



CORPORATION NAME

FEDERAL IDENTIFICATION NUMBER

Schedule S S Corporation Distributive Income

2020

CLASSIFICATION INFORMATION

Table with 17 rows for classification information, including Gross receipts or sales, Net gain, Rental income, Dividend income, etc.

S CORPORATION INFORMATION

Table with 5 rows for S Corporation information, including S-election effective date, Accounting method, Schedules SK-1, Composite return, and Number of shareholders.



CORPORATION NAME

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Grid for Corporation Name

Grid for Federal Identification Number

S CORPORATION INCOME (cont'd)

Table with 4 columns: Line number, Description, Line number, and Grid. Rows 49-53.

RESIDENT AND NONRESIDENT RECONCILIATION

S corporations owned by a nonresident shareholder(s) and with income derived from business activities in another state, and which activities provide that state with the power to levy an income tax or a franchise tax, complete Schedule F, Income Apportionment, and then lines 54-57.

Table with 4 columns: Line number, Description, Line number, and Grid. Rows 54-54q.



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55 Nonresident taxable income. Multiply the amounts from lines 54a through 54q by the apportionment percentage on Schedule F, line 5.

Table with 3 columns: Description (a-q), Line Number (55a-55q), and Input Grid (checkbox and 5 boxes)



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56 Resident shareholder value. Enter the resident shareholder portion of the amounts from the following Schedule S lines.

Table with 3 columns: Line description (a-q), Amount (e.g., .56a), and Input grid (checkbox and 5-digit field).



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57 Apportioned Massachusetts total. Add the amounts from lines 55a through 55q to the corresponding amounts from lines 56a through 56q.

Table with 2 columns: Description (a-q) and Amount (57a-57q). Each row includes a checkbox and a grid for entering the amount.



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SHAREHOLDER INFORMATION

List all resident, nonresident and other shareholders. Fill in if attaching additional page(s) to include additional taxpayers.

Table with columns: SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER, RESIDENT, NON-RESIDENT, OTHER, NAME OF SHAREHOLDER (last, first)