



**Massachusetts Department of Revenue**  
**Form 355SBC**  
**Small Business Corporation Excise Return**  
 (domestic corporations only)

**2020**

|  |   |  |                                     |
|--|---|--|-------------------------------------|
| <b>For calendar year 2020 or taxable year beginning</b>  |   | <b>2020 and ending</b>   |                                     |
| Name of corporation  |   | Federal business code  | Federal Identification number (FID) |
| Principal business address   |   | City/Town  | State      Zip                      |
| <b>1</b> Kind of business  | <b>2</b> Date of charter in Massachusetts | <b>3</b> Average number of employees in Massachusetts  |                                     |
| <b>4</b> Fill in if<br><input type="checkbox"/> Amended return <input type="checkbox"/> Final return |   | <b>5</b> U.S. tax return filed<br><input type="checkbox"/> 1120 <input type="checkbox"/> Other |                                     |

**Computation**

*Use whole dollar method*

|   |     |  |
|---|-----|--|
| <b>1</b> Taxable Massachusetts tangible property, if applicable (from line 19e) . . . . . ▶ \$ _____ × .0026 = ▶ <b>1</b> |     |  |
| <b>2</b> Taxable net worth, if applicable (from line 25c) . . . . . ▶ \$ _____ × .0026 = ▶ <b>2</b>                       |     |  |
| <b>3</b> Massachusetts taxable income (from line 35) . . . . . ▶ \$ _____ × .0800 = ▶ <b>3</b>                            |     |  |
| <b>4</b> Total excise. Add line 3 to either line 1 or line 2, whichever applies . . . . . ▶ <b>4</b>                      |     |  |
| <b>5</b> Minimum excise (cannot be prorated) . . . . . ▶ <b>5</b>   | 456 |  |
| <b>6</b> Excise due before voluntary contribution (line 4 or line 5, whichever is larger) . . . . . ▶ <b>6</b>            |     |  |
| <b>7</b> Voluntary contribution for endangered wildlife conservation . . . . . ▶ <b>7</b>                                 |     |  |
| <b>8</b> Excise due plus voluntary contribution. Add lines 6 and 7 . . . . . ▶ <b>8</b>                                   |     |  |
| <b>9</b> Prepayments:   |     |  |
| <b>a.</b> 2019 overpayment applied to your 2020 estimated tax . . . . . ▶ <b>9a</b>                                       |     |  |
| <b>b.</b> 2020 Massachusetts estimated tax payments (do not include amount in line 9a) . . . . . ▶ <b>9b</b>              |     |  |
| <b>c.</b> Payments made with extension . . . . . ▶ <b>9c</b>  |     |  |
| <b>d.</b> Payment with original return (use only if amending a return) . . . . . ▶ <b>9d</b>                              |     |  |
| <b>9e.</b> Total. Add lines 9a through 9d . . . . . ▶ <b>9e</b>   |     |  |

**Refund/Tax Due**

|  |  |  |
|--|--|--|
| <b>10</b> If line 9e is larger than line 8, enter amount overpaid . . . . . ▶ <b>10</b>                        |  |  |
| <b>11</b> Enter amount of line 10 to be credited to 2021 estimated tax . . . . . ▶ <b>11</b>                   |  |  |
| <b>12</b> Enter amount overpaid to be refunded. Subtract line 11 from line 10 . . . . . ▶ <b>12</b>            |  |  |
| <b>13</b> If line 8 is larger than line 9e, enter balance due . . . . . ▶ <b>13</b>                            |  |  |
| <b>14</b> M-2220 penalty ▶ \$ _____ ; Late file/pay penalties ▶ \$ _____ ; . . . . . Total penalty ▶ <b>14</b> |  |  |
| <b>15</b> Interest on unpaid balance . . . . . ▶ <b>15</b>   |  |  |
| <b>16</b> Total payment due at time of filing. Add lines 13 through 15 . . . . . Total due ▶ <b>16</b>         |  |  |

**Sign Here**

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.**

|  |      |                        |         |
|--|------|------------------------|---------|
| Signature of appropriate officer           | Date | Social Security number | Title   |
| Individual or firm signature of preparer ▶ | Date | Employer ID number     | Address |

If you are signing as an authorized delegate of the appropriate corporate officer, check here  and attach Massachusetts Form M-2848, Power of Attorney. Privacy act notice available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7005, Boston, MA 02204.**



Balance sheet as of the last day of the taxable year ending

Assets

Table with 5 columns: Line number, Description, Line reference, and Input box. Rows include Intangible property (17a-17e), Tangible property taxed locally (18a-18e), Tangible property not taxed locally (19a-19e), and Total assets (20).

Liabilities

Table with 5 columns: Line number, Description, Line reference, and Input box. Rows include Liabilities (21a-21e), Capital stock and surplus (22), and Total liabilities and capital (23).

Net Worth

Table with 5 columns: Line number, Description, Line reference, and Input box. Rows include Tangible or intangible property corporation classification (24a-24b), Taxable net worth (25a-25c), and Net Income (26-35).

Net Income

Table with 5 columns: Line number, Description, Line reference, and Input box. Rows include Gross receipts or sales (26), Gross profit (27), Other deductions (28), Net income (29), Allowable U.S. wage credit (30), Net income after credit (31), State and municipal bond interest (32), Massachusetts corporation excise (33), Other adjustments (34), and Massachusetts income (35).