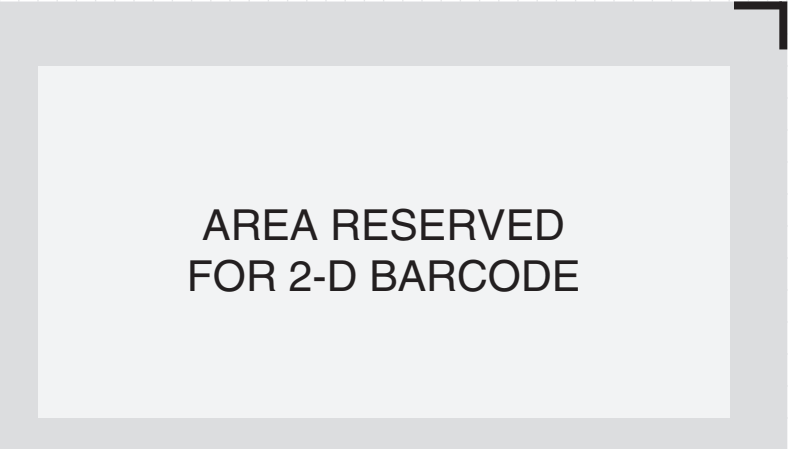
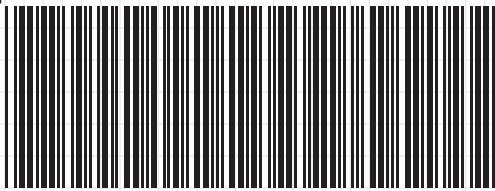




2017 Schedule E-2

XXXXXXXXXXXXXX

AREA RESERVED
FOR 2-D BARCODE

FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

Check one: ☒ S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

- | | | |
|---|----|-------------------------------------|
| 1. Passive loss allowed | 1 | XXXXXXXXXXXXXX |
| 2. Passive income | 2 | XXXXXXXXXXXXXX |
| 3. Non-passive loss | 3 | XXXXXXXXXXXXXX |
| 4. Section 179 expense deduction | 4 | XXXXXXXXXXXXXX |
| 5. Non-passive income | 5 | XXXXXXXXXXXXXX |
| 6. Combine lines 2 and 5 | 6 | XXXXXXXXXXXXXX |
| 7. Combine lines 1, 3 and 4 | 7 | -XXXXXXXXXXXXXX |
| 8. Partnership and S corporation income or loss. Combine lines 6 and 7 | 8 | -XXXXXXXXXXXXXX |
| 9. Interest (other than MA banks) and dividends if included in line 8 | 9 | XXXXXXXXXXXXXX |
| 10. Interest from Massachusetts banks if included in line 8 | 10 | XXXXXXXXXXXXXX |
| 11. Total income or loss from partnerships and S corporations | 11 | -XXXXXXXXXXXXXX |
| 12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses | | ☒ |
| 13. Check if any amount of this investment not at risk | | ☒ |

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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