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FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Calendar year filers enter 01-01-2018 and 12-31-2018 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 2018

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 MGL ch 62C, § 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 (see instructions). 5d		0 0
	e. Low-Income Housing credit. 5e		0 0
	f. Historic Rehabilitation credit. 5f		0 0
	g. Film Incentive credit (see instructions) 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/Angel Investor 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

TAXPAYER IDENTIFICATION NUMBER

	o. Refundable Film credit (see instructions)	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 IRC § 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