PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2014 and 12-31-2014 below. Fiscal year filers enter appropriate dates. Complete one Schedule 3K-1 for each partner.

Tax year beginning ► M M D D Y Y Y Y Tax year ending ► M M D D Y Y Y Y

Schedule 3K-1 Partner's Massachusetts Information 2014

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(I)(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	X	0 0
2	Guaranteed payments to partners (deductible and capitalized) (from U.S. Form 1065, Schedule K) . . . 2		0 0
3	Separately stated deductions . . . 3		0 0
4	Combine lines 1 through 3 . . . 4	X	0 0
5	Credits available:		
	a. Taxes due to another jurisdiction (full-year residents and part-year residents only) . . . 5a		0 0
	b. Lead Paint credit . . . 5b		0 0
	c. ◯ Economic Opportunity Area ◯ Economic Development Incentive Program . . . 5c		0 0
	d. Brownfields credit . . . 5d		0 0
	e. Low-Income Housing credit . . . 5e		0 0
	f. Historic Rehabilitation credit . . . 5f		0 0
	g. Film Incentive credit . . . 5g		0 0
	h. Medical Device credit . . . 5h		0 0
	i. Employer Wellness Program credit . . . 5i		0 0
	j. Refundable Film credit . . . 5j		0 0
	k. Refundable Dairy credit . . . 5k		0 0
	l. Refundable Conservation credit . . . 5l		0 0
	m. Refundable Community Investment credit . . . 5m		0 0
	n. Total credits . . . 5n		0 0

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

TAXPAYER IDENTIFICATION NUMBER

6	Net income or loss from rental real estate activity(ies) (from Form 3, line 23)	6
7	Net income or loss from other rental activity(ies) (from Form 3, line 26)	7
8	Interest from U.S. obligations (from Form 3, line 28)	8
9	Interest (5.2%) from Massachusetts banks (from Form 3, line 29)	9
10	Other interest and dividend income (from Form 3, line 30)	10
11	Non-Massachusetts state and municipal bond interest (from Form 3, line 31)	11
12	Royalty income (from Form 3, line 32)	12
13	Short-term capital gains (from Form 3, line 33)	13
14	Short-term capital losses (from Form 3, line 34)	14
15	Gain on the sale, exchange, or involuntary conversion of property used in a trade or business held for one year or less (from Form 3, line 35)	15
16	Loss on the sale, exchange, or involuntary conversion of property used in a trade or business held for one year or less (from Form 3, line 36)	16
17	Long-term capital gain or loss (from Form 3, line 37)	17
18	Net gain or loss under Section 1231 (from Form 3, line 38)	18
19	Long-term gains on collectibles and pre-1996 installment sales (from Form 3, line 39)	19
20	Differences and adjustments (from Form 3, line 40)	20

CORPORATE PARTNER INFORMATION

21	State and municipal bond interest not included in U.S. net income	21
22	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	22
23	Other adjustments, if any	23

RECONCILIATION OF PARTNER'S CAPITAL ACCOUNT

24	Balance at beginning of year	24
25	Massachusetts net income for year	25
26	Entire net income for year	26
27	Capital contributions	27
28	Withdrawals	28
29	Balance at end of year. Add lines 24, 26 and 27 and subtract line 28	29

PARTNER'S SHARE OF PROFIT, LOSS AND CAPITAL

30	Percentage of profit	Beginning	Ending
31	Percentage of loss	Beginning	Ending
32	Percentage of capital	Beginning	Ending
33	Non-recourse liabilities		Ending
34	Qualified non-recourse financing		Ending
35	Recourse liabilities		Ending

PASS-THROUGH ENTITY PAYMENT AND CREDIT INFORMATION

Declaration election code:
- Withholding
- Exempt PTE
- Exempt corporate limited partner
- Composite
- Insurance company
- Member self-file
- Non-profit

36	Withholding amount	36
37	Payments made in a composite filing	37
38	Credit for amounts withheld by lower-tier entity(ies) Payer Identification number ►	► 38
39	Payments made with a composite filing by lower-tier entity(ies) (informational only)	39