

**2020 Form 355S**

XXXXXXXXXXXXXX

**S 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 election termination or revocation

- 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

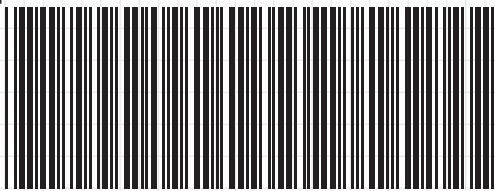
Are you signing as an authorized delegate of the appropriate officer of the corporation? (see instructions)  Yes  No  
Paid preparer's signature Date XXXXXXXX Check if self-employed

Taxpayer's e-mail address  
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Name of designated tax matters partner XXXXXXXXXXXXXXXXXXXX Identifying number of tax matters partner XXXXXXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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XXXXXXXXXXXXXX

S Corporation Excise Return

FEDERALIDNUM

AREA RESERVED FOR 2-D BARCODE

1.	Taxable Massachusetts tangible property, if applicable	XXXXXXXXXXXXXX	x .0026 = 1	XXXXXXXXXXXXXX
2.	Taxable net worth, if applicable	XXXXXXXXXXXXXX	x .0026 = 2	XXXXXXXXXXXXXX
3.	Qualifying taxable income and passive investment income	XXXXXXXXXXXXXX	x .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 .02. If line 4 is \$9 million or more, multiply line 5 by .03		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.	2019 overpayment applied to your 2020 estimated tax		17	XXXXXXXXXXXXXX
18.	2020 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 2021 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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