



PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2013 and 12-31-2013 below. Fiscal year filers enter appropriate dates. Complete one Schedule 3K-1 for each partner.

Tax year beginning > [MMDDYYYY] Tax year ending > [MMDDYYYY]

Schedule 3K-1 Partner's Massachusetts Information 2013

NAME OF PARTNER _____ TAXPAYER IDENTIFICATION NUMBER _____

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

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 3K-1
- D. Was there a sale, transfer or liquidation of any part of this partnership interest during the tax year?** Yes No
- E. Did the partnership participate in one or more installment sales transactions?** Yes No
- 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 (check 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	
1	Massachusetts ordinary income or loss (from Form 3, line 20) 1	<input checked="" type="checkbox"/>	00
2	Guaranteed payments to partners (deductible and capitalized) (from U.S. Form 1065, Schedule K) . . . 2		00
3	Separately stated deductions 3		00
4	Combine lines 1 through 3. 4	<input checked="" type="checkbox"/>	00
5	Credits available:		00
	a. Taxes due to another jurisdiction (full-year residents and part-year residents only) 5a		00
	b. Lead Paint credit 5b		00
	c. <input type="radio"/> Economic Opportunity Area <input type="radio"/> Economic Development Incentive Program 5c		00
	d. Brownfields credit 5d		00
	e. Low-Income Housing credit. 5e		00
	f. Historic Rehabilitation credit. 5f		00
	g. Film Incentive credit. 5g		00
	h. Medical Device credit 5h		00
	i. Employer Wellness Program credit. 5i		00
	j. Refundable Film credit 5j		00
	k. Refundable Dairy credit 5k		00
	l. Refundable Conservation credit 5l		00
	m. Total credits. 5m		00
6	Net income or loss from rental real estate activity(ies) (from Form 3, line 23). 6	<input checked="" type="checkbox"/>	00

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



TAXPAYER IDENTIFICATION NUMBER

Grid for Taxpayer Identification Number

PARTNER'S SHARE OF PROFIT, LOSS AND CAPITAL

Table with 6 rows (30-35) for Partner's Share of Profit, Loss and Capital. Columns include description, Beginning, and Ending values.

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

Table with 4 rows (36-39) for Pass-through Entity Payment and Credit Information. Includes withholding amount, composite filing payments, payer identification number, and composite filing payments by lower-tier entity.