



Form 355-7004

Application for Extension of Time to File Massachusetts Domestic or Foreign Business/Manufacturing or Security Corporation Excise Return

Rev. 10/02

**Massachusetts
Department of
Revenue**

This application may be filed by general business/manufacturing corporations that are eligible to file Forms 355, 355C, 355S, 355SC or 355SBC. Corporations that file corporation excise returns other than those listed above, such as insurance companies, financial institutions, public utilities, urban redevelopment companies, etc., must use Form 355-7004 Misc. Answer all questions. See reverse for filing instructions.

Application for Extension

Name of corporation	Federal Identification number	For tax year beginning	Ending
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Street address	City/Town	State	Zip
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Will a Massachusetts combined return be filed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," complete reverse.	Return to be filed: <input type="checkbox"/> Form 355 <input type="checkbox"/> Form 355C <input type="checkbox"/> Form 355S <input type="checkbox"/> Form 355SBC <input type="checkbox"/> Form 355SC
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Type of corporation: <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign	Type of extension being applied for: <input type="checkbox"/> a. Automatic six-month extension <input type="checkbox"/> b. Extension until:
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Reason for extension:

Tentative Return

1 Estimated amount of tax for the taxable year (must be at least minimum tax)	1	
2 Advance and/or estimated payments made (if any)	2	
3 Tax due with this application. <i>Subtract line 2 from line 1</i>	3	

Payment in full of the tax due must be made with this application for it to be considered valid. If at least 50% of the tax due or the minimum tax (whichever is greater) for the taxable year is not paid, the extension is null and void. Penalties for a late return will be assessed from the original due date of the return.

Declaration

I declare under the penalties of perjury that I have been authorized by the above-named corporation to make this application and that to the best of my knowledge and belief the statements made herein are true and correct.

Signature of officer or agent	Title	Date
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Signature of paid preparer	Address	Date
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Mail to: Massachusetts Department of Revenue, PO Box 7025, Boston, MA 02204.