



**Massachusetts Department of Revenue**  
**Form 355SC**  
**Security Corporation Excise Return**

**2024**

For calendar year 2024 or taxable period beginning

2024 and ending

**An exact copy of U.S. Forms 1120 or 1120-RIC, including all applicable schedules and forms required to substantiate the Massachusetts excise, must be made available to the Department of Revenue upon request. Any changes or amendments to any U.S. amount must be explained in detail.**

Name of corporation \_\_\_\_\_ U.S. Principal Business Code \_\_\_\_\_ Federal Identification number \_\_\_\_\_

Principal address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Principal business address in Massachusetts \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Fill in if

- Initial return  Final return  Name change  Address change  Amended return (see instructions)
- 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  S election termination or revocation  Member of a lower-tier entity

**1** Fill in if corporation is incorporated within Massachusetts  **2** Date of charter (mm/dd/yyyy) \_\_\_\_\_

**3a** Fill in if Class 1 security corporation  **3b** Fill in if Class 2 security corporation

**4** Date corporation first classified as security corporation (mm/dd/yyyy) \_\_\_\_\_ **5** Date business began in Mass. (mm/dd/yyyy) \_\_\_\_\_ **6** State or country of incorporation \_\_\_\_\_

**7a** Number of employees in Massachusetts \_\_\_\_\_ **7b** Number of employees worldwide \_\_\_\_\_ **8** Fill in if Schedule TDS enclosed

**9a** Most recent year audited by IRS (mm/dd/yyyy) \_\_\_\_\_ **9b** Fill in if adjustments have been reported to Massachusetts

**10** Corporation's books are in the care of \_\_\_\_\_ **10b** Title \_\_\_\_\_

**11** Corporation (fill in one only)  
 New  Terminated  Has predecessor  Has successor

**12** Fill in if entity continues to qualify as a security corporation. If yes, enclose statement explaining changes in corporate activity since last qualified.

**13a** Fill in if corporation is participating in the filing of a U.S. consolidated return  **13b** Federal Identification number of parent \_\_\_\_\_

**14** U.S. form(s) and schedule(s) filed for this tax year  
 1120  1120-RIC  851  5471  1120S  1120-REIT

**15** Fill in if, at any time during this tax year, the corporation (a) received a digital asset (as a reward, award, 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). See instructions

**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.**

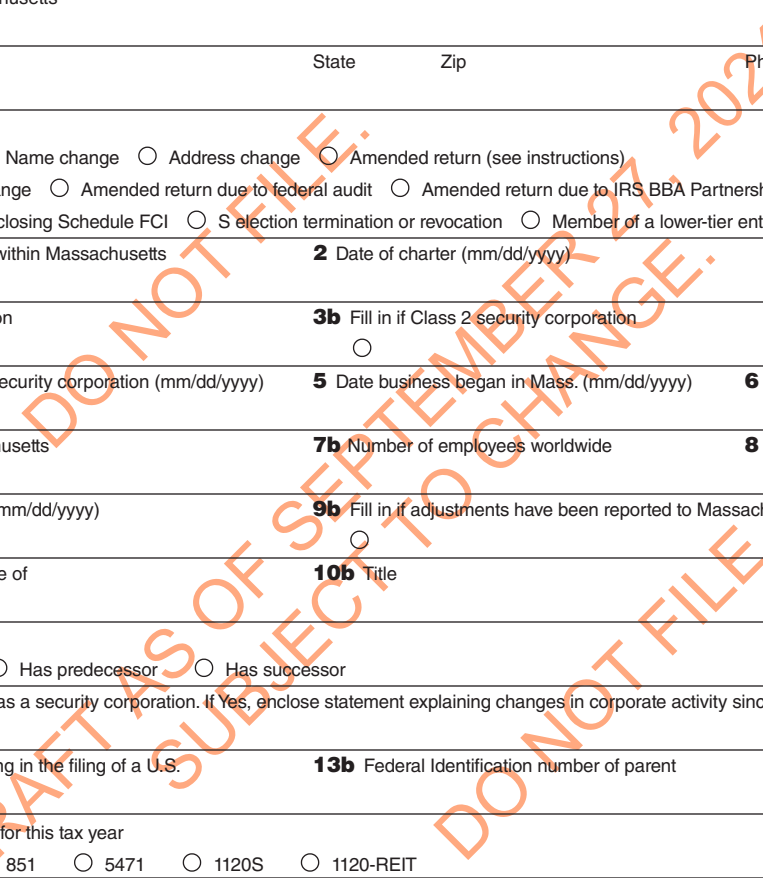
Signature of appropriate officer (see instructions) \_\_\_\_\_ Date \_\_\_\_\_ Print paid preparer's name \_\_\_\_\_ Preparer's PTIN \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Paid preparer's phone \_\_\_\_\_ Paid preparer's \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_ EIN \_\_\_\_\_

Fill in oval if DOR may discuss this return with the paid preparer  Paid preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  Fill in if self-employed \_\_\_\_\_

Taxpayer's e-mail address \_\_\_\_\_

Name of designated tax matters partner \_\_\_\_\_ Identifying number of tax matters partner \_\_\_\_\_





Name of corporation

U.S. Principal Business Code

Federal Identification number

**Computation of excise.** Use whole dollar method.

<b>1</b>	Total U.S. income (from U.S. Form 1120 or appropriate form) . . . . .	<b>1</b>	<input type="text"/>
<b>2</b>	State and municipal bond interest not included in line 1 . . . . .	<b>2</b>	<input type="text"/>
<b>3</b>	Adjustments to income (enclose schedule; see instructions) . . . . .	<b>3</b>	<input type="text"/>
<b>4</b>	Massachusetts gross income. Add lines 1 through 3 . . . . .	<b>4</b>	<input type="text"/>
<b>5</b>	Class 1 excise, if applicable (line 4) . . . . . <input type="text"/> × .0033	<b>5</b>	<input type="text"/>
<b>6</b>	Class 2 excise, if applicable (line 4) . . . . . <input type="text"/> × .0132	<b>6</b>	<input type="text"/>
<b>7</b>	Excise before credits (line 5 or 6, whichever is applicable) . . . . .	<b>7</b>	<input type="text"/>
<b>8</b>	Total Credits (From Schedule CMS) . . . . .	<b>8</b>	<input type="text"/>
<b>9</b>	Excise after credits. Subtract line 8 from line 7 . . . . .	<b>9</b>	<input type="text"/>
<b>10</b>	Minimum excise (cannot be prorated) . . . . .	<b>10</b>	456
<b>11</b>	Excise due before voluntary contribution (line 9 or 10, whichever is larger) . . . . .	<b>11</b>	<input type="text"/>
<b>12</b>	Voluntary contribution for endangered wildlife conservation . . . . .	<b>12</b>	<input type="text"/>
<b>13</b>	Excise due plus voluntary contribution. Add lines 11 and 12 . . . . .	<b>13</b>	<input type="text"/>
<b>14</b>	Overpayment of tax from prior year applied to this year's estimated tax . . . . .	<b>14</b>	<input type="text"/>
<b>15</b>	Massachusetts estimated tax payments (do not include amount in line 14) . . . . .	<b>15</b>	<input type="text"/>
<b>16</b>	Payments made with extension . . . . .	<b>16</b>	<input type="text"/>
<b>17</b>	Payment with original return (use only if amending a return) . . . . .	<b>17</b>	<input type="text"/>
<b>18</b>	Amount overpaid. Subtract line 13 from total of lines 14 through 17 . . . . .	<b>18</b>	<input type="text"/>
<b>19</b>	Amount of line 18 to be credited to next year . . . . .	<b>19</b>	<input type="text"/>
<b>20</b>	Amount of line 18 to be refunded. Subtract line 19 from line 18 . . . . .	<b>20</b>	<input type="text"/>
<b>21</b>	Balance due. Subtract total of lines 14 through 17 from line 13 . . . . .	<b>21</b>	<input type="text"/>
<b>21a</b>	<b>a</b> M-2220 penalty . . . . .	<b>21a</b>	<input type="text"/>
<b>21b</b>	<b>b</b> Other penalties . . . . .	<b>21b</b>	<input type="text"/>
<b>22</b>	Total penalty. Add lines 21a and 21b . . . . .	<b>22</b>	<input type="text"/>
<b>23</b>	Interest on unpaid balance . . . . .	<b>23</b>	<input type="text"/>
<b>24</b>	Total payment due at time of filing. Add lines 21 through 23 . . . . .	<b>24</b>	<input type="text"/>

DRAFT AS OF SEPTEMBER 27, 2024. DO NOT FILE. SUBJECT TO CHANGE.



Name of corporation

U.S. Principal Business Code

Federal Identification number

Schedule A

— Balance sheet as of —

Assets

a. Start of tax year b. End of tax year

Table with 13 rows for Assets, including Cash, Federal and state government obligations, Other current assets, etc.

Liabilities and capital

a. Start of tax year b. End of tax year

Table with 13 rows for Liabilities and capital, including Accounts payable, Mortgages, notes, bonds payable, etc.

Ownership information

- 1 Fill in if at any time during taxable year more than 50% of the voting stock was:
a Of another corporation owned by your corporation
b Of your corporation owned by any single entity

- 2 Fill in if at any time during taxable year:
a Any amount was owed by your corporation
b Any amount was owed to your corporation

Note: Include loans, accounts receivable and accounts payable.

DRAFT AS OF SEPTEMBER 21, 2024. DO NOT FILE. SUBJECT TO CHANGE.