PRINT IN BLACK INK

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2017 and 12-31-2017 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 2017

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 return

D. Fill in if there was a sale, transfer or liquidation of any part of this partnership interest during the tax year . . . . . ◯

E. Fill in if the partnership participated in one or more installment sales transactions . . . . . ◯
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 (fill in 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. Farming and Fisheries credit . . . 5j		0 0
	k. Certified Housing Development credit . . . 5k		0 0
	l. Life Sciences credit . . . 5l		0 0
	m. Veterans Hire credit . . . 5m		0 0
	n. Low-Income Housing Donation credit . . . 5n		0 0

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

	o. Refundable Film credit	5o	0 0
	p. Refundable Dairy credit	5p	0 0
	q. Refundable Conservation credit	5q	0 0
	r. Refundable Community Investment credit	5r	0 0
	s. Total credits	5s	0 0
6	Net income or loss from rental real estate activity(ies) (from Form 3, line 23)	6	0 0
7	Net income or loss from other rental activity(ies) (from Form 3, line 26)	7	0 0
8	Interest from U.S. obligations (from Form 3, line 28)	8	0 0
9	Interest (5.1%) from Massachusetts banks (from Form 3, line 29)	9	0 0
10	Other interest and dividend income (from Form 3, line 30)	10	0 0
11	Non-Massachusetts state and municipal bond interest (from Form 3, line 31)	11	0 0
12	Royalty income (from Form 3, line 32)	12	0 0
13	Short-term capital gains (from Form 3, line 33)	13	0 0
14	Short-term capital losses (from Form 3, line 34)	14	0 0
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	0 0
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	0 0
17	Long-term capital gain or loss (from Form 3, line 37)	17	0 0
18	Net gain or loss under Section 1231 (from Form 3, line 38)	18	0 0
19	Long-term gains on collectibles and pre-1996 installment sales (from Form 3, line 39)	19	0 0
20	Differences and adjustments (from Form 3, line 40)	20	0 0

CORPORATE PARTNER INFORMATION

21	State and municipal bond interest not included in U.S. net income	21	0 0
22	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	22	0 0
23	Other adjustments, if any	23	0 0

RECONCILIATION OF PARTNER'S CAPITAL ACCOUNT

24	Balance at beginning of year	24	0 0
25	Massachusetts net income for year	25	0 0
26	Entire net income for year	26	0 0
27	Capital contributions	27	0 0
28	Withdrawals	28	0 0
29	Balance at end of year. Add lines 24, 26 and 27 and subtract line 28	29	0 0

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	0 0
37	Payments made in a composite filing	37	0 0
38	Credit for amounts withheld by lower-tier entity(ies) Payer Identification number ►	► 38	0 0
39	Payments made with a composite filing by lower-tier entity(ies) (informational only)	39	0 0