



FOR PRIVACY ACT NOTICE,
SEE INSTRUCTIONS.

Schedule SK-1 Shareholder's Massachusetts Information. Complete one Schedule SK-1 for each shareholder.

2020

NAME OF SHAREHOLDER _____ TAXPAYER IDENTIFICATION NUMBER _____

ADDRESS _____ CITY/TOWN/POST OFFICE _____ STATE _____ ZIP+4 _____

NAME OF S CORPORATION _____ FEDERAL IDENTIFICATION NUMBER (FID) _____

ADDRESS _____ CITY/TOWN/POST OFFICE _____ STATE _____ ZIP+4 _____

Type of shareholder: Individual resident Individual nonresident Trust or estate Bank Exempt organization
 Fill in if: Final Amended S corporation participated in one or more installment sales transactions. If filled in, indicate whether information has been communicated to the shareholder to calculate an addition to Massachusetts tax under MGL ch 62C, § 32A based on the following Internal Revenue Code (IRC) provisions (check all that apply): IRC § 453A IRC § 453(l)(2)(B)
 There was a sale, transfer or liquidation of any part of this shareholder interest during the tax year

SHAREHOLDER'S DISTRIBUTIVE SHARE

▼ If a loss, mark an X in box at left

1	Massachusetts ordinary income or loss (from Schedule S, line 31)	1	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Separately stated deductions	2	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Add lines 1 and 2	3	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Credits available			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	a. Taxes paid to another jurisdiction (full-year and part-year residents only)	4a		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b. Lead Paint Credit	4b		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c. Economic Opportunity Area Credit	4c		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d. Economic Development Incentive Program Credit	4d		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	e. Brownfields Credit	4e		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	f. Low-Income Housing Credit	4f		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	g. Historic Rehabilitation Credit	4g		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	h. Refundable Film Credit	4h		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	i. Film Incentive Credit	4i		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	j. Medical Device Credit	4j		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	k. Refundable Dairy Credit	4k		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	l. Refundable Life Science Credit	4l		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	m. Life Sciences Credit	4m		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	n. Refundable Economic Development Incentive Credit	4n		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	o. Conservation Land Credit	4o		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	p. Employer Wellness Program Credit	4p		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	q. Refundable Community Investment Credit	4q		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	r. Certified Housing Development Credit	4r		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



TAXPAYER IDENTIFICATION NUMBER

Input boxes for Taxpayer Identification Number

SHAREHOLDER'S BASIS INFORMATION

Form 23: Enter date of federal basis (12-31-1985 or later) and Number of shares owned. Includes date input boxes (MMDDYYYY) and share count input boxes.

Form 24: Massachusetts basis at beginning of tax year. Includes sub-questions for Stock and Indebtedness with input boxes.

Form 25: Net Massachusetts adjustments. Includes sub-questions for Stock and Indebtedness with input boxes.

Form 26: Net federal adjustments. Includes sub-questions for Stock and Indebtedness with input boxes.

Form 27: Massachusetts basis at end of tax year. Includes sub-questions for Stock and Indebtedness with input boxes.

PASS-THROUGH ENTITY PAYMENT AND CREDIT INFORMATION

Declaration election code: Withholding Composite Member self-file Exempt PTE Non-profit

Form 28: Withholding amount and Form 29: Estimated payments. Includes input boxes for dollar amounts.

Form 30: Credit for amounts withheld by lower-tier entity(ies). Includes Payer Identification number input boxes.

Form 31: Credit for amounts of estimated payments made by lower-tier entity(ies). Includes Payer Identification number input boxes.