



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

	a. Amount from federal 1041 allocable to this beneficiary	b. Massachusetts adjustments	c. Total amounts using Mass- achusetts law (see instructions)	d. Massachusetts source income (see instructions)
Allocable share item				
Part B income				
1 Wages, salaries, tips and other employee compensation . . . 1				
2 Taxable pensions and annuities 2				
3 Business/profession or farm income or loss. 3				
4 Rental, royalty and REMIC income or loss. 4				
5 Massachusetts bank interest. 5				
6 Other income, such as winnings, lump-sum distributions, etc. (itemize) 6				
7 Deductions allowed decedents 7				
Part A interest and dividend income				
8 Interest and dividend income (do not include income from common trust funds) 8				
9 Common trust fund interest and dividend income 9				
Part A capital gains				
10 Taxable Part A 12% capital gains (do not include income from common trust funds). 10				
11 Part A 12% short-term common trust fund capital gains . . . 11				
Part C capital gains				
12 Part C 5.25% long-term capital gains (do not include income from common trust funds) 12				
13 Part C 5.25% long-term common trust fund capital gains. . . 13				

Credits and Estimated Tax Payments

14	Taxes paid to other jurisdictions	14				
15	Lead Paint.	15				
16a	Economic Opportunity Area	16a				
16b	Economic Development Incentive Program. Certificate number _____	16b				
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				