

2021 Form 355

XXXXXXXXXXXXXX

Business or Manufacturing Corporation Excise Return

Year beginning XXXXXXXX Ending XXXXXXXX

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

- Check if: X Amended return X Federal amendment X Federal audit X Member of lower-tier entity
X Enclosing Schedule TDS X Final Massachusetts return X Initial return X Name change X Address change
X Enclosing Schedule FCI X S election termination or revocation
X Amended return due to IRS BBA Partnership Audit X Enclosing Schedule DRE

- 1. Check if the corporation is incorporated within Massachusetts X
2. Date of incorporation in Massachusetts 2 XXXXXXXX
3. Type of corporation X Section 38 manufacturer X Mutual fund service
4. Type of corporation X R&D X Classified manufacturing X RIC X REIT
5. Check if the corporation is filing a Massachusetts combined return X
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 X
8. Check if the corporation is an insurance mutual holding corporation X
9. Check if the corporation is requesting alternate apportionment X
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 X
16. Check if the corporation is deducting intangible or interest expenses paid to a related entity X
17. Check if: X Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272
X Taxable only with respect to partnership activity

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 XXXXXXXX Print paid preparer's name Paid preparer's PTIN XXXXXXXXXXXXX
Title Paid preparer's phone Paid preparer's EIN XXXXXXXXXXXXX

Are you signing as an authorized delegate of the appropriate officer of the corporation? Paid preparer's signature Date XXXXXXXX Check if self-employed X
(see instructions) X Yes X No

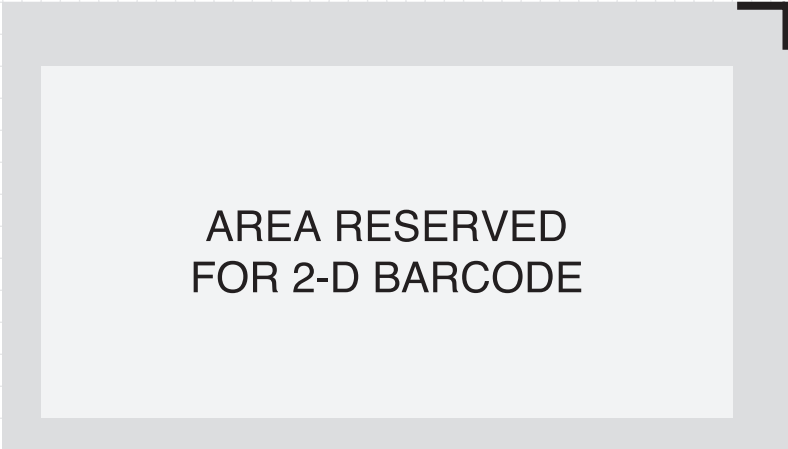
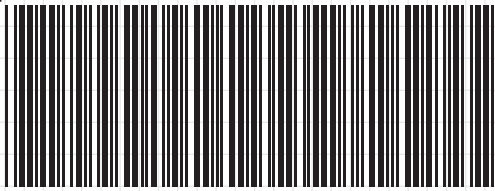
Taxpayer's e-mail address
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PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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2021 Excise Calculation

XXXXXXXXXXXXXX

Business or Manufacturing Corporation Excise Return

FEDERALIDNUM

1.	Taxable Massachusetts tangible property, if applicable	XXXXXXXXXXXXXX	x .0026 =	1	XXXXXXXXXXXXXX
2.	Taxable net worth, if applicable	XXXXXXXXXXXXXX	x .0026 =	2	XXXXXXXXXXXXXX
3.	Massachusetts taxable income	XXXXXXXXXXXXXX	x .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	XXX
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.	2020 overpayment applied to your 2021 estimated tax			14	XXXXXXXXXXXXXX
15.	2021 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 2022 estimated tax			22	XXXXXXXXXXXXXX
23.	Amount overpaid to be refunded		Refund	23	XXXXXXXXXXXXXX
24.	Balance due		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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