

Form M-8453CR Nonresident Composite Return Tax Declaration for Electronic Filing

Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2024.				
Entity name		Federal Identification number		
Mailing address	City/Town	State	Zip	
Part 1. Tax Return Information for 1 Total 5.0% income (from Form MA NRCR, line 7)	_		1	
2 Income tax (from Form MA NRCR, line 14)			2	
3 Refund amount (from Form MA NRCR, line 26).			3	
4 Tax due (from Form MA NRCR, line 27)			4	
Part 2. Declaration and Signature of	of Taxpayer	10	x ·	
Under pains and penalties of perjury, I declare that I h Return Originator and that the amounts above agree withis information is true, correct and complete. I consersent to the Massachusetts Department of Revenue by the transmitter when this electronic return has been as the return can be corrected and re-transmitted. If I have this tax liability, I will remain liable for the tax liability as	with the amounts shown on this 2024 Mas nt that this return, including this declaration or my Electronic Return Originator. I authoric ccepted. In the event that it is rejected, I ar ore filed a balance due return, I understand	sachusetts return. To the n and accompanying sche ze DOR to inform my Ele uthorize DOR to identify t	best of my kn edules, forms ctronic Returr ne reasons fo	owledge and belief and statements be originator and/or r rejection so that
Your signature	Date			
Part 3. Declaration and Signature of I declare that I have reviewed the above taxpayer's ret (Collectors are not responsible for reviewing the taxpa return.) I have obtained the taxpayer's signature before with a copy of all forms and information filed with the Not perjury I declare that I have examined the above tax belief, they are true, correct and complete. I declare that This declaration of paid preparer (other than taxpayer) should not be sent to DOR, but must instead be retain to which the M-8453CR relates was filed.	turn and that the entries on this M-8453CI yer's return; however, they must ensure the submitting this return to the Massachuset Massachusetts Department of Revenue. If xpayer's return and accompanying schedulat I have verified the taxpayer's proof of a bis based on all information of which the pleed by the ERO on the ERO's business professional transfer on the ERO's business professional transfer on the ERO's business professional transfer or the ERO's busi	R are complete and correct at the M-8453CR accurate the M-8453CR a	tely reflects thue. I have pro rer, under pair to the best of the name(s) sign.	e data on the vided the taxpayer as and penalties my knowledge and shown on this form. orms M-8453CR the date the return
ERO's signature and SSN or PTIN	Date	EIN		Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	Check if also paid preparer
Part 4. Declaration and Signature of Under pains and penalties of perjury, I declare that I h my knowledge and belief it is true, correct and comple preparer has any knowledge.	ave examined this return, including accon	npanying schedules and s		
Paid preparer's signature and SSN or PTIN	Date	EIN		Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	