



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2003 and 12-31-2003 below. Fiscal year filers enter appropriate dates.

Tax year beginning (month-day-year)

MMDDYYYY

Tax year ending (month-day-year)

MMDDYYYY

Form 355 Business or Manufacturing Corporation Excise Return 2003

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

Ovals must be filled in completely. Example:

- 1** Type of corporation (select one; see instructions) Domestic Foreign
- 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 manufacturing RIC
- 4** Is the corporation filing a U.S. consolidated return? Yes No
- 5** Is the corporation filing a Massachusetts combined return? (see instructions) . . . Yes No
- 6** Does the corporation have a new Massachusetts address? 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 parent corporation, if filing a consolidated federal return 11

--	--	--	--	--	--
- 12** Average number of employees in Massachusetts 12

--	--	--	--
- 13** Average number of employees worldwide 13

--	--	--	--
- 14** Year of charter or first year of business in Massachusetts 14

--	--	--	--
- 15** Last year audited by IRS 15

--	--	--	--
- 16** Have adjustments been reported to Massachusetts? Yes No

Foreign corporations must enclose an exact copy of U.S. Forms 1120 or 1120-A with applicable schedules and forms required to substantiate the Massachusetts excise. Any changes or amendments to any U.S. amount must be explained in detail. Any return filed without the copy of such U.S. information enclosed is an incomplete return and is subject to assessment penalties. Mutual fund service corporations, see instructions.

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	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						
Title		Paid preparer's phone ()	Paid preparer's EIN	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Are you signing as an authorized delegate of the appropriate corporate officer? <input type="radio"/> Yes (enclose Form M-2848)		Paid preparer's signature		Date / / <input type="radio"/> Fill in if self-employed						

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

BE SURE TO COMPLETE ALL EIGHT PAGES OF FORM 355. USE WHOLE DOLLAR METHOD.



Excise Calculation

2003

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 21) ▶	<input type="text"/>	× .0026 = ▶	2	<input type="text"/>
3	Massachusetts taxable income (from Schedule E, line 21). Enter "0" if a loss. ▶	<input type="text"/>	× .095 = ▶	3	<input type="text"/>
4	Credit recapture. Enclose Schedule H-2. ▶			4	<input type="text"/>
5	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 and 4 ▶			5	<input type="text"/>
6	Economic Opportunity Area Credit (from Schedule H, line 26b) ▶			6	<input type="text"/>
7	3% credit for certain new or expanded investments (from Schedule H, line 15b) ▶			7	<input type="text"/>
8	Vanpool Credit (from Schedule H, line 11b) ▶			8	<input type="text"/>
9	Credit carryover. See instructions ▶			9	<input type="text"/>
10	Research Credit (from Schedule RC, line 26; or RC-A, line 30) ▶			10	<input type="text"/>
11	Harbor Maintenance Tax Credit (from Schedule HM, line 15) ▶			11	<input type="text"/>
12	Full Employment Credit (from Schedule FEC, line 23) ▶			12	<input type="text"/>
13	Brownfields Credit (from Schedule BC, line 10) ▶			13	<input type="text"/>
14	Low-Income Housing Credit (enclose documentation) ▶			14	<input type="text"/>
15	Total credits. Add lines 6 through 14. ▶			15	<input type="text"/>
16	Excise after credits. Subtract line 15 from line 5. ▶			16	<input type="text"/>
17	Minimum excise (cannot be prorated) ▶			17	<input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/>
18	Excise due before voluntary contribution (line 16 or line 17, whichever is greater). ▶			18	<input type="text"/>
19	Voluntary contribution for endangered wildlife conservation ▶			19	<input type="text"/>
20	Excise due plus voluntary contribution. Add lines 18 and 19. ▶			20	<input type="text"/>
21	2002 overpayment applied to your 2003 estimated tax ▶			21	<input type="text"/>
22	2003 Massachusetts estimated tax payments (do not include amount in line 21) ▶			22	<input type="text"/>
23	Payment made with extension ▶			23	<input type="text"/>
24	Amount overpaid. Subtract line 20 from the total of lines 21 through 23 ▶			24	<input type="text"/>
25	Amount overpaid to be credited to 2004 estimated tax ▶			25	<input type="text"/>
26	Amount overpaid to be refunded. Subtract line 25 from line 24 Refund ▶			26	<input type="text"/>
27	Balance due. Subtract the total of lines 21 through 23 from line 20 Balance due ▶			27	<input type="text"/>
28	a. M-2220 penalty ▶ <input type="text"/> b. Late file/pay penalties ▶ <input type="text"/> a + b = ▶			28	<input type="text"/>
29	Interest on unpaid balance ▶			29	<input type="text"/>
30	Total payment due at time of filing. Make check payable to Commonwealth of Massachusetts. Total due ▶			30	<input type="text"/>



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule A Balance Sheet

2003

	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 (enclose schedule) ▶ 1j			
k. Construction in progress ▶ 1k			
l. Total capital assets in Massachusetts ▶ 1l			
2 Inventories in Massachusetts:			
a. General merchandise ▶ 2a			
b. Exempt goods (enclose schedule) ▶ 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. Foreign subsidiary corporations at least 80% owned and not doing business in Massachusetts (enclose schedule)	▶ 12a							
	b. All other subsidiary corporations at least 80% owned (enclose schedule)	▶ 12b							
	c. Other investments (enclose schedule)	▶ 12c							
13	Notes receivable	13							
14	Accounts receivable	14							
15	Intercompany receivables (enclose schedule)	15							
16	Cash	16							
17	Other assets (enclose schedule)	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	Notes payable	▶ 22							
23	Miscellaneous current liabilities (enclose schedule)	23							
24	Miscellaneous accrued liabilities (enclose schedule)	24							
25	Total liabilities	▶ 25							
26	Total capital stock issued	26							
27	Paid-in or capital surplus (enclose reconciliation)	27							
28	Retained earnings and surplus reserves	28							
29	Undistributed S corporation net income	29							
30	Total capital. Add lines 26 through 29	30							
31	Treasury stock (enclose schedule)	31							
32	Total liabilities and capital	32							



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Grid for Corporation Name

Grid for Federal Identification Number

Schedule B. Tangible or Intangible Property Corporation Classification 2003

Table with 19 rows for Schedule B. Each row includes a description, a line number, and a grid for numerical entry.

Schedule C Tangible Property Corporation

Table with 10 rows for Schedule C. Each row includes a description, a line number, and a grid for numerical entry.



Schedule D Intangible Property Corporation

2003

Complete only if Schedule B, line 19 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 25).	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	5
6	Investments in subsidiaries at least 80% owned (from Schedule A, lines 12a and 12b)	6
7	Deductions from total assets. Add lines 2, 5 and 6.	7
8	Allocable net worth of domestic corporation. 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 using domestic corporation calculation. Multiply line 8 by line 9	10
11	Total tangible assets (from Schedule A, line 11)	11
12	Total intangible assets. Subtract line 11 from line 1	12
13	Investments in subsidiaries at least 80% owned (from Schedule A, lines 12a and 12b)	13
14	Subtract line 13 from line 12	14
15	Intangible assets allocable to Massachusetts. Multiply line 14 by line 9	15
16	Massachusetts tangible property not taxed locally (from Schedule B, line 7)	16
17	Add lines 15 and 16	17
18	Net worth ratio. Divide line 17 by line 1	18
19	Net worth. Subtract line 2 from line 1. Do not enter less than "0"	19
20	Taxable net worth using foreign corporation calculation. Multiply line 18 by line 19.	20
21	Net worth election (from line 10 or line 20, whichever is smaller). Enter result in line 2 of the Excise Calculation on page 2, and enter "0" in line 1 of the Excise Calculation	21



CORPORATION NAME

Grid for Corporation Name

FEDERAL IDENTIFICATION NUMBER

Grid for Federal Identification Number

Schedule E-1 Dividends Deduction

2003

Attach schedule showing payers, amounts and percentages of voting stock directly owned by class of stock.

Table with 7 rows for Dividends Deduction, including Total dividends, Dividends from Massachusetts corporate trusts, Dividends from non-wholly-owned DISCs, Dividends if less than 15% of voting stock owned, Total taxable dividends, Dividends eligible for deduction, and Dividends deduction.

Schedule E Taxable Income

If showing a loss, mark an X in box at left

Table with 21 rows for Taxable Income, including Gross receipts or sales, Gross profit, Other deductions, Net income, Allowable U.S. wage credit, State and municipal bond interest, Foreign, state or local income, Section 168(k) depreciation, Other adjustments, Abandoned building renovation deduction, Dividends deduction, Exception(s) to the add back of interest, Loss carryover, Income subject to apportionment, Income apportionment percentage, Certified Massachusetts solar or wind power deduction, and Massachusetts taxable income.

