



Massachusetts Department of Revenue

2023

Form 3K-1 Partner's Massachusetts Information

Tax year beginning

Tax year ending

Calendar year filers enter 01-01-2023 and 12-31-2023 below; fiscal year filers enter appropriate dates

MMDDYYYY

MMDDYYYY

NAME OF PARTNER

TAXPAYER IDENTIFICATION NUMBER

NAME OF PARTNER grid

TAXPAYER IDENTIFICATION NUMBER grid

ADDRESS

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

ADDRESS grid

NAME OF PARTNERSHIP

FEDERAL IDENTIFICATION NUMBER

NAME OF PARTNERSHIP grid

FEDERAL IDENTIFICATION NUMBER grid

ADDRESS

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

ADDRESS grid

- A. Type of partner (fill in one only): Individual resident, Individual nonresident, Resident trust or estate, Nonresident trust or estate, S corporation, Partnership or other PTE, IRA, Corporation, Ch 62 exempt organization, Ch 63 exempt organization

A1. Fill in if partner is a nonresident of Massachusetts (see instructions).

A2. If partner is a Disregarded Entity (DE) (see instructions), enter DE partner's name: TIN:

Enter entity type of DE partner: Enter status of DE partner: Domestic (U.S.), Foreign (non-U.S.)

- B1. Type of partner: General partner or LLC member-manager, Limited partner or other member B2. Partner status: Domestic, Foreign

C. Type of form submission: Final, Amended return

D. Fill in if there was a sale, transfer or liquidation of any part of this partnership interest during the tax year

E. Fill in if the partnership participated in one or more installment sales transactions.

If filled in, indicate whether information has been communicated to the partner to calculate an addition to Massachusetts tax under MGL ch 62C, § 32A based on the following Internal Revenue Code (IRC) provisions (fill in all that apply): IRC § 453A, IRC § 453(i)(2)(B)

F. Fill in if partner contributed property with built-in gain (loss) If filled in provide partner's share of net unrecognized IRC § 704(c) gain (loss): Beginning \$ Ending \$

PARTNER'S DISTRIBUTIVE SHARE

IF A LOSS, MARK AN X IN BOX

Table with 13 rows for distributive share items (Massachusetts ordinary income, guaranteed payments, deductions, taxes, credit recapture, rental activities, interest, royalties) and columns for amount and sign.



NAME OF PARTNER

Empty grid for partner name

TAXPAYER IDENTIFICATION NUMBER

Empty grid for taxpayer ID number

Table with 3 columns: Line number, Description, and Amount. Rows 14-21 include items like Short-term capital gains, Short-term capital losses, Gain on the sale, etc.

UPPER TIER ENTITY/CORPORATE PARTNER INFORMATION

Table with 3 columns: Line number, Description, and Amount. Rows 22-24 include items like State and municipal bond interest, Foreign, state or local income, etc.

RECONCILIATION OF PARTNER'S CAPITAL ACCOUNT

Table with 3 columns: Line number, Description, and Amount. Rows 25-30 include items like Balance at beginning of year, Massachusetts net income, etc.

PARTNER'S SHARE OF PROFIT, LOSS AND CAPITAL

Table with 3 columns: Line number, Description, and Amount. Rows 31-36 include items like Percentage of profit, Percentage of loss, etc.



NAME OF PARTNER

Empty grid for partner name

TAXPAYER IDENTIFICATION NUMBER

Empty grid for taxpayer ID number

PASS-THROUGH ENTITY PAYMENT AND CREDIT INFORMATION

- Declaration election code: Withholding, Composite, Member-self file, Exempt PTE, Insurance company, Non-profit, Exempt corporate limited partner

- 37 Withholding amount .37
38 Payments made in a composite filing .38
39 Credit for amounts withheld by lower-tier entity
Payer identification number .39
40 Payments made with a composite filing by lower-tier entity (informational only) .40

Grids for amounts 00, 00, 00, 00

PARTNER'S SHARE OF CHAPTER 63D REFUNDABLE CREDIT

Reporting of aggregate entity information: The electing pass-through entity should report its total qualified income as an aggregate amount derived from all resident or nonresident partners having qualified taxable income subject to the MGL ch 63D entity-level tax. See instructions.

If the partner is a trust, fill in if the trust is a pass-through entity

- 41 Total qualified income subject to 5.0% entity-level tax
a. Total of ordinary income or loss, interest, and dividend income .41a
b. Net gain or loss from the sale of capital assets .41b
c. Total income subject to 5% entity-level tax .41c
d. 100% of entity-level tax reported and paid by pass-through entity .41d
e. Partner's refundable credit .41e

Grids for amounts 00, 00, 00, 00, 00



NAME OF PARTNER

TAXPAYER IDENTIFICATION NUMBER

Empty grid for Name of Partner

Empty grid for Taxpayer Identification Number

CREDIT SECTION

Lead Paint credit

00

Economic Opportunity Area

00

Economic Development Incentive Program Certificate number

Empty grid for certificate number

00

Brownfields credit (see instructions) Certificate number

Empty grid for certificate number

00

Low-Income Housing credit Certificate number

Empty grid for certificate number

00

Historic Rehabilitation credit Certificate number

Empty grid for certificate number

00

Film Incentive credit (see instructions) Certificate number

Empty grid for certificate number

00

Medical Device credit Certificate number

Empty grid for certificate number

00

Ch 63D Refundable credit

00

Farming and Fisheries credit

00

Certified Housing Development credit Certificate number

Empty grid for certificate number

00

Life Sciences credit

00

Veterans Hire credit Certificate number

Empty grid for certificate number

00

Low-Income Housing Donation credit Certificate number

Empty grid for certificate number

00

Dairy credit Certificate number

Empty grid for certificate number

00

Conservation credit Certificate number

Empty grid for certificate number

00

Community Investment credit Certificate number

Empty grid for certificate number

00

Angel Investor credit Certificate number

Empty grid for certificate number

00

Apprentice credit Certificate number

Empty grid for certificate number

00

Vacant Storefront credit Certificate number

Empty grid for certificate number

00

Cranberry Bog credit Certificate number

Empty grid for certificate number

00

Offshore Wind Facility Capital Investment credit

00

Offshore Wind Jobs credit

00

National Guard Hiring credit Certificate number

Empty grid for certificate number

00

Disability Employment credit

00

TOTAL OTHER CREDITS. Enter this amount on line 5b.

00