

Form M-8453F Fiduciary Tax Declaration for Electronic Filing

2024
Massachusetts
Department of
Davianus

Please print or type. Privacy Act Notice available upo	n request. For the year January 1-D	ecember 31, 2024.		
Entity name	Federal Identification number			
Mailing address	City/Town	State	Zip	
Part 1. Tax Return Information for Ele	ectronic Filing			
1 Tax due before credits (from Form 2, line 41)	_		1	
2 Total credits (from Form 2, line 44)				
3 Tax after credits (from Form 2, line 47)				
4 Overpayment amount (from Form 2, line 58)			4	
5 Tax due (from Form 2, line 61)				
Part 2. Declaration and Signature of	Taxpayer	\sim	× '	
Under pains and penalties of perjury, I declare that I have Return Originator and that the amounts above agree with this information is true, correct and complete. I consent the sent to the Massachusetts Department of Revenue by my the transmitter when my electronic return has been accept the return can be corrected and re-transmitted. If I have fi my tax liability, I will remain liable for the tax liability and a	n the amounts shown on my 2024 Mas nat my return, including this declaration y Electronic Return Originator. I author oted. In the event that it is rejected, I au lled a balance due return, I understanc	sachusetts return. To the a and accompanying sche ize DOR to inform my Ele uthorize DOR to identify th	best of my kno edules, forms a ectronic Return he reasons for	owledge and belief and statements be Originator and/or rejection so that
Your signature	Date	70,		
Part 3. Declaration and Signature of		•		
I declare that I have reviewed the above taxpayer's return (Collectors are not responsible for reviewing the taxpayer I have obtained the taxpayer's signature before submitting a copy of all forms and information filed with the Massach perjury I declare that I have examined the above taxpaye belief, they are true, correct and complete. I declare that I This declaration of paid preparer (other than taxpayer) is should not be sent to DOR, but must instead be retained to which the M-8453F relates was filed.	's return; howeyer, they must ensure the g this return to the Massachusetts Dep nusetts Department of Revenue. If I an r's return and accompanying schedule I have verified the taxpayer's proof of a based on all information of which the	nat the M-8453F accurate artment of Revenue. I ha a also the paid preparer, us and statements and to account and it agrees with preparer has any knowled	ly reflects the ve provided thunder pains and the best of my the name(s) sige. Original F	data on the return.) e taxpayer with id penalties of knowledge and shown on this form. orms M-8453F
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 have my knowledge and belief it is true, correct and complete.	e examined this return, including accor	npanying schedules and		
preparer has any knowledge.				
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	