PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2017 and 12-31-2017 below. Fiscal year filers enter appropriate dates.

Tax year beginning ► M M D D Y Y Y Y Tax year ending ► M M D D Y Y Y Y

Form 355 Business/Manufacturing Corporation Excise Return 2017

NAME OF CORPORATION

FEDERAL IDENTIFICATION NUMBER (FID)

PRINCIPAL BUSINESS ADDRESS | CITY/TOWN/POST OFFICE | STATE | ZIP + 4

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 M M D D Y Y Y Y
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
11	Average number of employees in Massachusetts	11
12	Average number of employees worldwide	12
13	Foreign corporation: first date of business in Massachusetts	13 M M D D Y Y Y Y
14	Last year audited by IRS	► 14
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	

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) | Date / / | Print paid preparer's name | Preparer's SSN or PTIN ►

Title | Date / / | Paid preparer's phone ( ) | Paid preparer's EIN ►

Are you signing as an authorized delegate of the appropriate corporate officer? ◯ (enclose Form M-2848) ◯ No | Paid preparer's signature | Date / / ◯ Fill in if self-employed

Taxpayer's e-mail address

Mail to: **Massachusetts Department of Revenue, PO Box 7005, Boston, MA 02204.**

EXCISE CALCULATION

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) ►	× .0026 = ► 1	
2	Taxable net worth, if applicable (from Schedule D, line 10) ►	× .0026 = ► 2	
3	Massachusetts taxable income (from Schedule E, line 27). Not less than "0" ►	× .0800 = ► 3	
4	Credit recapture (enclose Credit Recapture Schedule). See instructions ► 4		
5	Additional tax on installment sales ► 5		
6	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 through 5 6		
7	Total credits (from Credit Manager Schedule; combined report filers, see instructions) ► 7		
8	Excise after credits. Subtract line 7 from line 6 8		
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		
11	Excise due before voluntary contribution. (line 8 or 10, whichever is greater) 11		
12	Voluntary contribution for endangered wildlife conservation ► 12		
13	Excise due plus voluntary contribution. Add lines 11 and 12 ► 13		
14	2016 overpayment applied to your 2017 estimated tax ► 14		
15	2017 Massachusetts estimated tax payments (do not include amount in line 14) ► 15		
16	Payment made with extension ► 16		
17	Payment with original return. Use only if amending a return ► 17		
18	Pass-through entity withholding (from Schedule 3K-1) Payer ID number ► ___-___-___ ► 18		
19	Total refundable credits (from Credit Manager Schedule) ► 19		
20	Total payments. Add lines 14 through 19 20		
21	Amount overpaid. Subtract line 13 from line 20 21		
22	Amount overpaid to be credited to 2018 estimated tax ► 22		
23	Amount overpaid to be refunded. Subtract line 22 from line 21 Refund ► 23		
24	Balance due. Subtract line 20 from line 13 Balance due ► 24		
25	a. M-2220 penalty ► b. Late file/pay penalties	a + b = 25	
26	Interest on unpaid balance 26		
27	Payment due at time of filing. See instructions Total due ► 27		

CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule A Balance Sheet 2017

	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		►	
	d. Machinery taxed locally ► 1d		►	
	e. Machinery **not** taxed locally 1e			
	f. Equipment 1f			
	g. Fixtures 1g			
	h. Leasehold improvements taxed locally ► 1h		►	
	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			
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			
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		►	

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE

8	Inventories outside Massachusetts	8
9	Supplies and other non-depreciable assets outside Massachusetts	9
10	Total tangible assets outside of Massachusetts	10
11	Total tangible assets. Add lines 4 and 10	11
12	Investments (capital stock investments and equity contributions only):	
	a. Investments in subsidiaries at least 80% owned ▶	12a
	b. Other investments ▶	12b
13	Notes receivable	13
14	Accounts receivable	14
15	Intercompany receivables ▶	15
16	Cash	16
17	Other assets	17
18	Total assets ▶	18

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
22	Intercompany payables ▶	22
23	Notes payable	23
24	Miscellaneous current liabilities	24
25	Miscellaneous accrued liabilities	25
26	Total liabilities ▶	26
27	Total capital stock issued	27
28	Paid-in or capital surplus	28

▼ If a loss, mark an X in box at left

29	Retained earnings and surplus reserves ▶	29	
30	Undistributed S corporation net income ▶	30	
31	Total capital. Add lines 27 through 30	31	
32	Treasury stock	32	
33	Total liabilities and capital. Do not enter less than "0"	33	

CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule B Tangible or Intangible Property Corporation Classification 2017

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

1	Total Massachusetts tangible property (from Schedule A, line 4)	1
2	Massachusetts real estate (from Schedule A, lines 1a and 1b)	2
3	Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	3
4	Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	4
5	Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	5
6	Massachusetts tangible property taxed locally. Add lines 2 through 5 ►	6
7	Massachusetts tangible property not taxed locally. Subtract line 6 from line 1	7
8	Total assets (from Schedule A, line 18)	8
9	Massachusetts tangible property taxed locally (from line 6 above)	9
10	Total assets not taxed locally. Subtract line 9 from line 8	10
11	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	11
12	Assets subject to allocation. Subtract line 11 from line 10	12
13	Income apportionment percentage (from Schedule F, line 5)	13
14	Allocated assets. Multiply line 12 by line 13 ►	14
15	Tangible property percentage. Divide line 7 by line 14	15

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.

1	Total Massachusetts tangible property (from Schedule A, line 4)	1
2	Exempt Massachusetts tangible property:	
	a. Massachusetts real estate (from Schedule A, lines 1a and 1b)	2a
	b. Massachusetts motor vehicles and trailers (from Schedule A, line 1c)	2b
	c. Massachusetts machinery taxed locally. Classified manufacturers enter "0" (from Schedule A, line 1d)	2c
	d. Massachusetts leasehold improvements taxed locally (from Schedule A, line 1h)	2d
	e. Exempt goods (from Schedule A, line 2b)	2e
	f. Certified Massachusetts industrial waste/air treatment facilities	2f
	g. Certified Massachusetts solar or wind power deduction	2g
3	Total exempt Massachusetts tangible property. Add lines 2a through 2g	3
4	Taxable Massachusetts tangible property. Subtract line 3 from line 1. Do not enter less than "0." Enter result in line 1 of the Excise Calculation on page 2, and enter "0" in line 2 of the Excise Calculation	4

CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule D Intangible Property Corporation 2017

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
2	Total liabilities (from Schedule A, line 26)	2
3	Massachusetts tangible property taxed locally (from Schedule B, line 6)	3
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
6	Investments in subsidiaries at least 80% owned (from Schedule A, line 12a)	6
7	Deductions from total assets. Add lines 2, 5 and 6	7
8	Allocable net worth. Subtract line 7 from line 1. Do not enter less than "0"	8
9	Income apportionment percentage (from Schedule F, line 5)	9
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

Schedule E-1 Dividends Deduction

1	Total dividends. See instructions	1
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
9	Dividends deduction. Multiply line 8 by .95	9

CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule E Taxable Income 2017

▼ If a loss, mark an X in box at left

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