



2019 Form 355

XXXXXXXXXXXXXX

Business or Manufacturing Corporation Excise Return

Year beginning XXXXXXXX Ending XXXXXXXX

CORPORATIONNAMEXXXXXXXXXXXXXXXXXXXX FEDERALIDNO
PRINCIPALBUSINESSADDRESS CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
PRINCBUSINESSADDRESSINMA CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXX

Check if: Amended return Federal amendment Federal audit Member of lower-tier entity
 Enclosing Schedule TDS Final Massachusetts return Initial return Name change Address change
 Enclosing Schedule FCI S corporation status terminated

- 1. Check if the corporation is incorporated within Massachusetts
- 2. Date of incorporation in Massachusetts 2 XXXXXXXX
- 3. Type of corporation Section 38 manufacturer Mutual fund service
- 4. Type of corporation R&D Classified manufacturing RIC REIT
- 5. Check if the corporation is filing a Massachusetts combined return
- 6. FID of principal reporting corporation if answer to line 5 is Yes 6 XXXXXXXX
- 7. Check if the corporation's tax year is different from the 355U
- 8. Check if the corporation is an insurance mutual holding corporation
- 9. Check if the corporation is requesting alternate apportionment
- 10. Principal business code 10 XXXXXX
- 11. Average number of employees in Massachusetts 11 XXXXXX
- 12. Average number of employees worldwide 12 XXXXXX
- 13. Foreign corporation: first date of business in Massachusetts 13 XXXXXXXX
- 14. Last year audited by IRS 14 XXXX
- 15. Check if adjustments have been reported to Massachusetts
- 16. Check if the corporation is deducting intangible or interest expenses paid to a related entity
- 17. Check 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	Date XXXXXXXXXX	Print paid preparer's name	Paid preparer's SSN or PTIN XXXXXXXXXXXXXX
Title	Date XXXXXXXXXX	Paid preparer's phone	Paid preparer's EIN XXXXXXXXXXXXXX

Are you signing as an authorized delegate of the appropriate officer of the corporation? (see instructions) Yes No

Paid preparer's signature Date XXXXXXXX Check if self-employed

Taxpayer's e-mail address
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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2019 Excise Calculation

XXXXXXXXXXXXXX

Business or Manufacturing Corporation Excise Return

FEDERALIDNUM

AREA RESERVED
FOR 2-D BARCODE

1.	Taxable Massachusetts tangible property, if applicable	XXXXXXXXXXXXXX	× .0026 = 1	XXXXXXXXXXXXXX
2.	Taxable net worth, if applicable	XXXXXXXXXXXXXX	× .0026 = 2	XXXXXXXXXXXXXX
3.	Massachusetts taxable income	XXXXXXXXXXXXXX	× .0800 = 3	XXXXXXXXXXXXXX
4.	Credit recapture		4	XXXXXXXXXXXXXX
5.	Tax on installment sales		5	XXXXXXXXXXXXXX
6.	Excise before credits		6	XXXXXXXXXXXXXX
7.	Total credits		7	XXXXXXXXXXXXXX
8.	Excise after credits		8	XXXXXXXXXXXXXX
9.	Combined filer tax due		9	XXXXXXXXXXXXXX
10.	Minimum excise		10	XXXXXXXXXXXXXX
11.	Excise due before voluntary contribution		11	XXXXXXXXXXXXXX
12.	Voluntary contribution for endangered wildlife conservation		12	XXXXXXXXXXXXXX
13.	Excise due plus voluntary contribution		13	XXXXXXXXXXXXXX
14.	2018 overpayment applied to your 2019 estimated tax		14	XXXXXXXXXXXXXX
15.	2019 Massachusetts estimated tax payments		15	XXXXXXXXXXXXXX
16.	Payment made with extension		16	XXXXXXXXXXXXXX
17.	Payment with original return		17	XXXXXXXXXXXXXX
18.	Pass-through entity withholding. Payer ID number	XXXXXXXXXXXXXX	18	XXXXXXXXXXXXXX
19.	Total refundable credits		19	XXXXXXXXXXXXXX
20.	Total payments		20	XXXXXXXXXXXXXX
21.	Amount overpaid		21	XXXXXXXXXXXXXX
22.	Amount overpaid to be credited to 2020 estimated tax		22	XXXXXXXXXXXXXX
23.	Amount overpaid to be refunded		23	XXXXXXXXXXXXXX
24.	Balance due		24	XXXXXXXXXXXXXX
25.	a. M-2220 penalty	XXXXXXX	a + b = 25	XXXXXXXXXXXXXX
	b. Late file/pay penalties	XXXXXXX	26	XXXXXXXXXXXXXX
26.	Interest on unpaid balance		26	XXXXXXXXXXXXXX
27.	Total payment due at time of filing		Total due 27	XXXXXXXXXXXXXX

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