

**2023 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:  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 XXXXXXXXXX
- 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 X
- 6. FID of principal reporting corporation if answer to line 5 is Yes 6 XXXXXXXXXXXX
- 7. Check if the corporation's tax year is different from the 355U X
- 8. Check if the corporation is the parent of another corporation X
- 9. Check if the corporation is requesting alternate apportionment X
- 10. Principal business code 10 XXXXXXXX
- 11. Number of employees in Massachusetts 11 XXXXXXXX
- 12. Number of employees worldwide 12 XXXXXXXX
- 13. Foreign corporation: first date of business in Massachusetts 13 XXXXXXXXXXXX
- 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

Check if DOR may discuss this return with the paid preparer

Paid preparer's signature \_\_\_\_\_ Date XXXXXXXX Check if self-employed

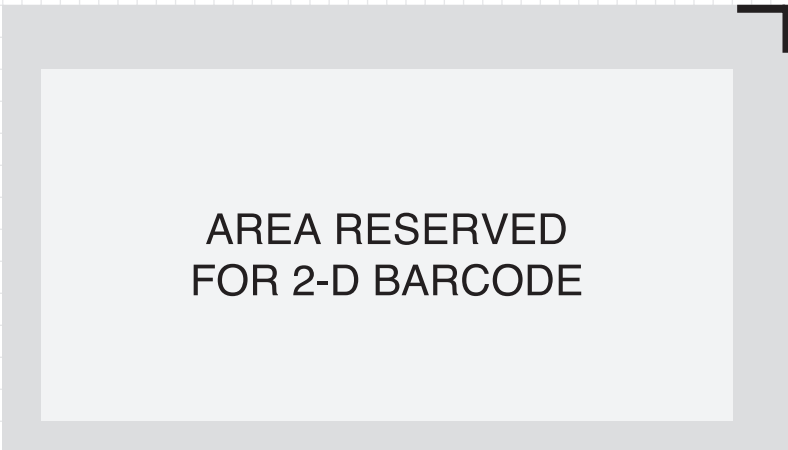
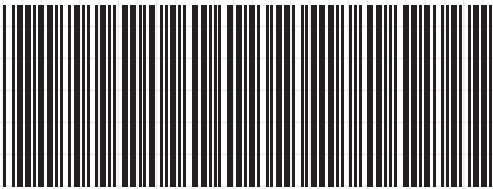
Taxpayer's e-mail address  
XX

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

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**

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06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80



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XXXXXXXXXXXXXX

S Corporation Excise Return

FEDERALIDNUM

20	1.	Taxable Massachusetts tangible property, if applicable	XXXXXXXXXXXXXX		x .0026 = 1	XXXXXXXXXXXXXX	20	
21	2.	Taxable net worth, if applicable	XXXXXXXXXXXXXX		x .0026 = 2	XXXXXXXXXXXXXX	21	
22	3.	Qualifying taxable income and passive investment income	XXXXXXXXXXXXXX		x .0800 = 3	XXXXXXXXXXXXXX	22	
23	4.	Income			4	XXXXXXXXXXXXXX	23	
24	5.	Income taxable in Massachusetts			5	XXXXXXXXXXXXXX	24	
25	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	25	
27	7.	Credit recapture			7	XXXXXXXXXXXXXX	27	
28	8.	Tax on installment sales			8	XXXXXXXXXXXXXX	28	
29	9.	Excise before credits			9	XXXXXXXXXXXXXX	29	
30	10.	Total credits			10	XXXXXXXXXXXXXX	30	
31	11.	Excise after credits			11	XXXXXXXXXXXXXX	31	
32	12.	Combined filer tax due			12	XXXXXXXXXXXXXX	32	
33	13.	Minimum excise			13	XXX	33	
34	14.	Excise due before voluntary contribution			14	XXXXXXXXXXXXXX	34	
35	15.	Voluntary contribution for endangered wildlife conservation			15	XXXXXXXXXXXXXX	35	
36	16.	Excise due plus voluntary contribution			16	XXXXXXXXXXXXXX	36	
37	17.	2022 overpayment applied to your 2023 estimated tax			17	XXXXXXXXXXXXXX	37	
38	18.	2023 Massachusetts estimated tax payments			18	XXXXXXXXXXXXXX	38	
39	19.	Payment made with extension			19	XXXXXXXXXXXXXX	39	
40	20.	Payment with original return			20	XXXXXXXXXXXXXX	40	
41	21.	Pass-through entity withholding. Payer ID number	XXXXXXXXXXXXXX		21	XXXXXXXXXXXXXX	41	
42	22.	Total refundable credits			22	XXXXXXXXXXXXXX	42	
43	23.	Total payments			23	XXXXXXXXXXXXXX	43	
44	24.	Amount overpaid			24	XXXXXXXXXXXXXX	44	
45	25.	Amount overpaid to be credited to 2024 estimated tax			25	XXXXXXXXXXXXXX	45	
46	26.	Amount overpaid to be refunded			26	XXXXXXXXXXXXXX	46	
47	27.	Balance due			27	XXXXXXXXXXXXXX	47	
48	28.	a. M-2220 penalty	XXXXXXX	b. Late file/pay penalties	XXXXXXX		48	
48					a + b =	28	XXXXXXXXXXXXXX	48
49	29.	Interest on unpaid balance			29	XXXXXXXXXXXXXX	49	
50	30.	Total payment due at time of filing			Total due	30	XXXXXXXXXXXXXX	50

XXXXXXXXXXXXXXXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXX

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80