



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

Table with 4 columns: 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). Rows include Allocable share item Part B income (1-7), Part A interest and dividend income (8-9), Part A capital gains (10-11), and Part C capital gains (12-13).

Credits and Estimated Tax Payments

14	Taxes paid to other jurisdictions	14				
15	Lead Paint.	15				
16	Economic Opportunity Area	16				
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	Estimated tax payments made on behalf of nonresident beneficiary by fiduciary	22				
23	Refundable Film Credit.	23				
24	Refundable Dairy Credit. Certificate number _____	24				
25	Refundable Conservation Tax Credit. Certificate number _____	25				
26	Other payments (see instructions)	26				