



**2024 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
- 18. Check if at any time during the year, the corporation (a) received a digital asset (as a reward, or payment for property or services); or (b) sold, exchanged, or otherwise disposed of a digital asset (or a financial interest in a digital asset) X

**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

Check if DOR may discuss this return with the paid preparer  Paid preparer's signature Date XXXXXXXX Check if self-employed X

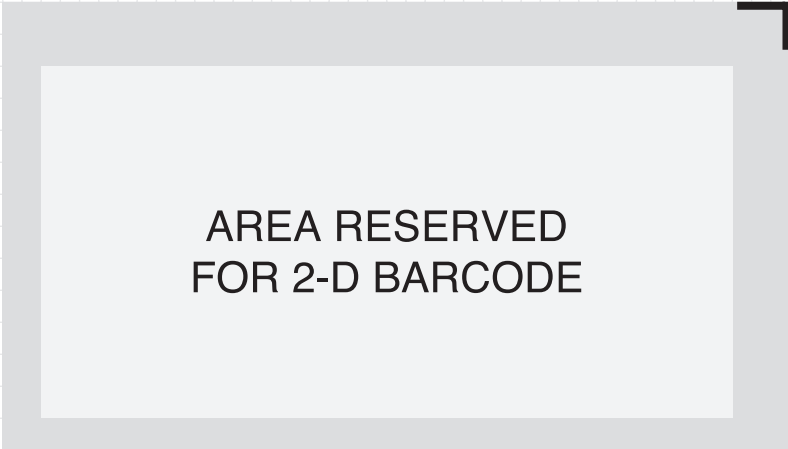
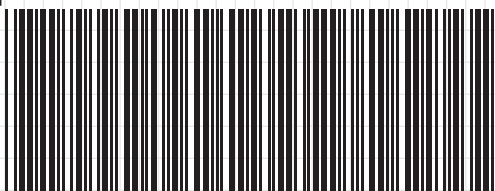
Taxpayer's e-mail address  
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PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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### 2024 Excise Calculation

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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	XXXXXXXXXXXXXX
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.	Overpayment of tax from prior year applied to this year's estimated tax		14	XXXXXXXXXXXXXX
15.	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 next year		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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