

2019 Form 355S

XXXXXXXXXXXXXX

S Corporation Excise Return

Year beginning XXXXXXXX Ending XXXXXXXX

CORPORATIONNAMEXXXXXXXXXXXXXXXXXXXX FEDERALIDNO
PRINCIPALBUSINESSADDRESS CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
PRINCBUSINESSADDRESSINMA CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXXX

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 during taxable year

- 1. Check if the corporation is incorporated within Massachusetts
- 2. Date of incorporation in Massachusetts XXXXXXXX
- 3. Type of corporation Section 38 manufacturer Mutual fund service
- 4. Type of corporation R&D Classified manufacturing
- 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 the parent of another 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: Taxable only with respect to partnership activity Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272

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
XX

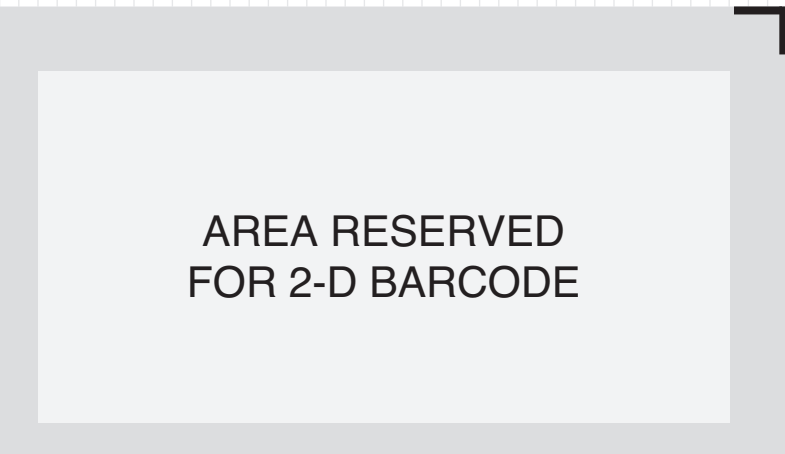
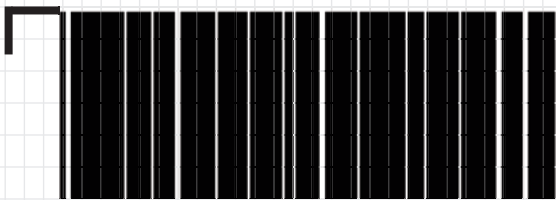
Name of designated tax matters partner XXXXXXXXXXXXXXXXXXXXXXXX Identifying number of tax matters partner XXXXXXXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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S Corporation Excise Return
FEDERALIDNUM

1.	Taxable Massachusetts tangible property, if applicable	XXXXXXXXXXXXXX	× .0026 = 1	XXXXXXXXXXXXXX
2.	Taxable net worth, if applicable	XXXXXXXXXXXXXX	× .0026 = 2	XXXXXXXXXXXXXX
3.	Qualifying taxable income and passive investment income	XXXXXXXXXXXXXX	× .0800 = 3	XXXXXXXXXXXXXX
4.	Income		4	XXXXXXXXXXXXXX
5.	Income taxable in Massachusetts		5	XXXXXXXXXXXXXX
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 .0197. If line 4 is \$9 million or more, multiply line 5 by .0295		6	XXXXXXXXXXXXXX
7.	Credit recapture		7	XXXXXXXXXXXXXX
8.	Tax on installment sales		8	XXXXXXXXXXXXXX
9.	Excise before credits		9	XXXXXXXXXXXXXX
10.	Total credits		10	XXXXXXXXXXXXXX
11.	Excise after credits		11	XXXXXXXXXXXXXX
12.	Combined filer tax due		12	XXXXXXXXXXXXXX
13.	Minimum excise		13	XXX
14.	Excise due before voluntary contribution		14	XXXXXXXXXXXXXX
15.	Voluntary contribution for endangered wildlife conservation		15	XXXXXXXXXXXXXX
16.	Excise due plus voluntary contribution		16	XXXXXXXXXXXXXX
17.	2018 overpayment applied to your 2019 estimated tax		17	XXXXXXXXXXXXXX
18.	2019 Massachusetts estimated tax payments		18	XXXXXXXXXXXXXX
19.	Payment made with extension		19	XXXXXXXXXXXXXX
20.	Payment with original return		20	XXXXXXXXXXXXXX
21.	Pass-through entity withholding. Payer ID number	XXXXXXXXXXXXXX	21	XXXXXXXXXXXXXX
22.	Total refundable credits		22	XXXXXXXXXXXXXX
23.	Total payments		23	XXXXXXXXXXXXXX
24.	Amount overpaid		24	XXXXXXXXXXXXXX
25.	Amount overpaid to be credited to 2020 estimated tax		25	XXXXXXXXXXXXXX
26.	Amount overpaid to be refunded		26	XXXXXXXXXXXXXX
27.	Balance due		Balance due 27	XXXXXXXXXXXXXX
28.	a. M-2220 penalty XXXXXXXX b. Late file/pay penalties XXXXXXXX		a + b = 28	XXXXXXXXXXXXXX
29.	Interest on unpaid balance		29	XXXXXXXXXXXXXX
30.	Total payment due at time of filing		Total due 30	XXXXXXXXXXXXXX

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