

Firm name (or yours, if self-employed) and address

## 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 Elec	ctronic Filing				
1 Gross receipts or sales, less returns and allowances (					
2 Gross profit (from Form 1065, line 3)					
3 Ordinary income or loss from trade or business activit	,				
4 Net income or loss from rental real estate activities (from		<b>'</b>			
5 Net income or loss from other rental activities (from Fo	orm 1065, Schedule K, line 3c)		5		
Part 2. Transmitter Information					
Transmitter's name					
Under the penalties of perjury, I declare that I have reviewe Return Originator and that the amounts above agree with this information is true, correct and complete. I consent that sent to the Massachusetts Department of Revenue by my Ethe transmitter when my electronic return has been accepted the return can be corrected and re-transmitted. If I have filled my tax liability, I will remain liable for the tax liability and all	he amounts shown on my 2023 Mat t my return, including this declaration Electronic Return Originator. I authored. In the event that it is rejected, I a d a balance due return, I understar	ssachusetts return. To the on and accompanying scheorize DOR to inform my Eleauthorize DOR to identify the	best of my kr edules, forms ectronic Retur he reasons fo	owledge and belief and statements be n Originator and/or r rejection so that	
Your signature	Date				
Part 4. Declaration and Signature of E I declare that I have reviewed the above taxpayer's return a (Collectors are not responsible for reviewing the taxpayer's I have obtained the taxpayer's signature before submitting to a copy of all forms and information filed with DOR. If I am a above taxpayer's return and accompanying schedules and I declare that I have verified the taxpayer's proof of account than taxpayer) is based on all information of which the prepose retained by the ERO on the ERO's business premises for	and that the entries on this M-8453I return; however, they must ensure this return to the Massachusetts Dealso the paid preparer, under the pestatements and to the best of my ket and it agrees with the name(s) shower has any knowledge. Original I	P are complete and correct that the M-8453P accurate partment of Revenue. I ha nalties of perjury I declare nowledge and belief, they own on this form. This decl Forms M-8453P should not	ely reflects the ve provided that I have exare true, corre aration of paid the sent to D	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 P Under the penalties of perjury, I declare that I have examine	ed this return, including accompany	ring schedules and statem			
my knowledge and belief it is true, correct and complete. The preparer has any knowledge.	nis declaration of paid preparer (oth	er than taxpayer) is based	on all inform	ation of which the	
Paid preparer's signature and PTIN	Date	EIN		Check if self-employed	

City/Town

State