



# Form 355C Combined Corporation Excise Return

# 2007

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

- 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 Is the corporation filing a U.S. consolidated return?  Yes  No
- 5 Does the corporation have a Massachusetts new address?  Yes  No
- 6 Is the corporation an insurance mutual fund holding corporation?  Yes  No
- 7 Is the corporation requesting alternative apportionment (enclose Form AA-1)?  Yes  No
- 8 Is this a final Massachusetts return?  Yes  No
- 9 Principal business code (from U.S. return)  9
- 10 FID of Massachusetts principal reporting corporation  10
- 11 Average number of employees in Massachusetts  11
- 12 Average number of employees worldwide  12
- 13 Date of charter in Massachusetts or first date of business in Massachusetts.  13
- 14 Last year audited by IRS  14
- 15 Have adjustments been reported to Massachusetts?  Yes  No
- 16 Is the corporation deducting intangible or interest expenses paid to a related entity?  Yes  No
- 17 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.**

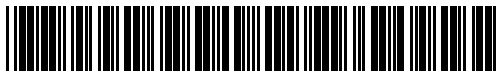
Signature of appropriate officer (see instructions)	Date	Print paid preparer's name	Preparer's SSN or PTIN	<input type="text"/>
Title		Paid preparer's phone ( )	Paid preparer's EIN	<input type="text"/>
Are you signing as an authorized delegate of the appropriate corporate officer? <input type="radio"/> 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 7067, Boston, MA 02204.



Excise Calculation

<b>1</b>	Taxable Massachusetts tangible property, if applicable (from Schedule C, line 4) . . . . . ▶	<input type="text"/>	× .0026 = ▶	1	<input type="text"/>
<b>2</b>	Taxable net worth, if applicable (from Schedule D, line 10) . . . . . ▶	<input type="text"/>	× .0026 = ▶	2	<input type="text"/>
<b>3</b>	Massachusetts taxable income (from Schedule CIR, line 26j). Not less than "0" . . . . . ▶	<input type="text"/>	× .095 = ▶	3	<input type="text"/>
<b>4</b>	Credit recapture. Enclose Schedules H and/or H-2 . . . . . ▶			4	<input type="text"/>
<b>5</b>	Excise before credits. Add line 1 or 2, whichever applies, to total of lines 3 and 4 . . . . . ▶			5	<input type="text"/>
<b>6</b>	Total credits (from Schedule CR, line 14) . . . . . ▶			6	<input type="text"/>
<b>7</b>	Excise after credits. Subtract line 6 from line 5 . . . . . ▶			7	<input type="text"/>
<b>8</b>	Minimum excise ( <b>cannot be prorated</b> ) . . . . . ▶			8	<input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/>
<b>9</b>	Excise due before voluntary contribution. (line 7 or 8, whichever is greater) . . . . . ▶			9	<input type="text"/>
<b>10</b>	Voluntary contribution for endangered wildlife conservation . . . . . ▶			10	<input type="text"/>
<b>11</b>	Excise due plus voluntary contribution. Add lines 9 and 10 . . . . . ▶			11	<input type="text"/>
<b>12</b>	2006 overpayment applied to your 2007 estimated tax. . . . . ▶			12	<input type="text"/>
<b>13</b>	2007 Massachusetts estimated tax payments (do not include amount in line 12) . . . . . ▶			13	<input type="text"/>
<b>14</b>	Payment made with extension . . . . . ▶			14	<input type="text"/>
<b>15</b>	Refundable film credit. See instructions . . . . . ▶			15	<input type="text"/>
<b>16</b>	Total payments. Add lines 12 through 15 . . . . . ▶			16	<input type="text"/>
<b>17</b>	Amount overpaid. Subtract line 11 from line 16 . . . . . ▶			17	<input type="text"/>
<b>18</b>	Amount overpaid to be credited to 2008 estimated tax. . . . . ▶			18	<input type="text"/>
<b>19</b>	Amount overpaid to be refunded. Subtract line 18 from line 17 . . . . . Refund ▶			19	<input type="text"/>
<b>20</b>	Balance due. Subtract line 16 from line 11. . . . . Balance due ▶			20	<input type="text"/>
<b>21</b>	a. M-2220 penalty ▶ <input type="text"/> b. Late file/pay penalties <input type="text"/> . . . . . a + b =			21	<input type="text"/>
<b>22</b>	Interest on unpaid balance. . . . . ▶			22	<input type="text"/>
<b>23</b>	Total payment due at time of filing. Make check payable to Commonwealth of Massachusetts. Total due ▶			23	<input type="text"/>



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule A Balance Sheet

2007

Assets		A. Original cost	B. Accumulated depreciation and amortization	C. Net book value
<b>1</b>	Capital assets in Massachusetts:			
a.	Buildings . . . . . ▶ 1a			
b.	Land . . . . . ▶ 1b			
c.	Motor vehicles and trailers . . . . . ▶ 1c			
d.	Machinery taxed locally . . . . . ▶ 1d			
e.	Machinery <b>not</b> taxed locally . . . . . 1e			
f.	Equipment . . . . . 1f			
g.	Fixtures . . . . . 1g			
h.	Leasehold improvements taxed locally . . . . . ▶ 1h			
i.	Leasehold improvements <b>not</b> taxed locally . . . . . 1i			
j.	Other fixed depreciable assets . . . . . 1j			
k.	Construction in progress . . . . . 1k			
l.	Total capital assets in Massachusetts . . . . . ▶ 1l			
<b>2</b>	Inventories in Massachusetts:			
a.	General merchandise . . . . . 2a			
b.	Exempt goods . . . . . ▶ 2b			
<b>3</b>	Supplies and other non-depreciable assets in Massachusetts . . . . . 3			
<b>4</b>	Total tangible assets in Massachusetts . . . . . ▶ 4			
<b>5</b>	Capital assets outside of Massachusetts:			
a.	Buildings and other depreciable assets . . . . . 5a			
b.	Land . . . . . 5b			
<b>6</b>	Leaseholds/leasehold improvements outside Massachusetts . . . . . 6			
<b>7</b>	Total capital assets outside Massachusetts . . . . . ▶ 7			

BE SURE TO CONTINUE SCHEDULE A ON OTHER SIDE.



<b>8</b>	Inventories outside Massachusetts . . . . .	8							
<b>9</b>	Supplies and other non-depreciable assets outside Massachusetts . . . . .	9							
<b>10</b>	Total tangible assets outside of Massachusetts . . . . .	10							
<b>11</b>	Total tangible assets. Add lines 4 and 10. . . . .	11							
<b>12</b>	Investments (capital stock investments and equity contributions only):								
	<b>a.</b> Investments in subsidiary corporations at least 80% owned (enclose Schedule A-1) . . . . . ▶	12a							
	<b>b.</b> Other investments . . . . . ▶	12b							
<b>13</b>	Notes receivable . . . . .	13							
<b>14</b>	Accounts receivable . . . . .	14							
<b>15</b>	Intercompany receivables (enclose Schedule A-2) . . . . . ▶	15							
<b>16</b>	Cash . . . . .	16							
<b>17</b>	Other assets . . . . .	17							
<b>18</b>	Total assets . . . . . ▶	18							
<b>Liabilities and Capital</b>									
<b>19</b>	Mortgages on:								
	<b>a.</b> Massachusetts tangible property taxed locally . . . . .	19a							
	<b>b.</b> Other tangible assets . . . . .	19b							
<b>20</b>	Bonds and other funded debt . . . . .	20							
<b>21</b>	Accounts payable . . . . .	21							
<b>22</b>	Intercompany payables (enclose Schedule A-3) . . . . . ▶	22							
<b>23</b>	Notes payable . . . . .	23							
<b>24</b>	Miscellaneous current liabilities . . . . .	24							
<b>25</b>	Miscellaneous accrued liabilities . . . . .	25							
<b>26</b>	Total liabilities . . . . . ▶	26							
<b>27</b>	Total capital stock issued . . . . .	27							
<b>28</b>	Paid-in or capital surplus . . . . .	28							
<b>29</b>	Retained earnings and surplus reserves . . . . .	29	X						
<b>30</b>	Undistributed S corporation net income . . . . .	30							
<b>31</b>	Total capital. Add lines 27 through 30 . . . . .	31	X						
<b>32</b>	Treasury stock . . . . .	32							
<b>33</b>	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

2007

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 main rows for Schedule C classification, including Total Massachusetts tangible property, Exempt Massachusetts tangible property (real estate, motor vehicles, machinery, leasehold improvements, exempt goods, certified facilities, solar/wind power deduction), Total exempt Massachusetts tangible property, and Taxable Massachusetts tangible property.

