

Schedule S S Corporation Distributive Income

CLASSIFICATION INFORMATION

Gross receipts or sales (from U.S. Form 1120S, line 1c).

Net gain. Not less than "0" (from U.S. Form 1120S, line 4).

	CLASSIFICATION INFORMATION
1	Gross receipts or sales (from U.S. Form 1120S, line 1c)
2	Net gain. Not less than "0" (from U.S. Form 1120S, line 4).
3	Gross income from rental real estate activity (from U.S. Form 8825, line 18a)
4	Gross income from other rental activity (from U.S. Form 1120S, Schedule K, line 3a)
5	Interest income (from U.S. Form 1120S, Schedule K, line 4)
6	Dividend income (from U.S. Form 1120S, Schedule K, line 5a).
7	Royalty income (from U.S. Form 1120S, Schedule K, line 6)
8	Net short-term capital gain. Not less than "0" (from U.S. Form 1120S, Schedule K, line 7)
9	Net long-term capital gain. Not less than "0" (from U.S. Form 1120S, Schedule K, line 8a)
10	Net gain under the provisions of Section 1231. Not less than "0" (from U.S. Form 1120S, Sched. K, line 9) 10
11	Other income. Not less than "0". See instructions
12	Add lines 1 through 11
	S corporations sharing common ownership and engaged in a unitary business with one or more entities, complete lines 13 through 16. All other corporations, skip to line 17.
13	Receipts from inter-company transactions included in lines 1 through 11. See instructions
14	Total receipts excluding receipts from intercompany transactions, Subtract line 13 from line 12
15	Total aggregated receipts of all other related entities. See instructions
16	Add lines 14 and 15
17	Enter amount from line 12 or 16, whichever is applicable
	S CORPORATION INFORMATION
18	S-election effective date
19	Accounting method (fill in one)
20	How many Schedules SK-1 are attached to this return? Attach one for each person who was a shareholder at any time during the tax year
21	Fill in if any shareholders in this S corporation file as part of a nonresident composite income tax return
22a	If line 21 is filled in, enter Federal Identification number under which the composite return is filed ▶ 22a
22 b	Number of shareholders included in composite return
23	Annual Voluntary Election- Pass-through entity has elected to pay tax at the entity level pursuant to MGL ch 63D (this election is irrevocable)



FEDERAL IDENTIFICATION NUMBER										

	S CORPORATION INCOME		▼ If a I	oss, mark an	X in box a	at left		
24	Ordinary business income or loss (from U.S. Form 1120S, line 22)	. 24						
25	Other income or loss (from U.S. Form 1120S, Schedule K, line 10)	. 25						
26	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income		.26					
27	Subtotal. Add lines 24 through 26	. 27						
28	Other Massachusetts gains or losses. See instructions	. 28						
29	Subtotal. Subtract line 28 from line 27	. 29						
30	Other adjustments, if any	. 30						
31	Massachusetts ordinary income or loss. Add lines 29 and 30	.31	X					
32	Net income or loss from rental real estate activity (from U.S. Form 120S, Schedule K, line 2)	O i						
33	Adjustments (if any) to line 32. Enter the line number and amount from U.S. Form 1120S to which the adjustr		pplies	s. See ins	structio	ons.		
	a. Line number Amount Amount	•						
	b. Line number Amount Total adjustments						0 (0
34	Adjusted Mass. net income or loss from rental real estate activities. Combine lines 32 and 33						0 (0
35	Net income or loss from other rental real estate activity (from U.S. Form 1120S, Schedule K, line 3c)	35						
36	Adjustments (if any) to line 35. Enter the line number and amount from U.S. Form 1120S to which the adjustr		nnlies	See inc	tructio	nne		
00	a. Line number Amount Amount		.ppiiot	5. OCC 1110	Structio	ліз.		
	b. Line number Amount Total adjustments						0 (0
37	Adjusted Mass. net income or loss from other rental real estate activities. Combine lines 35 and 36 37						0 (D
38	U.S. portfolio income, excluding capital gains (from U.S. Form 1120S, Schedule K, lines 4, 5a and 6)		20					
39	7.60		39					
	Interest on U.S. obligations included in line 38							
40 44	5.0% interest included in line 38. Enclose statement listing sources and amounts.							
41	Other interest and dividend income included in line 38. Enclose statement listing sources and amounts							
42	Non-Massachusetts state and municipal bond interest							
43	Royalty income included in line 38							
44	Other income included in line 38		44					
45	Total short-term capital gains included in U.S. Form 1120S, Schedule D, line 7		45					
46	Total short-term capital losses included in U.S. Form 1120S, Schedule D, line 7	. 46						
47	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797).		.47					
48 I	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	48						



CORPO	RATION NAME	FEDERAL IDENTIFICATION NUMBER
	S CORPORATION INCOME (cont'd)	
49	Net long-term capital gain or loss (from U.S. Form 1120S, Schedule D, line 15)	9 🛮
50	Net gain or loss under the provisions of Section 1231 (from U.S. Form 1120S, Sched. K, line 9)	
51	Other long-term gains or losses. See instructions	1 🛮 🗀
52	Long-term gains on collectibles included in line 49	52
53	Differences and adjustments	3
	RESIDENT AND NONRESIDENT RECONCILIATION	x *
	S corporations owned by a nonresident shareholder(s) and with income derived from business activities in anot provide that state with the power to levy an income tax or a franchise tax, complete Schedule F, Income Apportion	
54	Nonresident shareholder value. Enter the nonresident shareholder portion of the amounts from the following Schedule S lines.	
	a. Line 31	la X
	b. Line 34	b X
	c. Line 37	lc X
	d. Line 40	54d
	e. Line 41	54e
	f. Line 42	54f
	g. Line 43	54g
	h. Line 44	54h
	i. Line 45	54i
	j. Line 46	4j 🛛 🔛 🗎
	k. Line 47	54k
	I. Line 48	41 🛛 🔝
	m . Line 49	m 🛛 🔝
	n. Line 50	n X
	o. Line 51	
	p. Line 52	54p
	a. Line 53	n X



55

FEDE	FEDERAL IDENTIFICATION NUMBER										

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Nonresident taxable income. Multiply the amounts from lines 54a through 54q by the apportionment percentage on Schedule F, line 5. d. Line 54d times apportionment percentage. f. Line 54f times apportionment percentage. . . . 55f g. Line 54g times apportionment percentage..... 55g 55h **h.** Line 54h times apportionment percentage. i. Line 54i times apportionment percentage. . 55i j. Line 54j times apportionment percentage. . 55j k. Line 54k times apportionment percentage. .55k . . 551 I. Line 54l times apportionment percentage. . m. Line 54m times apportionment percentage 55m 55n **n.** Line 54n times apportionment percentage. 550 o. Line 540 times apportionment percentage. **p.** Line 54p times apportionment percentage. 55p **q.** Line 54g times apportionment percentage. 55q



CORPO	RATION NAME	FEDERAL IDENTIFICATION NUMBER
56	Resident shareholder value. Enter the resident shareholder portion of the amounts from the following Schedule S lines.	
	a. Line 31	66a X
	b. Line 34	66b X
	c. Line 37	56c X
	d. Line 40	56d
	e. Line 41	56e
	f. Line 42.	56f
	g. Line 43	56g
	h. Line 44	56h
	i. Line 45.	56i
	j. Line 46.	56j X
	k. Line 47	56k
	I. Line 48.	561
	m. Line 49	6m X
	n. Line 50	iện X
	o. Line 51	60
	p. Line 52	56р
	q. Line 53	66q X
	4 5	



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57	Apportioned Massachusetts total. Add the amounts from lines 55a through 55q to the corresponding amounts from lines 56a through 56q.				
	a. Line 55a plus line 56a.	57a			
	b. Line 55b plus line 56b	57b			
	c. Line 55c plus line 56c	57c			
	d. Line 55d plus line 56d		57d		
	e. Line 55e plus line 56e		.57e		
	f. Line 55f plus line 56f.		. 57f		
	g. Line 55g plus line 56g		57g		
	h. Line 55h plus line 56h	O	57h		
	i. Line 55i plus line 56i	` <i>\</i>	. 57i		
	j. Line 55j plus line 56j	57j			
	k. Line 55k plus line 56k.	/	.57k		
	k. Line 55k plus line 56k	571			
	m. Line 55m plus line 56m.	57m			
	n. Line 55n plus line 56n	57n			
	o. Line 550 plus line 560	570			
	p. Line 55p plus line 56p		57p		
	q. Line 55q plus line 56q	57q			
	(P. 182)				
	q. Line 55q plus line 56q				
	$\mathcal{O}_{\mathbf{z}}$				



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ORPORATION NAME				FEDERAL IDENTIFICATION NUMBER
HAREHOLDER INFORMATION				
st all resident, nonresident and ot	ther sharehol	ders. \bigcirc	Fill in if at	taching additional page(s) to include additional taxpayers.
SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER	RESIDENT	NON- RESIDENT	OTHER	NAME OF SHAREHOLDER (last, first)
FEDERAL IDENTIFICATION NOWIGEN	NESIDENT	NEGIDENT		(Idot, IIIo)
				1 2
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		1		
	0			XX cX
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