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2024 Schedule E-2

XXXXXXXXXXXXXX

FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

21 Check one: S corp. partnership

22 Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

XXXXXXXXXXXXXX

Income or Loss from Partnerships and S Corporations

24	1. Passive loss allowed	1	XXXXXXXXXXXXXX
25	2. Passive income	2	XXXXXXXXXXXXXX
26	3. Non-passive loss	3	XXXXXXXXXXXXXX
27	4. Section 179 expense deduction	4	XXXXXXXXXXXXXX
28	5. Non-passive income	5	XXXXXXXXXXXXXX
29	6. Combine lines 2 and 5	6	XXXXXXXXXXXXXX
30	7. Combine lines 1, 3 and 4	7	-XXXXXXXXXXXXXX
31	8. Partnership and S corporation income or loss. Combine lines 6 and 7	8	-XXXXXXXXXXXXXX
32	9. Interest (other than MA banks) and dividends if included in line 8	9	XXXXXXXXXXXXXX
33	10. Interest from Massachusetts banks if included in line 8	10	XXXXXXXXXXXXXX
34	11. Total income or loss from partnerships and S corporations	11	-XXXXXXXXXXXXXX
35	12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		<input checked="" type="checkbox"/>
37	13. Check if any amount of this investment not at risk		<input checked="" type="checkbox"/>

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