

2022 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: Initial return Final return Name change Address change Amended return
 Amended return due to federal change Amended return due to federal audit Amended return due to IRS BBA Partnership Audit
 Enclosing Schedule DRE Enclosing Schedule FCI Enclosing Schedule TDS
 S election termination or revocation Member of lower-tier entity

- 1. Check if the corporation is incorporated within Massachusetts X
- 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 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. Number of employees in Massachusetts 11 XXXXXX
- 12. 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: Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272
 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 XXXXXXXXXX	Print paid preparer's name	Paid preparer's PTIN XXXXXXXXXXXXXX
Title		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

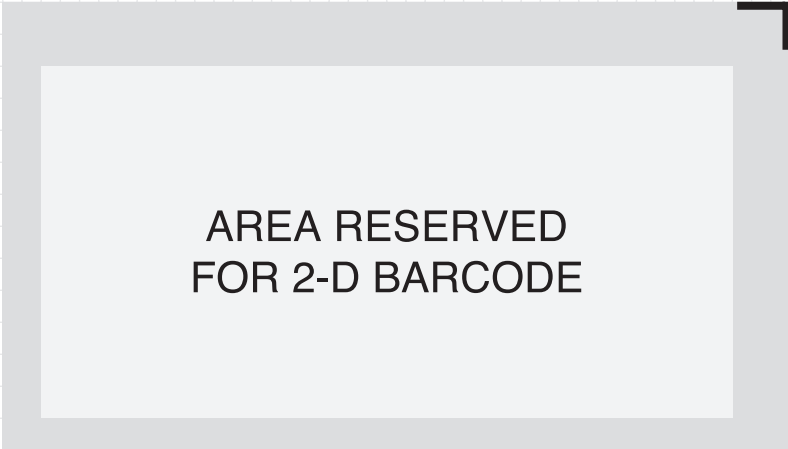
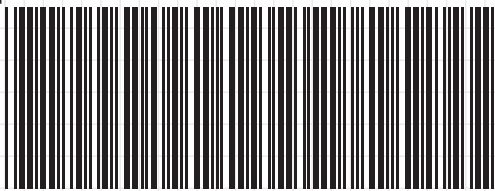
Taxpayer's e-mail address
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PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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2022 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.	2021 overpayment applied to your 2022 estimated tax			14	XXXXXXXXXXXXXX
15.	2022 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 2023 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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