



**Massachusetts Department of Revenue**  
**Schedule 2K-1**  
**Beneficiary's Massachusetts Information**

**2017**

|                                                                                                                                                                                      |                                       |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|
| Name of estate or trust                                                                                                                                                              |                                       | Estate or trust employer Identification number                            |
| Name of beneficiary                                                                                                                                                                  | Legal domicile (state) of beneficiary | Identification number of beneficiary                                      |
| Street address                                                                                                                                                                       |                                       |                                                                           |
| City/Town                                                                                                                                                                            | State                                 | Zip                                                                       |
| Name of fiduciary                                                                                                                                                                    |                                       |                                                                           |
| Street address                                                                                                                                                                       |                                       |                                                                           |
| City/Town                                                                                                                                                                            | State                                 | Zip                                                                       |
| In/care/of address                                                                                                                                                                   |                                       |                                                                           |
| City/Town                                                                                                                                                                            | State                                 | Zip                                                                       |
| Fill in one only:<br><input type="radio"/> Amended 2K-1 <input type="radio"/> Final 2K-1                                                                                             |                                       | Percentage of beneficiary's taxable income                                |
| What type of entity is beneficiary?<br><input type="radio"/> Individual <input type="radio"/> Estate/trust <input type="radio"/> Charitable organization <input type="radio"/> Other |                                       | Fill in if beneficiary is a nonresident of Mass.<br><input type="radio"/> |

**Allocable share item**

|                                                                                                    | 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) |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| <b>Part B income</b>                                                                               |                                                           |                              |                                                              |                                                   |
| ▼ Fill in oval if showing a loss                                                                   |                                                           |                              |                                                              |                                                   |
| <b>1</b> Wages, salaries, tips and other employee compensation . . . <b>1</b>                      |                                                           |                              |                                                              |                                                   |
| <b>2</b> Taxable pensions and annuities . . . . . <b>2</b>                                         |                                                           |                              |                                                              |                                                   |
| <b>3</b> Business/profession or farm income or loss . . . . . <b>3</b>                             | <input type="radio"/>                                     | <input type="radio"/>        | <input type="radio"/>                                        | <input type="radio"/>                             |
| <b>4</b> Rental, royalty and REMIC income or loss . . . . . <b>4</b>                               | <input type="radio"/>                                     | <input type="radio"/>        | <input type="radio"/>                                        | <input type="radio"/>                             |
| <b>5</b> Massachusetts bank interest . . . . . <b>5</b>                                            |                                                           |                              |                                                              |                                                   |
| <b>6</b> Other income, such as winnings, lump-sum distributions, etc. (itemize) . . . . . <b>6</b> | <input type="radio"/>                                     | <input type="radio"/>        | <input type="radio"/>                                        | <input type="radio"/>                             |
| <b>7</b> Deductions allowed decedents. . . . . <b>7</b>                                            |                                                           |                              |                                                              |                                                   |

**Part A interest and dividend income**

|                                                                                                          |  |  |  |  |
|----------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>8</b> Interest and dividend income (do not include income from common trust funds) . . . . . <b>8</b> |  |  |  |  |
| <b>9</b> Common trust fund interest and dividend income . . . . . <b>9</b>                               |  |  |  |  |

**Part A capital gains**

|                                                                                                                |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>10</b> Taxable Part A 12% capital gains (do not include income from common trust funds) . . . . . <b>10</b> |  |  |  |  |
| <b>11</b> Part A 12% short-term common trust fund capital gains . . . <b>11</b>                                |  |  |  |  |

**Part C capital gains**

|                                                                                                                   |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>12</b> Part C 5.1% long-term capital gains (do not include income from common trust funds) . . . . . <b>12</b> |  |  |  |  |
| <b>13</b> Part C 5.1% long-term common trust fund capital gains. . . <b>13</b>                                    |  |  |  |  |



Name of estate or trust

Estate or trust employer Identification number

**Allocable share item** (cont'd/)

|                                                                                                     |            | a. Amount<br>from federal<br>1041 allocable<br>to this beneficiary | b.<br>Massachusetts<br>adjustments | c. Total amounts<br>using Mass-<br>achusetts law<br>(see instructions) | d.<br>Massachusetts<br>source income<br>(see instructions) |
|-----------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Credits and estimated tax payments</b>                                                           |            |                                                                    |                                    |                                                                        |                                                            |
| <b>14</b> Taxes paid to other jurisdictions. . . . .                                                | <b>14</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>15</b> Lead Paint . . . . .                                                                      | <b>15</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>16a</b> Economic Opportunity Area. . . . .                                                       | <b>16a</b> |                                                                    |                                    |                                                                        |                                                            |
| <b>16b</b> Economic Development Incentive Program . . . . .                                         | <b>16b</b> |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>17</b> Brownfields. . . . .                                                                      | <b>17</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>18</b> Low-Income Housing . . . . .                                                              | <b>18</b>  |                                                                    |                                    |                                                                        |                                                            |
| Building Identification number . . . . .                                                            |            |                                                                    |                                    |                                                                        |                                                            |
| <b>19</b> Historic Rehabilitation . . . . .                                                         | <b>19</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>20</b> Film Incentive . . . . .                                                                  | <b>20</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>21</b> Medical Device. . . . .                                                                   | <b>21</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>22</b> Employer Wellness Program . . . . .                                                       | <b>22</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>23</b> Farming and Fisheries . . . . .                                                           | <b>23</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>24</b> Senior Circuit Breaker . . . . .                                                          | <b>24</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>25</b> Solar/Wind . . . . .                                                                      | <b>25</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>26</b> Septic . . . . .                                                                          | <b>26</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>27</b> Certified Housing Development. . . . .                                                    | <b>27</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>28</b> Life Science Company. . . . .                                                             | <b>28</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>29</b> Veterans Hire . . . . .                                                                   | <b>29</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>30</b> Low-Income Housing Donation . . . . .                                                     | <b>30</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>31</b> Estimated tax payments made on behalf of nonresident<br>beneficiary by fiduciary. . . . . | <b>31</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>32</b> Refundable Film. . . . .                                                                  | <b>32</b>  |                                                                    |                                    |                                                                        |                                                            |
| <b>33</b> Refundable Dairy . . . . .                                                                | <b>33</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>34</b> Refundable Conservation . . . . .                                                         | <b>34</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>35</b> Refundable Community Investment. . . . .                                                  | <b>35</b>  |                                                                    |                                    |                                                                        |                                                            |
| Certificate number . . . . .                                                                        |            |                                                                    |                                    |                                                                        |                                                            |
| <b>36</b> Other payments (see instructions). . . . .                                                | <b>36</b>  |                                                                    |                                    |                                                                        |                                                            |