CAUTION:

This tax return must be filed electronically.

Paper versions of this return will not be accepted.

If you have questions about filing electronically, contact us at 617-887-6367.

See https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements for further information about our electronic filing and payment requirements.



Form 63D-ELT **Entity Level Tax**

Massachusetts
Department of
Revenue

This form, an	d all accompanying	schedules, mus	t be filed electro	onically.				
For calendar	year 2021 or taxable	period beginni	ng		and endin	g		
Name of electing pass-through entity					Federal Identification number			
Address of electing pass-through entity				City/Town		St	ate Zip	
Fill in if name and/or address changed since last year Amended ref			Amended return	n		ber of members in pass-through entity ber of Massachusetts qualified members		
Type of entity (f	• • •	orm 3) O Trus	t					
Total qualif	ied income subjec	ct to 5.0% en	tity-level tax.	Complete Sec	tion 1 or Sect	ion 2 as appl	icable. (See ins	tructions)
	Aggregate Entity Infers/shareholders/bene							
Section 1	. To be complete	d by S Corpo	ration & Partr	nership only. S	ee Instructions	CO		
	usetts ordinary income	-				XO	1	
2 Net incon	ne or loss from rental r	eal estate or oth	ner rental activity				2	
4 Royalty in	nd dividend income						4	
5 Other inc	ome						5	
6 Short-teri	m capital gain or loss .						6	
7 Long-terr	n capital gain or loss.						7	~~
8 Gain or lo	oss on sale, exchange,	or involuntary of	conversion				8	
9 Gain or lo	ss under IRC § 1231.				.		9 <u> </u>	O_{\prime}
10 Other Ion	g-term gains and losse	es					10	
11 Long-terr	n gains on collectibles						11	
	es and adjustments							
	me subject to 5% enti							
	2. To be complete		_				\O '	
	alaries, tips and other	-	-				1	
_	ensions and annuities						2	
	Business/profession or farm income or loss							
	Massachusetts bank interest							
	Other income, such as winnings, lump-sum distributions etc. (itemize)							
	/ Deductions allowed decedents							
	3 Interest and dividend income							
	Short-term capital gain or loss							
	n capital gain or loss						10	
11 Total inco	me subject to 5% enti	ty-level tax					11	
Qualified	Members of E	lecting Pa	ss-through	Entity. See i	nstructions			
				Total		Total	100% of	
				ordinary		income	entity-level	
	T		2	income or loss,	Net gain	subject	tax reported	Member's
Name of	Taxpayer identification		Type of	interest, and dividend	or loss from the sale of	to 5% entity-level	and paid by pass-through	refundable credit (see
member	number	Address	member	income	capital assets	tax	entity	instructions)

Calculation of 5.0% Entity-Level Tax. To be comple	eted by all eligible electing entity-level taxpayers. See instructions							
1 Total income subject to 5% entity-level tax (See instructions)	1							
	0% entity-level tax due. Multiply line 1 by .05 and enter amount here							
	Overpayment of entity-level tax from prior year applied to this year's estimated entity-level tax							
4 Massachusetts estimated entity-level tax payments								
5 Payment of entity-level tax made with extension								
6 Entity-level tax payment with original entity-level tax return (use only	if amending a return)							
7 Total entity-level tax payments								
8 Amount of entity-level tax overpaid								
9 Amount of entity-level tax overpaid to be applied to next year								
10 Amount of entity-level tax to be refunded								
11 Entity-level tax balance due	11							
12 a. M-2210 penalty + b. late file and payment pe	enalties							
13 Interest on unpaid entity-level tax due	13							
14 Payment due at time of filing	14							
Declaration	\(\lambda \)							
The following declaration must be signed by one of the following officers	of the taxpayer: president, treasurer, or any other principal officer.							
Under penalties of perjury, I, the undersigned officer authorized to	o sign this return, declare that Lhave examined this return, including the							
	wledge and belief, it is a true, correct and complete return, made in good faith							
	ate of Massachusetts. I furthe <mark>r decl</mark> are I am authorized to and have made the entity level under MGL chapter 63D as reported herein. I understand that once							
made the election is irrevocable and only valid for the current taxable								
Authorized signature	Date Title							
Printed name								
Paid preparer's signature	Date Paid preparer's TIN							
Paid preparer's printed name	Paid preparer's EIN							
Tala proparot o primos hamo	Tala proparot o Env							
Firm name	Firm EIN#							
Firm address	Firm talanhara number							
Firm address	Firm telephone number							
Fill in if self-employed	DOR may discuss this return with the preparer							
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	613							
~6	DOR may discuss this return with the preparer							