AREA RESERVED
FOR 2-D BARCODE

2017 Schedule E-2

XXXXXXXXXXXXX

FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

Check one: X S corp. X partnership

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	XXXXXXXXXXX
2.	Passive income	2	XXXXXXXXXXX
3.	Non-passive loss	3	XXXXXXXXXXX
4.	Section 179 expense deduction	4	XXXXXXXXXXX
5.	Non-passive income	5	XXXXXXXXXXX
6.	Combine lines 2 and 5	6	XXXXXXXXXXX
7.	Combine lines 1, 3 and 4	7	–XXXXXXXXXXX
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	–XXXXXXXXXXX
9.	Interest (other than MA banks) and dividends if included in line 8	9	XXXXXXXXXXX
10.	Interest from Massachusetts banks if included in line 8	10	XXXXXXXXXXX
11.	Total income or loss from partnerships and S corporations	11	–XXXXXXXXXXX
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	X	
13.	Check if any amount of this investment not at risk	X	

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