



Form 355S S Corporation Excise Return

2009

Ovals must be filled in completely. Example: If filing a calendar year return, leave blank. All others, enter appropriate dates below:

Tax year beginning (month–day–year) Tax year ending (month–day–year)

CORPORATION NAME

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

- Are you a member of a lower-tier entity? Yes No
- 1** Is the corporation incorporated within Massachusetts? Yes No
- 2** Type of corporation (select one, if applicable; enclose Form F-2). Section 38 manufacturer Mutual fund service
- 3** Type of corporation (select one, if applicable) R&D Classified mfg RIC REIT
- 4** Did the corporation or predecessor file Form 3F in 2008? Yes No
- 5** Is the corporation filing a Massachusetts unitary return? Yes No
- 6** Is the corporation the parent of another corporation? Yes No
- 7** Is the corporation an insurance mutual fund holding corporation? Yes No
- 8** Is the corporation requesting alternative apportionment (enclose Form AA-1)? Yes No
- 9** Is this a final Massachusetts return? Yes No
- 10** Principal business code (from U.S. return) 10
- 11** FID of principal reporting corporation, if answer to line 5 is Yes 11
- 12** Average number of employees in Massachusetts 12
- 13** Average number of employees worldwide 13
- 14** Date of charter in Massachusetts or first date of business in Massachusetts. 14
- 15** Last year audited by IRS 15
- 16** Have adjustments been reported to Massachusetts? Yes No
- 17** Is the corporation deducting intangible or interest expenses paid to a related entity? Yes No
- 18** Is the taxpayer enclosing a Taxpayer Disclosure Statement? Yes No

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 <input type="text"/>
Title		Paid preparer's phone ()	Paid preparer's EIN <input type="text"/>
Are you signing as an authorized delegate of the appropriate corporate officer? <input type="radio"/> Yes (enclose Form M-2848) <input type="radio"/> No		Paid preparer's signature	Date / / <input type="radio"/> Fill in if self-employed

Mail to: Massachusetts Department of Revenue, PO Box 7025, Boston, MA 02204.



Excise Calculation

2009

1	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) ▶	<input type="text"/>	× .0026 = ▶	1	<input type="text"/>
2	Taxable net worth, if applicable (from Schedule D, line 10) ▶	<input type="text"/>	× .0026 = ▶	2	<input type="text"/>
3	Qualified taxable income and passive income ▶	<input type="text"/>	× .095 = ▶	3	<input type="text"/>
4	Income (from 2009 Schedule S, line 17) ▶			4	<input type="text"/>
5	Income taxable in Massachusetts (from Schedule E, line 26). Enter "0" if a loss. ▶			5	<input type="text"/>
6	If line 4 is less than \$6 million, enter "0." If line 4 is \$6 million or more, but less than \$9 million, multiply line 5 by .028. If line 4 is \$9 million or more, multiply line 5 by .042 ▶			6	<input type="text"/>
7	Credit recapture. Enclose Schedules H and/or H-2 ▶			7	<input type="text"/>
8	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3, 6 and 7. ▶			8	<input type="text"/>
9	Total credits (from Schedule CR, line 15 or Schedule U-IC, lines 37 and 40) ▶			9	<input type="text"/>
10	Excise after credits. Subtract line 9 from line 8 ▶			10	<input type="text"/>
11	Minimum excise (cannot be prorated) ▶			11	<input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/>
12	Excise due before voluntary contribution. (line 10 or 11, whichever is greater) ▶			12	<input type="text"/>
13	Voluntary contribution for endangered wildlife conservation ▶			13	<input type="text"/>
14	Excise due plus voluntary contribution. Add lines 12 and 13 ▶			14	<input type="text"/>
15	2008 overpayment applied to your 2009 estimated tax. ▶			15	<input type="text"/>
16	2009 Massachusetts estimated tax payments (do not include amount in line 15) ▶			16	<input type="text"/>
17	Payment made with extension ▶			17	<input type="text"/>
18	Pass-through entity withholding ▶			18	<input type="text"/>
19	Refundable film credit ▶			19	<input type="text"/>
20	Refundable dairy credit. Enter certificate number ▶	<input type="text"/>		▶ 20	<input type="text"/>
21	Refundable life science credit ▶			21	<input type="text"/>
22	Total payments. Add lines 15 through 21 ▶			22	<input type="text"/>
23	Amount overpaid. Subtract line 14 from line 22 ▶			23	<input type="text"/>
24	Amount overpaid to be credited to 2010 estimated tax. ▶			24	<input type="text"/>
25	Amount overpaid to be refunded. Subtract line 24 from line 23 Refund ▶			25	<input type="text"/>
26	Balance due. Subtract line 22 from line 14. Balance due ▶			26	<input type="text"/>
27	a. M-2220 penalty ▶ <input type="text"/> b. Late file/pay penalties <input type="text"/> a + b =			27	<input type="text"/>
28	Interest on unpaid balance. ▶			28	<input type="text"/>
29	Total payment due at time of filing. Make check payable to Commonwealth of Massachusetts. Total due ▶			29	<input type="text"/>



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule A Balance Sheet

2009

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 subsidiary corporations at least 80% owned (enclose Schedule A-1) ▶	12a							
	b. Other investments ▶	12b							
13	Notes receivable	13							
14	Accounts receivable	14							
15	Intercompany receivables (enclose Schedule A-2) ▶	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 (enclose Schedule A-3) ▶	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							
29	Retained earnings and surplus reserves ▶	29	X						
30	Undistributed S corporation net income ▶	30							
31	Total capital. Add lines 27 through 30	31	X						
32	Treasury stock	32							
33	Total liabilities and capital. Do not enter less than "0".	33							



CORPORATION NAME

Grid for Corporation Name

FEDERAL IDENTIFICATION NUMBER

Grid for Federal Identification Number

Schedule B. Tangible or Intangible Property Corporation Classification

2009

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

Table with 15 rows for Schedule B classification, including items like Total Massachusetts tangible property, real estate, motor vehicles, machinery, leasehold improvements, etc.

Schedule C Tangible Property Corporation

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

Table with 4 rows for Schedule C classification, including items like Total Massachusetts tangible property, Exempt Massachusetts tangible property (real estate, motor vehicles, machinery, etc.), Total exempt Massachusetts tangible property, and Taxable Massachusetts tangible property.



Schedule D Intangible Property Corporation

2009

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



Schedule CD Corporate Disclosure

2009

1	Charitable contributions (from U.S. Form 1120S)..... ▶ 1	<input type="text"/>
2	Federal research expense allowed under IRC section 174, plus research credit allowed under IRC section 41 (from U.S. Form 1120S)..... ▶ 2	<input type="text"/>
3	Accelerated depreciation (ARCS, MARCS, etc.) allowed as a federal deduction:	
a.	Equipment ▶ 3a	<input type="text"/>
b.	Rental housing..... ▶ 3b	<input type="text"/>
c.	Buildings other than rental housing..... ▶ 3c	<input type="text"/>
d.	Pollution control facilities ▶ 3d	<input type="text"/>
4	Standard depreciation:	
a.	Equipment ▶ 4a	<input type="text"/>
b.	Rental housing..... ▶ 4b	<input type="text"/>
c.	Buildings other than rental housing..... ▶ 4c	<input type="text"/>
d.	Pollution control facilities ▶ 4d	<input type="text"/>
5	Accelerated depreciation less standard depreciation:	
a.	Equipment. Subtract line 4a from line 3a. Not less than "0"..... ▶ 5a	<input type="text"/>
b.	Rental housing. Subtract line 4b from line 3b. Not less than "0"..... ▶ 5b	<input type="text"/>
c.	Buildings other than rental housing. Subtract line 4c from line 3c. Not less than "0"..... ▶ 5c	<input type="text"/>
d.	Pollution control facilities. Subtract line 4d from line 3d. Not less than "0"..... ▶ 5d	<input type="text"/>
6	Total amortizable costs for which amortization began in 2009 (from U.S. Schedule 4562, line 42, total of all entries in col. c) ▶ 6	<input type="text"/>
7	Total of first year amortization expense for costs identified in line 6 (from U.S. Schedule 4562, line 42, total of all entries in col. f)..... ▶ 7	<input type="text"/>
8	Total current year amortization expense for amortization of costs that began prior to 2009 (from U.S. Schedule 4562, line 43, col. f) ▶ 8	<input type="text"/>

An exact copy of U.S. Form 1120S, including all applicable schedules and forms and any other documentation required to substantiate entries made on this return, must be made available to the Department of Revenue upon request. See instructions.



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule CR Other Corporate Credits

2009

1	Economic Opportunity Area Credit	▶ 1							
2	3% credit for certain new or expanded investments	▶ 2							
3	Vanpool Credit	▶ 3							
4	Research Credit (from Schedule RC, part 2, line 14)	▶ 4							
5	Harbor Maintenance Tax Credit (from Schedule HM, line 21)	▶ 5							
6	Full Employment Credit (from Schedule FEC, line 29)	▶ 6							
7	Brownfields Credit. Enter certificate number <input type="text"/>	▶ 7							
8	Low-Income Housing Credit (enclose documentation)	▶ 8							
9	Historic Rehabilitation Credit (enclose documentation)	▶ 9							
10	Film Incentive Credit. Enter certificate number ▶ <input type="text"/>	▶ 10							
11	Medical Device Credit. Enter certificate number ▶ <input type="text"/>	▶ 11							
12	Life Science Company Investment Tax Credit under section 38U	▶ 12							
13	Life Science Company FDA User Fee Credit under section 31M	▶ 13							
14	Life Science Company Research Credit under section 38W	▶ 14							
15	Total credits. Add lines 1 through 14	15							