



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2018 and 12-31-2018 below. Fiscal year filers enter appropriate dates.

Tax year beginning ▶ 01012018 Tax year ending ▶ 12312018 Test #1

Form 355 Business/Manufacturing Corporation Excise Return 2018

NAME OF CORPORATION TEST ONE CORP		FEDERAL IDENTIFICATION NUMBER (FID) 041234567
PRINCIPAL BUSINESS ADDRESS 1 SERVICE RD	CITY/TOWN/POST OFFICE CHELSEA	STATE ZIP+4 MA 02150 6371
PRINCIPAL BUSINESS ADDRESS IN MASSACHUSETTS (IF DIFFERENT)	CITY/TOWN/POST OFFICE	STATE ZIP+4

Fill in if: Amended return (see instructions) Federal amendment Federal audit Member of lower-tier entity
 Enclosing Schedule TDS Final Massachusetts return Initial return Name change Address change

- 1 Fill in if corporation is incorporated within Massachusetts
- 2 Date of incorporation in Massachusetts 2 01031991
- 3 Type of corporation (select one, if applicable) Section 38 manufacturer Mutual fund service
- 4 Type of corporation (select one, if applicable) R&D Classified mfg RIC Public REIT
- 5 Fill in if corporation is included in a 355U filing (see instructions)
- 6 FID of principal reporting corporation (if line 5 is filled in) 6
- 7 Fill in if line 5 is filled in and corporation's tax year ends in a different month than the 355U
- 8 Fill in if corporation is an insurance mutual holding corporation
- 9 Fill in if corporation is requesting alternative apportionment (enclose Form AA-1)
- 10 Principal business code (from U.S. return) 10 561300
- 11 Average number of employees in Massachusetts 11 500
- 12 Average number of employees worldwide 12 600
- 13 Foreign corporation: first date of business in Massachusetts 13 11271991
- 14 Last year audited by IRS 14 2002
- 15 Fill in if adjustments have been reported to Massachusetts
- 16 Fill in if corporation is deducting intangible or interest expenses paid to a related entity
- 17 Fill in if: Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272
 Taxable only with respect to partnership activity

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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 (see instructions) <i>Richard Richie</i>	Date 01/02/2019	Print paid preparer's name RICHARD RICHIE	Preparer's SSN or PTIN ▶ 123456789
Title TESTER	Date / /	Paid preparer's phone (619) 622 3222	Paid preparer's EIN ▶ 987654321
Are you signing as an authorized delegate of the appropriate corporate officer? <input checked="" type="checkbox"/> (enclose Form M-2848) <input type="checkbox"/> No		Paid preparer's signature <i>Richard Richie</i>	Date <input checked="" type="checkbox"/> Fill in if self-employed 01/02/2019
Taxpayer's e-mail address			



041234567

2018 FORM 355, PAGE 2
EXCISE CALCULATION

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4)		x .0026 =	▶ 1		
2	Taxable net worth, if applicable (from Schedule D, line 10)	7569.656	x .0026 =	▶ 2	19.681	
3	Massachusetts taxable income (from Schedule E, line 27). Not less than "0"	3286.913	x .0800 =	▶ 3	262.953	
4	Credit recapture (enclose Credit Recapture Schedule). See instructions			▶ 4	7949	
5	Additional tax on installment sales			▶ 5	55614	
6	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 through 5			▶ 6	346197	
7	Total credits (from Credit Manager Schedule; combined report filers, see instructions)			▶ 7	300	
8	Excise after credits. Subtract line 7 from line 6			▶ 8	345897	
9	Combined filers only, enter the amount of tax from Schedule U-ST, line 41			▶ 9		
10	Minimum excise (cannot be prorated; combined report filers, see instructions)			▶ 10	456	
11	Excise due before voluntary contribution. (line 8 or 10, whichever is greater)			▶ 11	345897	
12	Voluntary contribution for endangered wildlife conservation			▶ 12	100	
13	Excise due plus voluntary contribution. Add lines 11 and 12			▶ 13	345997	
14	2017 overpayment applied to your 2018 estimated tax			▶ 14	6700	
15	2018 Massachusetts estimated tax payments (do not include amount in line 14)			▶ 15	340000	
16	Payment made with extension			▶ 16	64200	
17	Payment with original return. Use only if amending a return			▶ 17		
18	Pass-through entity withholding (from Schedule 3K-1)			▶ 18		
	Payer ID number			▶ 18		
19	Total refundable credits (from Credit Manager Schedule)			▶ 19	300	
20	Total payments. Add lines 14 through 19			▶ 20	411200	
21	Amount overpaid. Subtract line 13 from line 20			▶ 21	65203	
22	Amount overpaid to be credited to 2019 estimated tax			▶ 22	53836	
23	Amount overpaid to be refunded. Subtract line 22 from line 21			▶ 23	10000	
24	Balance due. Subtract line 20 from line 13			▶ 24		
25	a. M-2220 penalty	1367	b. Late file/pay penalties	a + b =	▶ 25	1367
26	Interest on unpaid balance			▶ 26		
27	Payment due at time of filing. See instructions			▶ 27		

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CORPORATION NAME

TEST ONE CORP

FEDERAL IDENTIFICATION NUMBER

041234567

Schedule A Balance Sheet

2018

ASSETS	A. ORIGINAL COST	B. ACCUMULATED DEPRECIATION AND AMORTIZATION	C. NET BOOK VALUE
1 Capital assets in Massachusetts:			
a. Buildings ▶ 1a			
b. Land ▶ 1b			
c. Motor vehicles and trailers ▶ 1c	184,871	18,200	2,868
d. Machinery taxed locally ▶ 1d			
e. Machinery not taxed locally 1e			
f. Equipment 1f	534,023	5,056	284,161
g. Fixtures 1g	1,808,598	1,759,628	48,970
h. Leasehold improvements taxed locally ▶ 1h	1,203,588	1,203,588	
i. Leasehold improvements not taxed locally 1i			
j. Other fixed depreciable assets 1j			
k. Construction in progress 1k			
l. Total capital assets in Massachusetts ▶ 1l			335,999
2 Inventories in Massachusetts:			
a. General merchandise 2a			
b. Exempt goods ▶ 2b			
3 Supplies and other non-depreciable assets in Massachusetts 3			
4 Total tangible assets in Massachusetts ▶ 4			335,999
5 Capital assets outside of Massachusetts:			
a. Buildings and other depreciable assets 5a			
b. Land 5b			
6 Leaseholds/leasehold improvements outside Massachusetts 6			
7 Total capital assets outside Massachusetts ▶ 7			

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BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE



8	Inventories outside Massachusetts	8	140966
9	Supplies and other non-depreciable assets outside Massachusetts	9	
10	Total tangible assets outside of Massachusetts	10	140966
11	Total tangible assets. Add lines 4 and 10	11	476965
12	Investments (capital stock investments and equity contributions only):		
	a. Investments in subsidiaries at least 80% owned	12a	20196
	b. Other investments	12b	
13	Notes receivable	13	10000
14	Accounts receivable	14	12092538
15	Intercompany receivables	15	1500
16	Cash	16	573520
17	Other assets	17	18633815
18	Total assets	18	31808534
LIABILITIES AND CAPITAL			
19	Mortgages on:		
	a. Massachusetts tangible property taxed locally	19a	
	b. Other tangible assets	19b	
20	Bonds and other funded debt	20	
21	Accounts payable	21	396570
22	Intercompany payables	22	
23	Notes payable	23	3388889
24	Miscellaneous current liabilities	24	6468927
25	Miscellaneous accrued liabilities	25	6964950
26	Total liabilities	26	17219336
27	Total capital stock issued	27	3606365
28	Paid-in or capital surplus	28	11000000
29	Retained earnings and surplus reserves	29	X 17167
30	Undistributed S corporation net income	30	
31	Total capital. Add lines 27 through 30	31	14589198
32	Treasury stock	32	
33	Total liabilities and capital. Do not enter less than "0"	33	31808534

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If a loss, mark an X in box at left



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Schedule B Tangible or Intangible Property Corporation Classification

2018

Enter all values as net book values from Schedule A, col. c.

Table with 15 rows for Schedule B classification. Columns include line number, description, and value. Values include 335,999, 2868, 333,131, 318,085,34, 20196, 31,785,470, 051,9675, 165,181,14, 0020,168.

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Schedule C Tangible Property Corporation

Complete only if Sched. B, line 15 is 10% or more. Enter all values as net book values from Sched. A, col. c.

Table with 4 rows for Schedule C classification. Columns include line number, description, and value. Values include 1, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 3, 4.



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Schedule D Intangible Property Corporation

2018

Complete only if Sched. B, line 15 is less than 10%. Enter all values as net book values from Sched. A, col. c.

1	Total assets (from Schedule A, line 18)	1	31808534
2	Total liabilities (from Schedule A, line 26)	2	17219336
3	Massachusetts tangible property taxed locally (from Schedule B, line 6)	3	2868
4	Mortgages on Massachusetts tangible property taxed locally (from Schedule A, line 19a)	4	
5	Subtract line 4 from line 3. Do not enter less than "0"	5	2868
6	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	6	20196
7	Deductions from total assets. Add lines 2, 5 and 6	7	17242400
8	Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"	8	14566134
9	Income apportionment percentage (from Schedule F, line 5)	9	0.519675
10	Taxable net worth. Multiply line 8 by line 9. Enter result in line 2 of the Excise Calculation on page 2, and enter "0" in line 1 of the Excise Calculation	10	7569656

Schedule E-1 Dividends Deduction

1	Total dividends. See instructions	1	20000
2	Dividends from Massachusetts corporate trusts	2	
3	Dividends from non-wholly-owned DISCs	3	
4	Dividends, if less than 15% of voting stock owned	4	
5	Dividends from RICs	5	
6	Dividends from REITs	6	
7	Total taxable dividends. Add lines 2 through 6	7	
8	Dividends eligible for deduction. Subtract line 7 from line 1	8	20000
9	Dividends deduction. Multiply line 8 by .95	9	19000

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CORPORATION NAME

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Schedule E Taxable Income

2018

▼ If a loss, mark an X in box at left

1	Gross receipts or sales (from U.S. Form 1120, line 1c)	▶ 1	63393967
2	Gross profit (from U.S. Form 1120, line 3)	▶ 2	22895322
3	Other deductions (from U.S. Form 1120, line 26)	▶ 3	2809487
4	Net income (from U.S. Form 1120, line 28)	▶ 4	6146083
5	Allowable U.S. wage credit. See instructions	▶ 5	5000
6	Subtract line 5 from line 4	▶ 6	6141083
7	State and municipal bond interest not included in U.S. net income	▶ 7	3500
8	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 8	509035
9	Section 168(k) "bonus" depreciation adjustment. See instructions	▶ 9 X	36020
10	Section 311 and 31K intangible expense add back adjustment. See instructions	▶ 10	4000
11	Section 31J and 31K interest expense add back adjustment. See instructions	▶ 11	750
12	Federal production activity add back adjustment. See instructions	▶ 12	
13	Other adjustments, including research and development expenses. See instructions	▶ 13 X	8878
14	Add lines 6 through 13	▶ 14	6613470
15	Abandoned building renovation deduction	▶ 15	
16	Dividends deduction (from Schedule E-1, line 9)	▶ 16	19000
17	Exception(s) to the add back of intangible expenses (enclose Schedule ABIE)	▶ 17	4000
18	Exception(s) to the add back of interest expenses (enclose Schedule ABI)	▶ 18	750
19	Income subject to apportionment. Subtract the total of lines 15 through 18 from line 14	▶ 19	6589720
20	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 20	0.519675
21	Multiply line 19 by line 20	▶ 21	3424513
22	Income not subject to apportionment	▶ 22	680
23	Total net income allocated or apportioned to Massachusetts. Add lines 21 and 22	▶ 23	3425193
24	Certified Massachusetts solar or wind power deduction	▶ 24	
25	Massachusetts taxable income before net operating loss deduction. Subtract line 24 from line 23	▶ 25	3425193
26	Net operating loss deduction (enclose Schedule NOL)	▶ 26	138280
27	Massachusetts taxable income. Subtract line 26 from line 25	▶ 27	3286913
28	Total net operating loss available for carryover to future years	▶ 28	

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CORPORATION NAME

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Schedule F Income Apportionment

2018

Fill in applicable oval(s):

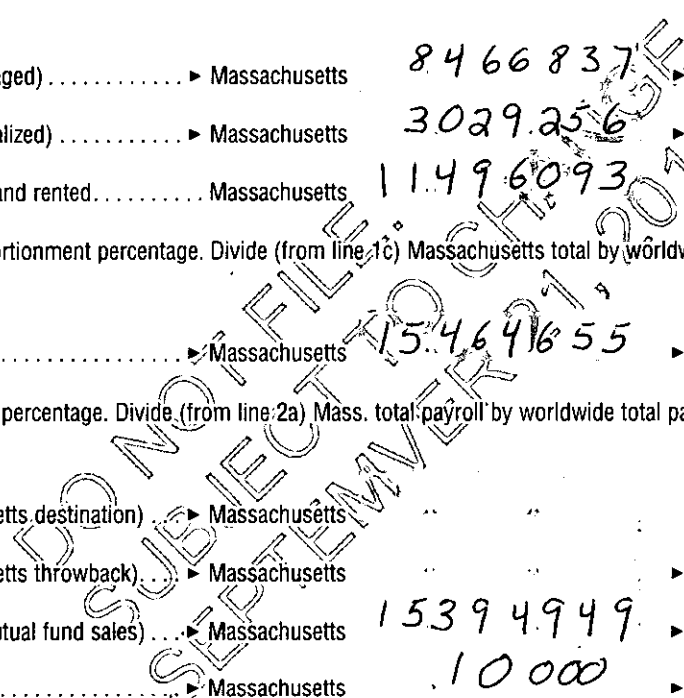
- Section 38 manufacturer, Mutual fund service corporation reporting sales of mutual funds only, Mutual fund service corporation reporting sales of non-mutual funds, Other, Change in method of calculating one or more factors from prior year

BUSINESS LOCATIONS OUTSIDE OF MASSACHUSETTS

Table with 5 columns: CITY AND STATE, SPECIFY WHETHER FACTORY, SALES OFFICE, WAREHOUSE, CONSTRUCTION SITE, ETC., ACCEPTS ORDERS, REGISTERED TO DO BUSINESS IN STATE, FILES RETURNS IN STATE. Row 1: ST. LOUIS, MO, WORKSITE, [O], [X], [X].

APPORTIONMENT FACTORS

- 1 Tangible property: a. Property owned (averaged) ... b. Property rented (capitalized) ... c. Total property owned and rented ... d. Tangible property apportionment percentage ... 2 Payroll: a. Total payroll ... b. Payroll apportionment percentage ... 3 Sales: a. Tangibles (Massachusetts destination) ... b. Tangibles (Massachusetts throwback) ... c. Services (including mutual fund sales) ... d. Rents and royalties ... e. Other ... f. Total sales ... g. Sales apportionment percentage ... 4 Apportionment percentage ... 5 Massachusetts apportionment percentage ...





Massachusetts Department of Revenue
 Schedule CMS
 Credit Manager Schedule

For calendar year 2018 or taxable year beginning 01/01/2018 2018 and ending 12/31/2018
 Name of taxpayer TEST ONE CORP Identification number 04234567 Total credits taken this year (add lines 1h and 3i) 300 Total refundable credits allowable this year (add lines 2g and 4h) 300

Instructions

Taxpayers with credits available for use in the current year must file this schedule to report the credits and the amount of each credit used. For credits tracked by certificate numbers issued by the Department of Revenue or another state agency that must be used to claim the credit, enter each certificate number and the associated credits separately. For credits not tracked by certificate number, enter credits separately by type and the year to which they relate. List credits available whether or not they are being used in the current year.

For each credit, report the amount of the credit available for use and the amount of credit taken this year to reduce tax. For corporations filing a combined report, report the amount of credit shared with affiliates. For pass-through entities, report the amount of credits distributed to partners/shareholders/beneficiaries in the credit shared column.

Section 1. Non-refundable credits

Instructions. List all credits available not received via Massachusetts K-1s or credit transfer, including those not used in the current year. Show the amounts used to reduce the total excise or tax, passed to partners/shareholders/beneficiaries, or shared with affiliates. **Note:** If you are using a tax credit that does not have an expiration date, for example the Van Pool, fill in the "Non-Expiring" oval and leave the "Period end date" and "Certificate number" fields blank.

*Taxpayers taking the Brownfields Credit, Film Incentive Credit, and/or Medical Device Credit received via credit transfers/sales should complete section 1.

1a. Credit type	1b. Fill in if non-expiring	1c. Period end date (mm/dd/yyyy)	1d. Certificate number	1e. Credit available or certificate balance	1f. Credit taken this year	1g. Credit shared this year
EOACCR	<input type="radio"/>	12/31/2018		55	35	
BRWFLD	<input type="radio"/>	12/31/2018	2040B00045	45	45	
LOWINC	<input type="radio"/>	12/31/2018	MA4016442	65	65	
HIS RHB	<input type="radio"/>	12/31/2018	HRC0219	35	35	
MEDDVC	<input type="radio"/>	12/31/2018	40201M02345	19	19	
EMPWLL	<input type="radio"/>	12/31/2018	31244W111	80	80	
CRTHDU	<input type="radio"/>	12/31/2018	4269H12345	30	30	
LFSJOB	<input type="radio"/>	12/31/2018		51	51	
	<input type="radio"/>					
	<input type="radio"/>					
	<input type="radio"/>					
	<input type="radio"/>					
	<input type="radio"/>					
	<input type="radio"/>					

1h. Total. Enter total amount of credit(s) taken this year here and where indicated above. 300



Name of corporation

Federal Identification number

TEST ONE CORP

041234567

- 4 Total NOL available 4
- 5 Total NOL used or shared this year 5
- 6 Total NOL not used 6
- 7 Total NOL expired (if applicable) 7
- 8 Total NOL available for carryover to future years 8

Complete if filing Form 355U:

Name of principal reporting corporation

Federal Identification number

- 9 Amount of NOL used by member against its own income (not shared) 9

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Massachusetts Department of Revenue
Schedule FCI
Foreign Corporation Income of U.S. Shareholder **2018**

For calendar year 2018 or taxable year beginning 01/01 2018 2018 and ending 12/31 2018

The U.S. shareholder must provide copies of U.S. Forms 5471, 965 and 8992 (as filed, with all schedules and supporting statements) with this schedule.

Name of U.S. shareholder TEST ONE CORP Taxpayer Identification number 041234567

Fill in if U.S. shareholder is a Massachusetts combined group member Combined group election
 Worldwide Affiliated group Neither

Name of principal reporting corporation of Massachusetts combined group GROUP CORP Taxpayer Identification number 041234560

Number of foreign corporations for which U.S. shareholder is reporting income 4

Fill in if any such foreign corporation is a member of the same Massachusetts combined group as a U.S. shareholder

Part A. IRC § 965 Repatriation Transition Income. See instructions.

Deemed repatriated income of U.S. shareholder. IRC § 965 inclusions and deductions.

- | | | |
|---|---|-----------------------------------|
| 1 U.S. shareholder's 2018 IRC § 965(a) inclusion amounts (from 2018 U.S. Form 965, Part I, line 3) | 1 | <input type="text" value="1000"/> |
| 2 U.S. shareholder's total 2018 tax year section 965(c) deduction (from 2018 U.S. Form 965, Part 2, section 1, line 17) | 2 | <input type="text" value="2000"/> |
| 3 U.S. shareholder's 2017 IRC § 965(a) inclusion amounts (from 2018 U.S. Form 965, Part I, line 6) | 3 | <input type="text" value="3000"/> |
| 4 U.S. shareholder's total 2017 tax year section 965(c) deduction (from 2018 U.S. Form 965, Part 2, section 1, line 28) | 4 | <input type="text" value="4000"/> |

Part B. Controlled Foreign Corporation (CFC) Income. See instructions.

Subpart F income of U.S. shareholder

- | | | |
|---|---|-----------------------------------|
| 1 U.S. shareholder's Subpart F income (from U.S. Form 5471, Schedule I, total of lines 1 through 4; see instructions) | 1 | <input type="text" value="5000"/> |
|---|---|-----------------------------------|

Global Intangible Low-Taxed Income (GILTI) of U.S. shareholder

- | | | |
|--|---|-----------------------------------|
| 2 U.S. shareholder's IRC § 951A GILTI (from U.S. Form 8992, Part II, line 3) | 2 | <input type="text" value="6000"/> |
|--|---|-----------------------------------|

Dividends actually received by U.S. shareholder from CFCs

- | | | |
|---|---|-----------------------------------|
| 3 Dividends actually received by U.S. shareholder from CFCs (from U.S. Form 5471, line 5; see instructions) | 3 | <input type="text" value="7000"/> |
|---|---|-----------------------------------|

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Name of U.S. shareholder

TEST ONE CORP

Taxpayer Identification number

041234567

Part C. Total Dividends of U.S. Shareholder — Massachusetts Combined Group Member

Complete lines 1 through 9 for each year only if U.S. shareholder is a member of a Massachusetts combined group. See instructions.

	2017	2018
1 Total of all U.S. and foreign dividends (deemed or actual) of U.S. shareholder (including 965(a) inclusions, Subpart F income, GILTI and CFC dividends)	1000	10000
2 Combined group dividends of U.S. shareholder subject to intercompany elimination	900	9000
3 Total of all dividends of U.S. shareholder not subject to intercompany elimination. Subtract line 2 from line 1	100	1000
4 Line 3 dividends attributable to U.S. subsidiaries where U.S. shareholder owns less than 15% of voting stock	30	300
5 Line 3 dividends attributable to foreign subsidiaries where U.S. shareholder owns less than 15% of voting stock	20	300
6 Line 3 dividends attributable to U.S. shareholder's ownership of RICs, REITs or non-wholly owned DISCs	10	100
7 Total line 3 taxable dividends of U.S. shareholder. Add lines 4 through 6	60	600
8 Total line 3 dividends of U.S. shareholder eligible for 95% Massachusetts DRD. Subtract line 7 from line 3	40	400
9 95% Massachusetts DRD of U.S. shareholder. Multiply line 8 by .95	38	380

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