

Form M-8453P Partnership Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.					
Mailing address	City/Town	State	Zip		
Part 1. Tax Return Information for El	ectronic Filing				
1 Gross receipts or sales, less returns and allowance2 Gross profit (from Form 1065, line 3)	, ,				
 3 Ordinary income or loss from trade or business act 4 Net income or loss from rental real estate activities 5 Net income or loss from other rental activities (from 	(from Form 1065, Schedule K, line 2)		4		
Part 2. Transmitter Information					
Transmitter's name					
Part 3. Declaration and Signature of Under the penalties of perjury, I declare that I have revier 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 me the transmitter when my electronic return has been access the return can be corrected and re-transmitted. If I have from the tax liability, I will remain liable for the tax liability and a sent the return can be corrected.	wed the information on my return with the amounts shown on my 2023 Mashat my return, including this declaration Electronic Return Originator. I authoupted. In the event that it is rejected, I a balance due return, I understand	ssachusetts return. To the n and accompanying sch rize DOR to inform my Ele uthorize DOR to identify t	best of my kn edules, forms ectronic Return he reasons for	owledge and belief and statements be n Originator and/or r rejection so that	
Your signature	Date				
Part 4. 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 submittin a copy of all forms and information filed with DOR. If I an above taxpayer's return and accompanying schedules at I declare that I have verified the taxpayer's proof of accordinant taxpayer) is based on all information of which the probe retained by the ERO on the ERO's business premises	n and that the entries on this M-8453P r's return; however, they must ensure t g this return to the Massachusetts Den also the paid preparer, under the pend statements and to the best of my krunt and it agrees with the name(s) shoreparer has any knowledge. Original F	are complete and correct hat the M-8453P accurate partment of Revenue. I han halties of perjury I declare nowledge and belief, they won on this form. This declares M-8453P should no	ely reflects the ave provided the that I have exare true, correlaration of paid to be sent to Do	data on the return.) ne taxpayer with tamined the ect and complete. d preparer (other OR, but must instead	
ERO's signature and PTIN	Date	EIN		O Check if self-employed	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	O Check if also paid preparer	
Part 5. Declaration and Signature of Under the penalties of perjury, I declare that I have exam my knowledge and belief it is true, correct and complete. preparer has any knowledge. Paid preparer's signature and PTIN	nined this return, including accompany	ing schedules and statem			
			_	self-employed	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip		