

Firm name (or yours, if self-employed) and address

Form M-8453ELT 63D Entity Level Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.					
Address of electing pass-through entity	City/Town	State	Zip		
Part 1. Tax Return Information for Ele	ectronic Filing				
1 Total income subject to 5% entity-level tax (Form 63I	D-ELT, line 1)		1		
2 5.0% entity-level tax due. (Form 63D-ELT, line 2)			2		
3 Amount of entity-level tax overpaid (Form 63D-ELT, I4 Entity-level tax balance due. (Form 63D-ELT, line 11)	· ·		I .		
Part 2. Declaration and Signature of	Гахрауег				
schedules and statements, and, to the best of my knowled stated pursuant to the income tax laws of the State of Mas election for the taxpayer to pay tax at the entity level unde and only valid for the current taxable year. I have provided this 2023 Massachusetts return. To the best of my knowled this declaration and and statements be sent to the Massamy Electronic Return Originator and/or the transmitter who identify the reasons for rejection so that the return can be not receive full and timely payment of this tax liability, I will	sachusetts. I further declare I am aut r MGL chapter 63D as reported herei to my Electronic Return Originator ar dge and belief this information is true, chusetts Department of Revenue by r en this electronic return has been acc corrected and re-transmitted. If I have	horized to and have made n. I understand that once and that the amounts above correct and complete. I c my Electronic Return Orig epted. In the event that it if filed a balance due retur	e the required made the elect e agree with the consent that the inator. I autho is rejected, I a n, I understan	annual voluntary ction is irrevocable ne amounts shown on is return, including rize DOR to inform outhorize DOR to	
Your signature	Date				
Part 3. Declaration and Signature of I declare that I have reviewed the above taxpayer's return (Collectors are not responsible for reviewing the taxpayer's I have obtained the taxpayer's signature before submitting copy of all forms and information filed with the Massachus I declare that I have examined the above taxpayer's return they are true, correct and complete. I declare that I have v declaration of paid preparer (other than taxpayer) is based not be sent to DOR, but must instead be retained by the Ethe M-8453ELT relates was filed.	and that the entries on this M-8453EI is return; however, they must ensure the this return to the Massachusetts Depsetts Department of Revenue. If I am an and accompanying schedules and serified the taxpayer's proof of accounted on all information of which the preparation on the ERO's business premises	T are complete and corre- nat the M-8453ELT accura- nartment of Revenue. I havalso the paid preparer, un- tatements and to the best and it agrees with the naturer has any knowledge. Of for a period of three year	ately reflects the provided the provided the der pains and tof my knowled the control of the provided the control of the contr	ne data on the return.) e taxpayer with a penalties of perjury dge and belief, on this form. This M-8453ELT should e the return to which	
ERO's signature and SSN or PTIN	Date	EIN		Check if self-employed	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	Check if also paid preparer	
Part 4. Declaration and Signature of I Under penalties of perjury, I, the undersigned officer authors schedules and statements, and, to the best of my knowled stated pursuant to the income tax laws of the State of Mass election for the taxpayer to pay tax at the entity level under and only valid for the current taxable year.	orized to sign this return, declare that dge and belief, it is a true, correct and ssachusetts. I further declare I am aut	I have examined this return complete return, made in horized to and have made	good faith for the required	r the taxable year annual voluntary	
Paid preparer's signature and SSN or PTIN	Date	EIN		Check if self-employed	

City/Town

State