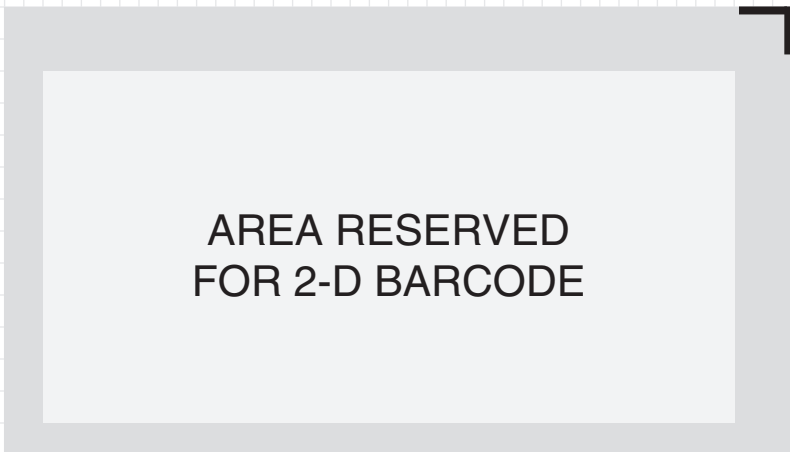
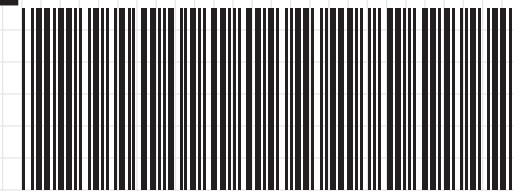


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2018 Form 355S

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
- 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 XXXXXXXX Print paid preparer's name Paid preparer's SSN or 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) Yes No

Taxpayer's e-mail address
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name of designated tax matters partner Identifying number of tax matters partner
 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



AREA RESERVED FOR 2-D BARCODE

2018 Form 355S, pg. 2

XXXXXXXXXXXXXX

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 .0193. If line 4 is \$9 million or more, multiply line 5 by .029				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.	2017 overpayment applied to your 2018 estimated tax			▶	17	XXXXXXXXXXXXXX
18.	2018 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 2019 estimated tax			▶	25	XXXXXXXXXXXXXX
26.	Amount overpaid to be refunded			▶	26	XXXXXXXXXXXXXX
27.	Balance due				27	XXXXXXXXXXXXXX
28.	a. M-2220 penalty	▶	XXXXXXX	b. Late file/pay penalties	▶	XXXXXXX
29.	Interest on unpaid balance				29	XXXXXXXXXXXXXX
30.	Total payment due at time of filing			Total due ▶	30	XXXXXXXXXXXXXX

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