FEDERAL IDENTIFICATION	
NO.	

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

TAX DISCLOSURE REPORT Corporations

1. Exact name of corporation:	
2. Location, including street address, of the corporation's principal office	<u> </u>
3. In the case of corporations that file combined returns, list the names a	and full addresses of all those corporations:
I,, the undersigned corporation, do hereby certify that all the information contained herein	
SIGNED UNDER THE PENALTIES OF PERJURY, this	_ day of , 20
(signature)	, *Treasurer / *Assistant Treasurer
TAX DISCLOSU Corpora	
4. Tax year for which the report is filed:	
5. Gross receipts or sales:	\$
6. Gross profit:	
7. Income subject to apportionment:	\$
8. Income taxable in Massachusetts:	\$
9. Total non-income tax excise:	\$
10. Excise due:	\$
11. Set forth the amount of each tax credit taken:	

^{*}Delete the inapplicable words.

In these instructions, all references to Massachusetts tax forms refer to 2022 forms. If you are using forms for any other year when supplying information, be sure that you include the substantive information required by statute. Forms for other years may be numbered differently.

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Note: The information for this filing must come from your most recently filed tax return or other document filed on or before June 30, 2024.

Please type or print clearly in ink as this document will be microfilmed. Incomplete or incorrect reports will be returned to sender for completion and/or correction. Please send original document only; keep a photocopy for your files.

- A. Insert Federal Identification Number (employer's I.D.) at upper right-hand corner. If you do not have one, you must apply to the Internal Revenue Service.
- B. Item 1. Insert the *exact* name of the corporation as it appears on the Articles of Organization or subsequent amendments. Do not use any d/b/a names, trade names, or abbreviations.
- C. Item 2. Insert the full address of the corporation's principal office, using number and street, city or town, state and zip code.
- D. Item 3. Where two or more corporations file a combined return, all numerical information shall be reported on a combined basis. The names and full street addresses of all corporations must be listed. If there is not sufficient space to respond, attach an 8 1/2 x 11 inch sheet of white bond paper with a left margin of at least one inch.
- E. Complete the statement by inserting the name of the treasurer/assistant treasurer completing this form. Date and sign where indicated, and insert title. The officer who prepares this report must be the one who signs it. In the absence of the treasurer/assistant treasurer, the report may be signed by the president, vice-president, or clerk.
- F. Item 4. Insert the last day, month and year of the tax year for which the report is filed.
- G. Item 5. Insert the gross receipts or sales as reported on Item 1 of Schedule E of Form 355.
- H. Item 6. Insert either: 1) gross profits as reported on Item 2 of Schedule E of Form 355, or, 2) any excess Investment Tax Credit and/or Research Credit subject to carry-over to future years as reported on the DOR Credit Manager Schedule filed with Form 355.
- I. Item 7. Insert income subject to apportionment as reported on Item 19 of Schedule E of Form 355.
- J. Item 8. Insert the amount of income taxable in Massachusetts as reported on Item 27 of Schedule E of Form 355.
- K. Item 9. Insert the total amount of non-income tax excise of the excise calculation as reported on Item 2 from Form 355.
- L. Item 10. Insert the amount of excise due as reported on Item 11 of the excise calculation of Form 355.
- M. Item 11. Insert the amount of each tax credit taken against the excise imposed by Massachusetts General Law, Chapter 63 as reported on Form 355.