

Form 355U Excise for Taxpayers Subject to Combined Reporting

Massachusetts
Department of
Revenue

| Fax colonday year 2002 as toyable nation havinging | | | | |
|---|------------------------------------|-----------------------|-----|--|
| For calendar year 2023 or taxable period beginning Name of principal reporting corporation Pederal Identification number | | | | |
| Traine of principal reporting corporation | r ederal identification number | | | |
| Principal address | City/Town | State | Zip | |
| Contact person | Telephone number | | | |
| | | | | |
| 1 Type of group (check one only): ☐ Financial ☐ Non-financia | I ☐ Mixed | | | |
| 2 Are you making or are you subject to an affiliated group or world | dwide election? | ☐ Worldwide ☐ Neither | r | |
| 3 Check if an affiliated group or worldwide election applies, and if so, that it is a new election for the current year \Box | | | | |
| 4 Check if any member of the group is requesting alternate apportionment □ | | | | |
| 5 Check if an amended filing ☐ If Yes, check if federal amendment ☐ Check if federal audit ☐ | | | | |
| Check if due to IRS BBA Partnership Audit $\ \square$ | · | | | |
| 6 Check if group or any member is deducting interest expense pa | | | | |
| 7 Check if group or any member is deducting intangible expense | paid to a related entity \square | | | |
| 8 Check if group has an excluded parent □ | _ | | | |
| 9 Check if group has elected a Massachusetts adjusted basis for | | | | |
| 10 Check if any member is currently under audit by the Internal Re | | | | |
| 11 Check if any member is taking a Massachusetts film credit or a | | | | |
| 12 Enter the number of Schedule FCI statements included in the c | | | | |
| 13 Last year for which any member was audited by IRS | | | | |
| 14 Enter the number of federal disclosure statements filed by mem | | | | |
| 15 Enter the number of Massachusetts taxpayer disclosure statem | | | | |
| 16 Total number of taxable members included in the combined rep | | | | |
| 17 Number of members subject to non-income measure only | | | | |
| 18 Number of non-taxable members in the combined group | | | | |
| 19 Number of U.S. Schedules M-3 filed20 Number of U.S. Forms 5471 filed by members | | | | |
| | | | | |
| Excise Tax Calculation | | | | |
| 21 Total financial institution excise due from members | | 21 | | |
| 22 Reserved | | 22 | | |
| 23 Total business corporation measure of excise due from member | | | | |
| 24 Total excise before credits and payments. Add lines 22 through | | 1 | | |
| 25 Credits taken by corporations using their own credits | | | | |
| 26 Credits taken under sharing rules | | | | |
| 27 Excise due before voluntary contribution | | | | |
| 28 Voluntary contribution for endangered wildlife conservation | | | | |
| 29 Excise due plus voluntary contribution. Add lines 27 and 28 | | | | |
| 30 Overpayment from prior year applied to this year's estimated ta | | | | |
| 31 Massachusetts estimated tax payments (group) (from Schedule | | | | |
| 32 Payment with extension (group) (from Schedule CG, Part 1, line | | | | |
| 33 Pass-through entity withholding (total of all Schedules U-ST, line 43) | | | | |
| 34 Total refundable credits (total of all Schedules U-ST, line 43)35 Other payment or refund for this tax year | | | | |
| 36 Total payments for the combined group | | | | |
| 37 Amount overpaid. Subtract line 29 from line 36 | | | | |
| 38 Amount overpaid to be applied to next year | | | | |
| 39 Amount overpaid to be applied to flexit year | | 1 | | |
| 40 Balance due. Subtract line 36 from line 29 | | | | |
| 41 M-2220 penalty \$ | | | | |
| 42 Interest | | | | |
| 43 Excise due plus statutory additions | | | | |