
24	Amount overpaid. Subtract line 16 from line 23 24		103103
25	Amount overpaid to be credited to 2018 estimated tax ► 25		
26	Amount overpaid to be refunded. Subtract line 24 from line 23 Refund ► 26		103103
27	Balance due. Subtract line 22 from line 16 Balance due ► 27		
28	a. M-2220 penalty ► b. Late file/pay penalties	.... a + b = 28	
29	Interest on unpaid balance 29		
30	Payment due at time of filing. See instructions Total due ► 30		

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Schedule A Balance Sheet 2017

	ASSETS	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. NET BOOK VALUE
1	Capital assets in Massachusetts:			
	a. Buildings ► 1a			
	b. Land ► 1b			
	c. Motor vehicles and trailers ► 1c	221848	186733	35115
	d. Machinery taxed locally ► 1d			
	e. Machinery **not** taxed locally 1e			
	f. Equipment 1f	5169642	4950059	219583
	g. Fixtures 1g	1806980	1648874	158106
	h. Leasehold improvements taxed locally ► 1h	1197908	1133447	64461
	i. Leasehold improvements **not** taxed locally 1i			
	j. Other fixed depreciable assets 1j			
	k. Construction in progress 1k			
	l. Total capital assets in Massachusetts ► 1l			477265
2	Inventories in Massachusetts:			
	a. General merchandise 2a			
	b. Exempt goods ► 2b			
3	Supplies and other non-depreciable assets in Massachusetts 3			
4	Total tangible assets in Massachusetts ► 4			477265
5	Capital assets outside of Massachusetts:			
	a. Buildings and other depreciable assets 5a			
	b. Land 5b			
6	Leaseholds/leasehold improvements outside Massachusetts 6			
7	Total capital assets outside Massachusetts ► 7			

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE

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8	Inventories outside Massachusetts	8
9	Supplies and other non-depreciable assets outside Massachusetts	9
10	Total tangible assets outside of Massachusetts	10
11	Total tangible assets. Add lines 4 and 10	11
12	Investments (capital stock investments and equity contributions only):	
	a. Investments in subsidiaries at least 80% owned ►	12a
	b. Other investments ►	12b
13	Notes receivable	13
14	Accounts receivable	14
15	Intercompany receivables ►	15
16	Cash	16
17	Other assets	17
18	Total assets ►	18

LIABILITIES AND CAPITAL

19	Mortgages on:	
	a. Massachusetts tangible property taxed locally	19a
	b. Other tangible assets	19b
20	Bonds and other funded debt	20
21	Accounts payable	21
22	Intercompany payables ►	22
23	Notes payable	23
24	Miscellaneous current liabilities	24
25	Miscellaneous accrued liabilities	25
26	Total liabilities ►	26
27	Total capital stock issued	27
28	Paid-in or capital surplus	28

▼ If a loss, mark an X in box at left

29	Retained earnings and surplus reserves ►	29
30	Undistributed S corporation net income ►	30
31	Total capital. Add lines 27 through 30	31
32	Treasury stock	32
33	Total liabilities and capital. Do not enter less than "0"	33

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Schedule B Tangible or Intangible Property Corporation Classification 2017

Enter all values as net book values from Schedule A, col. c.

1	Total Massachusetts tangible property (from Schedule A, line 4)	477265
2	Massachusetts real estate (from Schedule A, lines 1a and 1b)	
3	Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	35115
4	Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	
5	Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	64461
6	Massachusetts tangible property taxed locally. Add lines 2 through 5 ► 6	99576
7	Massachusetts tangible property not taxed locally. Subtract line 6 from line 1	377689
8	Total assets (from Schedule A, line 18)	15564369
9	Massachusetts tangible property taxed locally (from line 6 above)	99576
10	Total assets not taxed locally. Subtract line 9 from line 8	15464793
11	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	
12	Assets subject to allocation. Subtract line 11 from line 10	15464793
13	Income apportionment percentage (from Schedule F, line 5)	0525088
14	Allocated assets. Multiply line 12 by line 13 ► 14	8120377
15	Tangible property percentage. Divide line 7 by line 14	0046511

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)	
2	Exempt Massachusetts tangible property:	
	a. Massachusetts real estate (from Schedule A, lines 1a and 1b)	
	b. Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	
	c. Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	
	d. Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	
	e. Exempt goods (from Schedule A, line 2b)	
	f. Certified Massachusetts industrial waste/air treatment facilities	
	g. Certified Massachusetts solar or wind power deduction	
3	Total exempt Massachusetts tangible property. Add lines 2a through 2g	
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	

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Schedule D Intangible Property Corporation 2017

Complete only if Sched. B, line 15 is less than 10%. Enter all values as net book values from Sched. A, col. c.

1	Total assets (from Schedule A, line 18)	1	15564369
2	Total liabilities (from Schedule A, line 26)	2	10123294
3	Massachusetts tangible property taxed locally (from Schedule B, line 6)	3	99576
4	Mortgages on Massachusetts tangible property taxed locally (from Schedule A, line 19a)	4	
5	Subtract line 4 from line 3. Do not enter less than "0"	5	99576
6	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	6	
7	Deductions from total assets. Add lines 2, 5 and 6	7	10222870
8	Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"	8	5341499
9	Income apportionment percentage (from Schedule F, line 5)	9	0525088
10	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	2804757

Schedule E-1 Dividends Deduction

1	Total dividends. See instructions	1	
2	Dividends from Massachusetts corporate trusts	2	
3	Dividends from non-wholly-owned DISCs	3	
4	Dividends, if less than 15% of voting stock owned	4	
5	Dividends from RICs	5	
6	Dividends from REITs	6	
7	Total taxable dividends. Add lines 2 through 6	7	
8	Dividends eligible for deduction. Subtract line 7 from line 1	8	
9	Dividends deduction. Multiply line 8 by .95	9	

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Schedule E Taxable Income 2017

		▼ If a loss, mark an X in box at left	
1	Gross receipts or sales (from U.S. Form 1120, line 1c) ► 1		54634717
2	Gross profit (from U.S. Form 1120, line 3) ► 2		21827454
3	Other deductions (from U.S. Form 1120, line 26) ► 3		4206862
4	Net income (from U.S. Form 1120, line 28) ► 4		4418919
5	Allowable U.S. wage credit. See instructions ► 5		10000
6	Subtract line 5 from line 4 6		4408919
7	State and municipal bond interest not included in U.S. net income ► 7		5000
8	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income ► 8		54418
9	Section 168(k) "bonus" depreciation adjustment. See instructions ► 9	X	45853
10	Section 31I and 31K intangible expense add back adjustment. See instructions ► 10		2000
11	Section 31J and 31K interest expense add back adjustment. See instructions ► 11		1000
12	Federal production activity add back adjustment. See instructions ► 12		
13	Other adjustments, including research and development expenses. See instructions ► 13	X	4318
14	Add lines 6 through 13 14		4421166
15	Abandoned building renovation deduction × .10 = ► 15		
16	Dividends deduction (from Schedule E-1, line 9) ► 16		
17	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE) ► 17		2000
18	Exception(s) to the add back of interest expenses (enclose Schedule ABI) ► 18		1000
19	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14 19		4418166
20	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies) ► 20		05250888
21	Multiply line 19 by line 20 21		2319926
22	Income not subject to apportionment ► 22		500
23	Total net income allocated or apportioned to Massachusetts. Add lines 21 and 22 ► 23		2320426
24	Certified Massachusetts solar or wind power deduction ► 24		
25	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23 25		2320426
26	Net operating loss deduction (enclose Schedule NOL) ► 26		4658
27	Massachusetts taxable income. Subtract line 26 from line 25 27		2315768
28	Total net operating loss available for carryover to future years ► 28		

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Schedule F Income Apportionment 2017

Fill in applicable oval(s):
- ○ Section 38 manufacturer ○ Mutual fund service corporation reporting sales of mutual funds only
- ○ Mutual fund service corporation reporting sales of non-mutual funds ● Other
- ○ Change in method of calculating one or more factors from prior year (attach statement)

BUSINESS LOCATIONS OUTSIDE OF MASSACHUSETTS

CITY AND STATE	SPECIFY WHETHER FACTORY, SALES OFFICE, WAREHOUSE, CONSTRUCTION SITE, ETC.	ACCEPTS ORDERS	REGISTERED TO DO BUSINESS IN STATE	FILES RETURNS IN STATE
NEW YORK, NY	SERVICE	●	●	●
		○	○	○
		○	○	○

APPORTIONMENT FACTORS

1 Tangible property:

a. Property owned (averaged)	► Massachusetts	8332234	► Worldwide	8332234
b. Property rented (capitalized)	► Massachusetts	2800704	► Worldwide	2800704
c. Total property owned and rented	Massachusetts	11132938	Worldwide	11132938
d. Tangible property apportionment percentage. Divide (from line 1c) Massachusetts total by worldwide total	1d	1000000		

2 Payroll:

a. Total payroll	► Massachusetts	15654737	► Worldwide	25339993
b. Payroll apportionment percentage. Divide (from line 2a) Mass. total payroll by worldwide total payroll	2b	0617788		

3 Sales:

a. Tangibles (Massachusetts destination)	► Massachusetts			
b. Tangibles (Massachusetts throwback)	► Massachusetts		► Worldwide	
c. Services (including mutual fund sales)	► Massachusetts	13167376	► Worldwide	54618718
d. Rents and royalties	► Massachusetts	10000	► Worldwide	10000
e. Other	► Massachusetts	5000	► Worldwide	6600
f. Total sales	Massachusetts	13182376	Worldwide	54634718

g. Sales apportionment percentage. Mutual fund corporations reporting mutual fund sales, divide (from line 3c) Massachusetts mutual fund sales by total mutual fund sales. All other corporations, including mutual fund service corporations reporting non-mutual fund sales, divide (from line 3f) Massachusetts total sales by worldwide total sales 3g 0241282

4 Apportionment percentage. All corporations must complete this line. Section 38 manufacturers or mutual fund service corporations reporting mutual fund sales, enter the amount from line 3g. All other corporations, including mutual fund service corporations reporting non-mutual fund sales, enter the total of (line 3g × 2) plus line 1d plus line 2b 4 2100352

5 Massachusetts apportionment percentage. If the taxpayer is a Section 38 manufacturer, enter the amount from line 4 here and in Schedules E, line 20. Mutual fund service corporations for mutual fund sales, enter the amount from line 4 here and in line 20 of the Schedules E for mutual fund sales only. All other corporations including mutual fund service corporations reporting non-mutual fund sales, divide line 4 by 4, enter result here and in Schedules E, line 20 (for mutual fund service corporations, the Schedules E for non-mutual fund sales). See instructions ... 5 052508

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Schedule S S Corporation Distributive Income 2017

CLASSIFICATION INFORMATION

1	Gross receipts or sales (from U.S. Form 1120S, line 1c)	54618718
2	Net gain. Not less than "0" (from U.S. Form 1120S, line 4)	15000
3	Gross income from rental real estate activity (from U.S. Form 8825, line 18a)	
4	Gross income from other rental activity (from U.S. Form 1120S, Schedule K, line 3a)	5000
5	Interest income (from U.S. Form 1120S, Schedule K, line 4)	17963
6	Dividend income (from U.S. Form 1120S, Schedule K, line 5a)	5287
7	Royalty income (from U.S. Form 1120S, Schedule K, line 6)	5000
8	Net short-term capital gain. Not less than "0" (from U.S. Form 1120S, Schedule K, line 7)	5000
9	Net long-term capital gain. Not less than "0" (from U.S. Form 1120S, Schedule K, line 8a)	10000
10	Net gain under the provisions of Section 1231. Not less than "0" (from U.S. Form 1120S, Sched. K, line 9)	1000
11	Other income. Not less than "0". See instructions.	6000
12	Add lines 1 through 11	54688968

S corporations sharing common ownership and engaged in a unitary business with one or more entities, complete lines 13 through 16. All other corporations, skip to line 17.

13	Receipts from inter-company transactions included in lines 1 through 11. See instructions	10000
14	Total receipts excluding receipts from intercompany transactions. Subtract line 13 from line 12	54678968
15	Total aggregated receipts of all other related entities. See instructions	
16	Add lines 14 and 15	54678968
17	Enter amount from line 12 or 16, whichever is applicable.	54678968

S CORPORATION INFORMATION

18	S-election effective date	11271991
19	Accounting method (fill in one) ► ● Cash ○ Accrual ○ Other _____	
20	How many Schedules SK-1 are attached to this return? Attach one for each person who was a shareholder at any time during the tax year	3
21	Fill in if any shareholders in this S corporation file as part of a nonresident composite income tax return ► ○	
22	If line 21 is filled in, enter Federal Identification number under which the composite return is filed ► 22	
23	Number of shareholders included in composite return	

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S CORPORATION INCOME

▼ If a loss, mark an X in box at left

24	Ordinary business income or loss (from U.S. Form 1120S, line 21)	24	4547620
25	Other income (from U.S. Form 1120S, Schedule K, line 10)	25	6000
26	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	26	54418
27	Subtotal. Add lines 24 through 26	27	4608038
28	Other Massachusetts gains or losses. See instructions	28	
29	Subtotal. Subtract line 28 from line 27	29	4608038
30	Other adjustments, if any	30	X 50171
31	Massachusetts ordinary income or loss. Add lines 29 and 30	31	4557867
32	Net income or loss from rental real estate activity (from U.S. Form 1120S, Schedule K, line 2)	32	

33 Adjustments (if any) to line 32. Enter the line number and amount from U.S. Form 1120S to which the adjustment applies.

a. Line number ____ Amount 00

b. Line number ____ Amount 00 Total adjustments 33 00

34 Adjusted Mass. net income or loss from rental real estate activities. Combine lines 32 and 33 ► 34 00

35 Net income or loss from other rental activity (from U.S. Form 1120S, Schedule K, line 3c) 35 5000

36 Adjustments (if any) to line 35. Enter the line number and amount from U.S. Form 1120S to which the adjustment applies.

a. Line number ____ Amount 00

b. Line number ____ Amount 00 Total adjustments 36 00

37 Adjusted Mass. net income or loss from other rental activities. Combine lines 35 and 36 ► 37 500000

38	U.S. portfolio income, excluding capital gains (from U.S. Form 1120S, Schedule K, lines 4, 5a and 6)	38	28250
39	Interest on U.S. obligations included in line 38	39	5000
40	5.1% interest included in line 38. Enclose statement listing sources and amounts	40	7000
41	Other interest and dividend income included in line 38. Enclose statement listing sources and amounts	41	11250
42	Foreign state and municipal bond interest	42	
43	Royalty income included in line 38	43	5000
44	Other income included in line 38	44	
45	Total short-term capital gains included in U.S. Form 1120S, Schedule D, line 7	45	8000
46	Total short-term capital losses included in U.S. Form 1120S, Schedule D, line 7	46	X 3000
47	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	47	
48	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	48	

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S CORPORATION INCOME (cont'd.)

49	Net long-term capital gain or loss (from U.S. Form 1120S, Schedule D, line 15) 49	10000
50	Net gain or loss under the provisions of Section 1231 (from U.S. Form 1120S, Sched. K, line 9) 50	
51	Other long-term gains or losses. See instructions 51	
52	Long-term gains on collectibles included in line 49. 52	
53	Differences and adjustments 53	

RESIDENT AND NONRESIDENT RECONCILIATION

S corporations owned by a nonresident shareholder(s) and with income derived from business activities in another state, and which activities provide that state with the power to levy an income tax or a franchise tax, complete Schedule F, Income Apportionment, and then lines 54–57.

54 Nonresident shareholder value. Enter the nonresident shareholder portion of the amounts from the following Schedule S lines.

a. Line 31 ..... 54a		1823147
b. Line 34 ..... 54b		
c. Line 37 ..... 54c		2000
d. Line 40 ..... 54d		2800
e. Line 41 ..... 54e		4500
f. Line 42 ..... 54f		
g. Line 43 ..... 54g		2000
h. Line 44 ..... 54h		
i. Line 45 ..... 54i		3200
j. Line 46 ..... 54j	X	1200
k. Line 47 ..... 54k		
l. Line 48 ..... 54l		
m. Line 49 ..... 54m		4000
n. Line 50 ..... 54n		
o. Line 51 ..... 54o		
p. Line 52 ..... 54p		
q. Line 53 ..... 54q		

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55 Nonresident taxable income. Multiply the amounts from lines 54a through 54q by the apportionment percentage in Form 355S, Schedule F, line 5.

a. Line 54a times apportionment percentage	55a		95731 3
b. Line 54b times apportionment percentage	55b		
c. Line 54c times apportionment percentage	55c		1050
d. Line 54d times apportionment percentage	55d		1470
e. Line 54e times apportionment percentage	55e		2363
f. Line 54f times apportionment percentage	55f		
g. Line 54g times apportionment percentage	55g		1050
h. Line 54h times apportionment percentage	55h		
i. Line 54i times apportionment percentage	55i		1680
j. Line 54j times apportionment percentage	55j	X	630
k. Line 54k times apportionment percentage	55k		
l. Line 54l times apportionment percentage	55l		
m. Line 54m times apportionment percentage	55m		2100
n. Line 54n times apportionment percentage	55n		
o. Line 54o times apportionment percentage	55o		
p. Line 54p times apportionment percentage	55p		
q. Line 54q times apportionment percentage	55q		

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56 Resident shareholder value. Enter the resident shareholder portion of the amounts from the following Schedule S lines.

a. Line 31	56a		2734720
b. Line 34	56b		
c. Line 37	56c		3000
d. Line 40	56d		4200
e. Line 41	56e		6750
f. Line 42	56f		
g. Line 43	56g		3000
h. Line 44	56h		
i. Line 45	56i		4800
j. Line 46	56j	X	1800
k. Line 47	56k		
l. Line 48	56l		
m. Line 49	56m		6000
n. Line 50	56n		
o. Line 51	56o		
p. Line 52	56p		
q. Line 53	56q		

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57 Apportioned Massachusetts total. Add the amounts from lines 55a through 55q to the corresponding amounts from lines 56a through 56q.

a. Line 55a plus line 56a	57a	3692033
b. Line 55b plus line 56b	57b	
c. Line 55c plus line 56c	57c	4050
d. Line 55d plus line 56d	57d	5670
e. Line 55e plus line 56e	57e	9113
f. Line 55f plus line 56f	57f	
g. Line 55g plus line 56g	57g	
h. Line 55h plus line 56h	57h	
i. Line 55i plus line 56i	57i	6480
j. Line 55j plus line 56j	57j	X 2430
k. Line 55k plus line 56k	57k	
l. Line 55l plus line 56l	57l	
m. Line 55m plus line 56m	57m	8100
n. Line 55n plus line 56n	57n	
o. Line 55o plus line 56o	57o	
p. Line 55p plus line 56p	57p	
q. Line 55q plus line 56q	57q	

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CORPORATION NAME: TEST TWO S CORP

FEDERAL IDENTIFICATION NUMBER: 043333333

SHAREHOLDER INFORMATION

List all resident, nonresident and other shareholders. ☐ Fill in if attaching additional page(s) to include additional taxpayers.

SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER	RESIDENT	NON-RESIDENT	OTHER	NAME OF SHAREHOLDER (last, first)
018123456	●	☐	☐	RESIDENT, JOHN
018654321	☐	●	☐	NONRESIDENT, JANE
018010203	●	☐	☐	TRUST
	☐	☐	☐	
	☐	☐	☐	
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FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Schedule SK-1 Shareholder's Massachusetts Information 2017

NAME OF SHAREHOLDER: JANE NONRESIDENT
TAXPAYER IDENTIFICATION NUMBER: 018654321

ADDRESS: 21 BROAD ST
CITY/TOWN/POST OFFICE: BEDFORD
STATE: NH ZIP + 4: 03862

NAME OF S CORPORATION: TEST TWO S CORP
FEDERAL IDENTIFICATION NUMBER (FID): 043333333

ADDRESS: 4 STORAGE ST
CITY/TOWN/POST OFFICE: CHELSEA
STATE: MA ZIP + 4: 021506371

Type of shareholder: ○ Individual resident ● Individual nonresident ○ Trust or estate ○ Bank ○ Exempt organization
Fill in if: ○ S corporation participated in one or more installment sales transactions
If Yes, indicate whether information has been communicated to the shareholder to calculate an addition to Massachusetts tax under M.G.L. Ch. 62C, sec. 32A based on the following Internal Revenue Code (IRC) provisions (check all that apply): ○ IRC 453A ○ IRC 453(I)(2)(B)

	SHAREHOLDER'S DISTRIBUTIVE SHARE	▼ If a loss, mark an X in box at left	
1	Massachusetts ordinary income or loss (from Schedule S, line 25) 1		1823147
2	Separately stated deductions 2	X	20068
3	Add lines 1 and 2 3		1803079
4	Credits available		
	a. Taxes paid to another jurisdiction (residents only) 4a		
	b. Lead Paint Credit 4b		
	c. Economic Opportunity Area Credit 4c		
	d. Economic Development Incentive Program Credit 4d		
	e. Brownfields Credit 4e		
	f. Low-Income Housing Credit 4f		
	g. Historic Rehabilitation Credit 4g		40
	h. Refundable Film Credit 4h		
	i. Film Incentive Credit 4i		
	j. Medical Device Credit 4j		
	k. Refundable Dairy Credit 4k		
	l. Refundable Life Science Credit 4l		
	m. Life Science Company Tax Credit 4m		
	n. Refundable Economic Development Incentive Credit 4n		
	o. Conservation Land Credit 4o		
	p. Employer Wellness Program Credit 4p		23
	q. Refundable Community Investment Credit 4q		
	r. Certified Housing Development Credit 4r		18

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TAXPAYER IDENTIFICATION NUMBER
018654321

SHAREHOLDER'S DISTRIBUTIVE SHARE (cont'd.)

	s. Veteran's Hiring Credit	4s	
	t. Low Income Housing Donation Credit	4t	
	u. Total credits	4u	81
5	Net income or loss from rental real estate activity(ies) (from Schedule S, line 26)	5	
6	Net income or loss from other real estate activity(ies) (from Schedule S, line 27)	6	2000
7	Interest from U.S. obligations (from Schedule S, line 29)	7	2000
8	Interest (5.1%) from Massachusetts banks (from Schedule S, line 30)	8	2800
9	Other interest and dividend income (from Schedule S, line 31)	9	4500
10	Non-Massachusetts state and municipal bond interest (from Schedule S, line 32)	10	
11	Royalty income (from Schedule S, line 33)	11	2000
12	Other income (from Schedule S, line 34)	12	
13	Short-term capital gains (from Schedule S, line 35)	13	3200
14	Short-term capital losses (from Schedule S, line 36)	14	X 1200
15	Gain on the sale, exchange or involuntary conversion of property used in a trade or business held for one year or less (from Schedule S, line 37)	15	
16	Loss on the sale, exchange or involuntary conversion of property used in a trade or business held for one year or less (from Schedule S, line 38)	16	
17	Long-term capital gain or loss (from Schedule S, line 39)	17	4000
18	Net gain or loss under Schedule 1231 (from Schedule S, line 40)	18	
19	Other long-term gains and losses (from Schedule S, line 41)	19	
20	Long-term gains on collectibles (from Schedule S, line 42)	20	
21	Differences and adjustments (from Schedule S, line 43)	21	
22	Property distributions made to shareholder (from U.S. Form 1120S, Schedule K-1, line 16d)	22	

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TAXPAYER IDENTIFICATION NUMBER
018654321

SHAREHOLDER'S BASIS INFORMATION

23	**a.** Enter date of federal basis (12-31-1985 or later)	23a	12271992
	b. Number of shares owned	23b	300
	c. Shareholder's percentage of stock ownership	23c	040000
	d. Dollar value of basis as of the date in line 23a	23d	540955
24	Massachusetts basis at beginning of tax year **a.** Stock	24a	1434597
	b. Indebtedness	24b	10808
25	Net Massachusetts adjustments **a.** Stock	25a	7949
	b. Indebtedness	25b	X 1500
26	Net federal adjustments **a.** Stock	26a	
	b. Indebtedness	26b	
27	Massachusetts basis at end of tax year **a.** Stock (add lines 24a and 25a)	27a	1442546
	b. Indebtedness (add lines 24b and 25b)	27b	9308

PASS-THROUGH ENTITY PAYMENT AND CREDIT INFORMATION

Declaration election code: ● Withholding ○ Composite ○ Member self-file ○ Exempt PTE ○ Non-profit

28	Withholding amount	28	660
29	Estimated payments	29	
30	Credit for amounts withheld by lower-tier entity(ies) Payer Identification number ►	► 30	
31	Credit for amounts of estimated payments made by lower-tier entity(ies) Payer Identification number ►	► 31	

Massachusetts Department of Revenue

Schedule EDIP

Refundable Economic Development Incentive Program Credit 2017

For calendar year 2016 or taxable period beginning 01 01 2017 and ending 12 31 2017

Under the provisions of the Economic Development Incentive Program (EDIP) established pursuant to M.G.L. Ch. 23A, the Economic Assistance Coordination Council (EACC) may authorize taxpayers participating in certified projects to claim tax credits under M.G.L. Ch. 62 § 6(g) and M.G.L. Ch. 63 § 38N. Taxpayers authorized by the EACC to claim tax credits for projects certified on or after January 1, 2010 must use this schedule to claim such credits. Taxpayers seeking to claim credits for projects certified prior to January 1, 2010 must use Schedule EOAC. See TIR 10-01 for further information.

Taxpayer name	Federal Identification	Social Security number
TEST TWO S CORP	043 333 333	

Mailing address: 4 STORAGE ST

City/Town	State	Zip	Phone number
CHELSEA	MA	02150-6371	1-888-123-4567

Name of controlling business identified on credit certificate	Federal Identification or Social Security number
VAN BOWIE	04 704 4321

Project type: ○ CEP ○ CEEP ● CMRP ○ CJCP ○ Projects certified after January 1, 2017

Certificate number: 4120E 00103

Part 1. Credit generated or awarded in the current year

For projects certified prior to January 1, 2017, complete lines 1 through 5. For projects certified after January 1, 2017, skip to line 11 and enter the amount authorized by the EACC for the current year. Partners and shareholders being allocated a share of credits generated by a partnership or S corporation on Schedule K-1 or SK-1, **do not complete this schedule**. Instead, complete Schedule CMS, Credit Manager Schedule.

1	Cost basis of qualified property	1250
2	Credit rate authorized by the EACC	0.400000
3	Tentative credit for CEP, CEEP and CMRP. Multiply line 1 by line 2	500
4	Limit on authorized credit in EACC award for CEP, CEEP and CMRP. See instructions.	25000000
5	Credit allowable as authorized by the EACC. Enter the smaller of line 3 or line 4.	500

Credit for certified job creation projects

Credit is allowed only for the year subsequent to the year in which the jobs are created. See TIR 14-13.

6	Number of new jobs created	1
7	Credit rate for new jobs authorized by the EACC	0.310000
8	Tentative credit for certified job creation projects. Multiply line 6 by line 7	
9	Limit on authorized credit in EACC award. Not more than $1,000,000	5000
10	Credit allowable for the certified jobs creation project. Enter the smaller of line 8 or line 9.	

Part 2. Credit available from the current taxable year

11	Total credit available. Combine lines 5 and 10	500
12	Refundable credit (see instructions). Not more than line 11. Enter this amount on Schedule CMS, Credit Manager Schedule, together with the certificate number issued by the EACC.	500

Massachusetts Department of Revenue

Schedule RFC
Refundable Film Credit
Motion Picture Production Company

2017

For calendar year 2017 or taxable period beginning 01/01/2017 **and ending** 12/31/2017		
Name of taxpayer TEST TWO S CORP	Federal identification number 043333333	Social Security number
Mailing address 4 STORAGE ST		
City/Town CHELSEA	State MA Zip 021506371	Phone number
Designated production company representative ES CLAUSE	E-mail address HOHO@POLE.NET	Phone number 1 225 122 5122
Massachusetts start date 07/04/2017	Massachusetts end date 08/01/2017	
Fill in if any amount of this credit(s) originates from a pass-through entity ○	If Yes, name and identification number of the pass-through entity	

Credit calculation. If a corporation, **omit** lines 2 through 4.

1 Amount of film credit (from Application for Payroll/Production Credit).
Certificate number ► 4020F01113 ►1 102584

Note: If you are the beneficiary of a trust, enter amount from Schedule 2K-1, line 32, col. d.

2 Tax after credits (from Form 1, line 32; Form 1-NR/PY, line 36; Form 2, line 47; or Form M-990T-62, line 33). If line 2 is greater than or equal to line 1, you do not have a refundable film credit. Enter the line 1 amount on the Credit Manager Schedule. Skip the remainder of this schedule. If line 1 is greater than line 2, go to line 3. 2 101770

3 Subtract line 2 from line 1 3 814

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4 Refundable film credit. Multiply line 3 by .9 (90%). Enter here and on Part 2 of the Credit Manager Schedule. You must enclose Schedule RFC with your return. Failure to do so will result in this credit being disallowed on your tax return and an adjustment of your reported tax. 4 733

Motion picture production companies qualify to elect a refundable film credit if they have not transferred or carried forward a portion of the film credit for the production or certificate number to be refunded. Transferees of the film credit do not qualify for the refundable film credit. Transferees should claim their film credit on the Credit Manager Schedule.

If an election to refund the film credit for a production or certificate number is made, the entire film credit remaining after reducing tax liability and other credits will be refunded at 90%. Partial refunds, transfers or carryovers are not allowed. However, the refund can be applied as an estimated payment for the subsequent tax year.

Declaration

I declare under the pains and penalties of perjury that to the best of my knowledge, the information contained herein is accurate and complete.

Signature [signature] Date 1/2/2018

Massachusetts Department of Revenue

Credit Recapture Schedule

2017

For calendar year 2017 or taxable year beginning 01 01 2017 and ending 12 31 2017

Name of taxpayer: TEST TWO S CORP

Identification number: 043 333 333

Instructions

Certain Massachusetts tax credits are subject to recapture as specified in the statute authorizing the credit (e.g. investment tax is subject to recapture under M.G.L. c 63, s 31A(e) if an asset for which the credit was taken is disposed of before the end of its useful life). If a recapture calculation is required, the amount of the credit allowed is redetermined and the reduction in the amount of credit allowable is recaptured to the extent the credit was taken or used in a prior year. See DOR Directive 89-7. Taxpayers who have a recapture calculation must complete this schedule whether or not a recapture tax is determined to be due.

List each credit for which a recapture calculation must be made. For credits tracked by certificate numbers that must be reported on the return to claim the credit, enter each certificate number and the associated credits separately. For credits not tracked by certificate number, enter credits separately by type and the year to which they relate. List only those credits and certificate numbers or tax years for which a reduction in the credit is being calculated.

For each credit, show both the original amount of the credit and the revised amount; the difference between these is the reduction in the credit or tentative recapture. For the investment tax credit (and similar credits) where recapture is being required for some but not all of the assets placed in service during a given year, the total shown for the original credit and revised credit amounts should be the amounts for the assets subject to recapture.

If any of the credit associated with the certificate number and/or tax year (as applicable) was never used, subtract that amount from the tentative recapture and any portion of the reduction in credit that is not offset is added to the return as recapture tax. Reduce any available credit carryover by the amount used to offset tentative recapture.

Credit recaptures

1 List any credit for which recapture is taking place.

Credit type	Period end date (mm/dd/yyyy)	Certificate number	Original amount	Revised amount	Credit never used	Addition to excise
LOW INC	12 31 2017		18725	3841	14884	14884

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Credit Manager Schedule

For calendar year 2017 or taxable year beginning **and ending**

Name of taxpayer	Identification number	Total credits taken this year (add lines 1h and 3i)	Total refundable credits allowable this year (add lines 2g and 4h)
TEST Two S CORP	043333333	300	102503

Instructions

Taxpayers with credits available for use in the current year must file this schedule to report the credits and the amount of each credit used. For credits tracked by certificate numbers issued by the Department of Revenue or another state agency that must be used to claim the credit, enter each certificate number and the associated credits separately. For credits not tracked by certificate number, enter credits separately by type and the year to which they relate. List credits available whether or not they are being used in the current year.

For each credit, report the amount of the credit available for use and the amount of credit taken this year to reduce tax. For corporations filing a combined report, report the amount of credit shared with affiliates. For pass-through entities, report the amount of credits distributed to partners/shareholders/beneficiaries in the credit shared column.

Section 1. Non-refundable credits

Instructions. List all credits available not received via Massachusetts K-1s or credit transfer*, including those not used in the current year. Show the amounts used to reduce the total excise or tax, passed to partners/shareholders/beneficiaries, or shared with affiliates. Note: If you are using a tax credit that does not have an expiration date, for example the Van Pool, fill in the "Non-Expiring" oval and leave the "Period end date" and "Certificate number" fields blank.

***Note:** Taxpayers taking the Brownfields Credit, Film Incentive Credit, and/or Medical Device Credit received via credit transfers/sales should complete section 1.

1a. Credit type	1b. Fill in if non-expiring	1c. Period end date (mm/dd/yyyy)	1d. Certificate number	1e. Credit available or certificate balance	1f. Credit taken this year	1g. Credit shared this year
EDIPCR	○	12/31/2017	4020E98700	100	100	
HISRHB	○	12/31/2017	HRC123A	98	99	
EMPWLL	○	12/31/2017	41271W0031	157	57	
CRTHOU	○	12/31/2017	4026H00201	44	44	
	○					
	○					
	○					
	○					
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	○					
	○					
	○					

1h. Total. Enter total amount of credit(s) taken this year here and where indicated above 300

Name of taxpayer: TEST TWO S CORP | Identification number: 043333333

Section 2. Refundable credits

Instructions. Taxpayers with refundable credits who are requesting a refund from credits not received via Massachusetts K-1s or credit transfer*, complete Section 2. For each refundable credit, report the amount of the credit available after taking into consideration any credits that may have been taken or shared as shown in section 1 of this schedule. Enter the amount by which the available credit balance is being reduced and the amount to be treated as a refundable credit, which may be either 90% or 100% of the reduction (See TIR 13-6, example #3 for an illustration. Company B has $500,000 of credit available, reduces this by $300,000 in order to claim a $270,000 refundable credit as authorized under the Life Sciences Tax Incentive Program.)

***Note:** Taxpayers taking the Film Incentive Credit received via credit transfers should complete section 2.

2a. Credit type	2b. Period end date (mm/dd/yyyy)	2c. Certificate number	2d. Credit available or certificate balance	2e. Reduction in balance for refund	2f. Refundable credit taken (100% or 90%)
FLMCRO	12 31 2017	402F01113	733	733	733
DAIFRM	12 31 2017	P1234	101770	101770	101770

2g. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1 102503

Name of taxpayer TEST TWO S CORP Identification number 043 333 333

Section 3. Non-refundable credits received from Massachusetts K-1s or via credit transfer

Instructions. List any credit for which this taxpayer received via Massachusetts K-1s or credit transfer* and show the amounts used to reduce the total excise or tax, passed to partners/shareholders/beneficiaries, or shared with affiliates. List all credits available, including those not used in the current year. Note: If you are using a tax credit that does not have an expiration date, for example the Research Credit, fill in the "Non-Expiring" oval and leave the "Period end date" and "Certificate number" fields blank.

***Note:** The Brownfields Credit, Film Incentive Credit, and/or Medical Device Credit cannot be reported in this section. Taxpayers receive new certificate numbers to be used in Section 1 after applying through the Department of Revenue to request transfers/sales of these credits.

3a. Federal ID number of credit source	3b. Credit type	3c. Fill in if non-expiring	3d. Period end date (mm/dd/yyyy)	3e. Certificate number	3f. Credit received	3g. Credit taken this year	3h. Credit shared this year
		○					
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3i. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1 .....

Name of taxpayer TEST Two S CORP Identification number 043 333 333

Section 4. Refundable credits received from Massachusetts K-1s or via credit transfer

Instructions. Taxpayers who are requesting a refund with refundable credits received via Massachusetts K-1s or credit transfer*, complete Section 4. For each refundable credit, report the amount of the credit available after taking into consideration any credits that may have been taken or shared as shown in section 3 of this schedule. Enter the amount by which the available credit balance is being reduced and the amount to be treated as a refundable credit, which may be either 90% or 100% of the reduction (See TIR 13-6, example #3 for an illustration. Company B has $500,000 of credit available, reduces this by $300,000 in order to claim a $270,000 refundable credit as authorized under the Life Sciences Tax Incentive Program.

***Note:** The Film Incentive Credit cannot be reported in this section. Taxpayers receive new certificate numbers to be used in Section 2 after applying through the Department of Revenue to request transfers of these credits.

4a. Federal ID number of credit source	4b. Credit type	4c. Period end date (mm/dd/yyyy)	4d. Certificate number	4e. Credit available or certificate balance	4f. Reduction in balance for refund	4g. Refundable credit taken (100% or 90%)

4h. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1 .....