



2015

Massachusetts
Department of
Revenue

Schedule 2K-1 Beneficiary's Massachusetts Information

Name of estate or trust	Estate or trust employer identification		
Name of beneficiary	Legal domicile of beneficiary (state)	Beneficiary's identification number	
Mailing address of beneficiary	City/Town	State	Zip
Name of fiduciary			
Mailing address of fiduciary	City/Town	State	Zip
In care of address	City/Town	State	Zip

Check if: Amended 2K-1 Final 2K-1 Beneficiary's percentage of taxable income _____

What type of entity is this beneficiary? Individual Estate/trust Charitable organization Other

Is this beneficiary a nonresident of Massachusetts? Yes No

Allocable share item

Part B income

	a. Amount from federal 1041 allocable to this beneficiary	b. Massachusetts adjustments	c. Total amounts using Massachusetts law (see instructions)	d. Massachusetts source income (see instructions)
1 Wages, salaries, tips and other employee compensation ...	1			
2 Taxable pensions and annuities	2			
3 Business/profession or farm income or loss.....	3			
4 Rental, royalty and REMIC income or loss.....	4			
5 Massachusetts bank interest.....	5			
6 Other income, such as winnings, lump-sum distributions, etc. (itemize)	6			
7 Deductions allowed decedents	7			

Part A interest and dividend income

8 Interest and dividend income (do not include income from common trust funds).....	8			
9 Common trust fund interest and dividend income	9			

Part A capital gains

10 Taxable Part A 12% capital gains (do not include income from common trust funds).....	10			
11 Part A 12% short-term common trust fund capital gains ...	11			

Part C capital gains

12 Part C 5.15% long-term capital gains (do not include income from common trust funds)	12			
13 Part C 5.15% long-term common trust fund capital gains...	13			

Credits and Estimated Tax Payments

14	Taxes paid to other jurisdictions	14				
15	Lead Paint.....	15				
16a	Economic Opportunity Area	16a				
16b	Economic Development Incentive Program. Certificate number _____	16b				
17	Brownfields. Certificate number _____	17				
18	Low-Income Housing. Certificate number _____	18				
19	Historic Rehabilitation. Certificate number _____	19				
20	Film Incentive. Certificate number _____	20				
21	Medical Device. Certificate number _____	21				
22	Employer Wellness Program. Certificate number _____	22				
23	Farming and Fisheries	23				
24	Estimated tax payments made on behalf of nonresident beneficiary by fiduciary.....	24				
25	Refundable Film Credit.....	25				
26	Refundable Dairy Credit. Certificate number _____	26				
27	Refundable Conservation Tax Credit. Certificate number _____	27				
28	Refundable Community Investment Tax Credit. Certificate number _____	28				
29	Other payments (see instructions)	29				