



Massachusetts Department of Revenue
Form 355SC
Domestic or Foreign Security Corporation Return

2016

For calendar year 2016 or taxable period beginning _____ **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 business address _____

City/Town	State	Zip	Phone number
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Principal business address in Massachusetts _____

City/Town	State	Zip	Phone number
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Fill in if:
 Amended return (see "Amended Return" in instructions)
 Federal amendment
 Federal audit
 Final return

1 Fill in if corporation is incorporated within Massachusetts ▶ <input type="radio"/>	2 Date of charter (mm/dd/yyyy) ▶
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3a Fill in if Class 1 security corporation ▶ <input type="radio"/>	3b Fill in if Class 2 security corporation ▶ <input type="radio"/>
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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 ▶
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7 Average number of employees in Massachusetts ▶	8 Fill in if taxpayer disclosure statement included ▶ <input type="radio"/>
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9a Most recent year audited by IRS (mm/dd/yyyy) ▶	9b Fill in if adjustments have been reported to Massachusetts ▶ <input type="radio"/>
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10 Corporation's books are in the care of	10b Title
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11 Corporation (check 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 ▶ <input type="radio"/>	13b Federal Identification number of parent
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14 U.S. form(s) and schedule(s) filed for this tax year
▶ 1120
 1120-RIC
 851
 5471
 1120S
 1120-REIT

STAPLE CHECK HERE

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	Social Security number	Title
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Signature of paid preparer	Date	Employer Identification number	Address
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If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of corporation

U.S. Principal Business Code

Federal Identification number

Computation of excise. Use whole dollar method.

1 Total U.S. income (from U.S. Form 1120 or appropriate form)		▶ 1	<input type="text"/>
2 State and municipal bond interest not included in line 1		▶ 2	<input type="text"/>
3 Adjustments to income (enclose schedule; see instructions)		▶ 3	<input type="text"/>
4 Massachusetts gross income. Add lines 1 through 3		4	<input type="text"/>
5 Class 1 excise, if applicable (line 4)	<input type="text"/>	× .0033	5 <input type="text"/>
6 Class 2 excise, if applicable (line 4)	<input type="text"/>	× .0132	6 <input type="text"/>
7 Excise before credits (line 5 or 6, whichever is applicable)		7	<input type="text"/>
8 Vanpool Credit and carryover (from Schedule VP)		▶ 8	<input type="text"/>
9 Film Incentive Credit	Certificate number ▶ <input type="text"/>	▶ 9	<input type="text"/>
10 Economic Development Incentive Program Credit	Certificate number ▶ <input type="text"/>	▶ 10	<input type="text"/>
11 Historic Rehabilitation Credit	Certificate number ▶ <input type="text"/>	▶ 11	<input type="text"/>
12 Medical Device Credit	Certificate number ▶ <input type="text"/>	▶ 12	<input type="text"/>
13 Brownfields Credit	Certificate number ▶ <input type="text"/>	▶ 13	<input type="text"/>
14 Low-Income Housing Credit	Building Identification number ▶ <input type="text"/>	▶ 14	<input type="text"/>
15 Employee Wellness Program Credit	Certificate number ▶ <input type="text"/>	▶ 15	<input type="text"/>
16 Certified Housing Development Credit	Certificate number ▶ <input type="text"/>	▶ 16	<input type="text"/>
17 Excise after credits. Subtract the total of lines 8 through 16 from line 7		17	<input type="text"/>
18 Minimum excise (cannot be prorated)		18	<input type="text" value="456"/>
19 Excise due before voluntary contribution (line 17 or 18, whichever is larger)		19	<input type="text"/>
20 Voluntary contribution for endangered wildlife conservation		▶ 20	<input type="text"/>
21 Excise due plus voluntary contribution. Add lines 19 and 20		▶ 21	<input type="text"/>
22 2015 overpayment applied to 2016 estimated tax		▶ 22	<input type="text"/>
23 2016 estimated tax payments (do not include amount in line 22)		▶ 23	<input type="text"/>
24 Payments made with extension		▶ 24	<input type="text"/>
25 Amount overpaid. Subtract line 21 from total of lines 22 through 24		25	<input type="text"/>
26 Amount of line 25 to be credited to 2017 estimated tax		▶ 26	<input type="text"/>
27 Amount of line 25 to be refunded. Subtract line 26 from line 25		▶ 27	<input type="text"/>
28 Balance due. Subtract total of lines 22 through 24 from line 21		28	<input type="text"/>
29a M-2220 penalty		29a	<input type="text"/>
29b Other penalties		29b	<input type="text"/>
29 Total penalty. Add lines 29a and 29b		29	<input type="text"/>
30 Interest on unpaid balance		▶ 30	<input type="text"/>
31 Total payment due at time of filing. Add lines 28 through 30. Make remittance payable to Commonwealth of Massachusetts		▶ 31	<input type="text"/>



Name of corporation

U.S. Principal Business Code

Federal Identification number

Schedule A

Assets

		— Balance sheet as of —	
		a. Start of tax year	b. End of tax year
1	Cash	1	
2	Federal and state government obligations	2	
3	Other current assets (enclose schedule)	3	
4	Other investments (enclose schedule)	4	
5	Buildings and other fixed depreciable assets (enclose schedule)	5	
6	Accumulated depreciation of fixed depreciable assets	6	
7	Net value of depreciable assets. Subtract line 6 from line 5	7	
8	Land (net of any amortization)	8	
9	Intangible assets (amortizable only)	9	
10	Accumulated amortization of intangible assets	10	
11	Net value of intangible assets. Subtract line 10 from line 9	11	
12	Other assets (enclose schedule)	12	
13	Total assets. Add lines 1 through 4, 7, 8, 11 and 12	13	

Liabilities and capital

		a. Start of tax year	b. End of tax year
14	Accounts payable	14	
15	Mortgages, notes, bonds payable in less than one year	15	
16	Other current liabilities (enclose schedule)	16	
17	Mortgages, notes, bonds payable in one year or more	17	
18	Other liabilities (enclose schedule)	18	
19	Preferred capital stock	19	
20	Common capital stock	20	
21	Paid-in or capital surplus	21	
22	Appropriated retained earnings (enclose schedule)	22	
23	Unappropriated retained earnings	23	
24	Total liabilities and capital before treasury stock deduction. Add lines 14 through 23	24	
25	Cost of treasury stock	25	
26	Total liabilities and capital. Subtract line 25 from line 24	26	

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 If Yes, enclose an ownership schedule (see instructions).

b Of your corporation owned by any single entity If Yes, enclose an ownership schedule (see instructions).

Note: For rules of attribution, see Section 267(c) of Internal Revenue Code.

2 Fill in if at any time during taxable year:

a Any amount was owed by your corporation If Yes, enter amount **2a**

b Any amount was owed to your corporation If Yes, enter amount **2b**

Note: Include loans, accounts receivable and accounts payable.