	AREA RESERVED
2020 Schedule 3K-1	
XXXXXXXXXXX	FOR 2-D BARCODE
Partner's Massachusetts Information	
Year beginning XXXXXXXX Ending XXXXXXXX	
PARTNERNAMEXXXXXXXXXXXXXXXXXXXXXXXX	X TAXPAYRIDNO
PARTNERADDRESSXXXXXXXXXXX CITYTO	WNPOSTOFFICEXXXXXXX ST ZIP+FOURX
PARTNERSHIPNAMEXXXXXXXXXXXXXXXXXXXX	X FEDERALIDNO
PARTNERSHIPADDRESSXXXXXX CITYTO	WNPOSTOFFICEXXXXXXX ST ZIP+FOURX
A. Type of entity X Individual resident X Individual nonresi	dent X Trust or estate
X S corporation X Corporation X Partnership or oth	er PTE X IRA X Disregarded entity X Exempt org
B1. Type of partner X General partner or LLC member-manager	X Limited partner or other member
B2. Indicate partner status X Domestic partner X Foreign p	
C. Type of form submission X Final X Amended return	
D. Fill in if there was a sale, transfer or liquidation of any part of this	s partnership interest during the tax year X
E. Fill in if the partnership participated in one or more installment sa	
	the partner to calculate an addition to Massachusetts tax under M.G.L., ch. 62C, sec. 32A
based on the following Internal Revenue Code (IRC) provisions	
Partner's Distributive Share	· · · · · · · · · · · · · · · · · · ·
Massachusetts ordinary income or loss	1 -XXXXXXXXXXXXXX
2. Guaranteed payments to partners (deductible and capitalized)	2 XXXXXXXXXXXXX
3. Separately stated deductions	3 XXXXXXXXXXXX
4. Combine lines 1 through 3	4 -XXXXXXXXXXXXXX
5. Credits available	
a. Taxes due to another jurisdiction (full-year and part-year res	idents only) 5a XXXXXXXXXXXXXX
b. Lead Paint	5b XXXXXXXXXXX
c. X Economic Opportunity Area	
X Economic Development Incentive Program	5c XXXXXXXXXXX
d. Brownfields	5d XXXXXXXXXXXX
e. Low-Income Housing	5e XXXXXXXXXXXXXX
f. Historic Rehabilitation	5f XXXXXXXXXXXXX
g. Film Incentive	5g XXXXXXXXXXXXX
h. Medical Device	5h XXXXXXXXXXXX
i. Employer Wellness Program	5i XXXXXXXXXXXXX
j. Farming and Fisheries	5j XXXXXXXXXXXXXX
k. Certified Housing Development	5k XXXXXXXXXXXXX
I. Life Sciences	5I XXXXXXXXXXXXX
m. Veterans Hire	5m XXXXXXXXXXXXXX
n. Low Income Housing Donation	5n XXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80



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Partner's Massachusetts Information

AREA RESERVED FOR 2-D BARCODE

T)	(PAYERIDNUM				
			VVVV	VVVV	VVV
5.		50	XXXXX	XXXX/	<u> </u>
		5р	XXXXX	XXXX/	XXX
		5q	XXXXX	XXXX/	XXX
	r. Refundable Community Investment Tax Credit	5r	XXXXX	XXXX	XXX
		5s	XXXXX	XXXX	XXX
	t. Apprentice Credit	5t	XXXXX	XXXX	XXX
	u. Vacant Storefront Credit	5u	XXXXX	XXXX	XXX
	v. Total credits	5v	XXXXX	XXXX	XXX
6.	Credit recapture Credit recapture	6	XXXXX	XXXX	XXX
7.	Net income or loss from rental real estate activity	7	-XXXXX	XXXX	XXX
8.	Net income or loss from other rental activity	8	-XXXXX	XXXX	XXX
9.	Interest from U.S. obligations	9	XXXXX	XXXX	XXX
0.	Interest (5.0%) from Massachusetts banks	10	XXXXX	XXXXX	XXX
1.	Other interest and dividend income	11	XXXXX	XXXXX	XXX
2.	Non-Massachusetts state and municipal bond interest	12	XXXXX	XXXX	XXX
3.		13	XXXXX	XXXXX	XXX
4.		14	XXXXX	XXXX	XXX
5.	Short-term capital losses	15	-XXXXX	XXXXX	XXX
ô.	Gain on the sale, exchange or involuntary conversion of property used in a trade or business held for one year or less	16	XXXXX	XXXXX	XXX
7.	Loss on the sale, exchange, or involuntary conversion of property used in a trade or business held for one year or less	17	-XXXXX	XXXXX	XXX
8.		18	-XXXXX	XXXXX	XXX
9.		19	-XXXXX	XXXXX	XXX
0.		20	XXXXX	XXXXX	XXX
1.		21	-XXXXX	XXXXX	XXX
	orporate Partner Information		VVVVV	V/V/V/V	./././
2.		22	XXXXX	0 30 30 30 30	XXX
3.	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	23	XXXXX		XXX
4.	Other adjustments, if any	24	-XXXXX	XXXX	XXX
_	· xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XX	XXXXXXX	XX	\dashv



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AREA RESERVED FOR 2-D BARCODE

_	econciliation of Partner's Capital Acco	unt
	Balance at the beginning of the year	25 –XXXXXXXXXXXXX
6.	Massachusetts net income for the year	26 —XXXXXXXXXXXXXX
	Entire net income for the year	27 —XXXXXXXXXXXXXXX
3.	Capital contributions	28 XXXXXXXXXXX
).	Withdrawals	29 XXXXXXXXXXXX
	Balance at end of year	30 —XXXXXXXXXXXX
0	artner's Share of Profit, Loss and Capi	tal
	Percentage of profit	Beginning X.XXXXX Ending X.XXXX
	Percentage of loss	Beginning X.XXXXX Ending X.XXXX
	Percentage of capital	Beginning X.XXXXX Ending X.XXXX
	Non-recourse liabilities	Ending XXXXXXXXXX
	Qualified non-recourse financing	Ending XXXXXXXXXXXX
	Recourse liabilities	Ending XXXXXXXXXX
כ	ass-through Entity Payment and Credi	t Information
	Declaration election code X Withholding X Composite X Mem	nber self-file X Exempt PTE X Insurance company
	X Non-profit X Exempt corporate limited partner	
	Withholding amount	
		37 XXXXXXXXXXX
	Payments made in a composite filing	38 XXXXXXXXXXXXX
		38 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
).	Payments made in a composite filing Credit for amounts withheld by lower-tier entity(ies)	38 XXXXXXXXXXXXX
	Payments made in a composite filing Credit for amounts withheld by lower-tier entity(ies) Payer ID number FEDERALIDNO	38 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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