

Calendar year filers enter 01-01-2017 and 12-31-2017 below. Fiscal year filers enter appropriate dates. Complete one Schedule 3K-1 for each partner.

Tax year beginning ►

Tax year ending ►

Schedule 3K-1 Partner's Massachusetts Information

2017

NAME OF PARTNER

ADDRESS

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

Age Group	Number of People
0-10	10
11-20	20
21-30	100
31-40	80
41-50	60
51-60	40
61-70	20
71-80	10
81-90	5
91-100	2

NAME OF PARTNERSHIP

FEDERAL IDENTIFICATION NUMBER (FID)

ADDRESS

CITY/TOWN/POST OFFICE

STATE

ZIP + 4

- A. Type of entity (fill in **one** only):** ☐ Individual resident ☐ Individual nonresident ☐ Trust or estate ☐ S corporation
☐ Partnership or other PTE ☐ IRA ☐ Disregarded entity ☐ Exempt organization ☐ Corporation
- B. Type of partner:** ☐ Limited ☐ General
- 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 Yes, indicate whether information has been communicated to 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 (fill in all that apply): ☒ IRC 453A ☒ IRC 453(l)(2)(B)

PARTNER'S DISTRIBUTIVE SHARE

▼ If showing a loss, mark an X in box at left

- | Line | Description | Amount |
|------|--|--------|
| 1 | Massachusetts ordinary income or loss (from Form 3, line 20) | 1 |
| 2 | Guaranteed payments to partners (deductible and capitalized) (from U.S. Form 1065, Schedule K) | 2 |
| 3 | Separately stated deductions | 3 |
| 4 | Combine lines 1 through 3 | 4 |
| 5 | Credits available: | |
| a. | Taxes due to another jurisdiction (full-year residents and part-year residents only) | 5a |
| b. | Lead Paint credit | 5b |
| c. | ☐ Economic Opportunity Area ☐ Economic Development Incentive Program | 5c |
| d. | Brownfields credit | 5d |
| e. | Low-Income Housing credit | 5e |
| f. | Historic Rehabilitation credit | 5f |
| g. | Film Incentive credit | 5g |
| h. | Medical Device credit | 5h |
| i. | Employer Wellness Program credit | 5i |
| j. | Farming and Fisheries credit | 5j |
| k. | Certified Housing Development credit | 5k |
| l. | Life Sciences credit | 5l |
| m. | Veterans Hire credit | 5m |
| n. | Low-Income Housing Donation credit | 5n |

BE SURE TO CONTINUE SCHEDULE 3K-1 ON OTHER SIDE

[illegible]

RECONCILIATION OF PARTNER'S CAPITAL ACCOUNT

[illegible]

PARTNER'S SHARE OF PROFIT, LOSS AND CAPITAL

30	Percentage of profit	Beginning		Ending	
31	Percentage of loss	Beginning		Ending	
32	Percentage of capital	Beginning		Ending	
33	Non-recourse liabilities			Ending	
34	Qualified non-recourse financing			Ending	
35	Recourse liabilities			Ending	

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

[illegible]