

Massachusetts Department of Revenue Schedule 2K-1 Beneficiary's Massachusetts Information

2023

Name of estate or trust	Estate or trust employer Identification number		
Name of beneficiary	Legal domi	cile (state) of beneficiary	Identification number of beneficiary
Street address			
City/Town	State	Zip	
Name of fiduciary			_
Street address			
City/Town	State	Zip	
In/care/of address			
City/Town	State	Zip	
Fill in one only:	Percentage	e of beneficiary's taxable income	
What type of entity is beneficiary? ○ Individual resident ○ Individual nonresident ○ Resident trust or	estate O No	onresident trust or estate	
○ Ch 62 Exempt organization ○ Ch 63 Exempt organization ○ Oth	er	Fill in if beneficiary is a	nonresident of Massachusetts
Allocable share item Part B income			▼ Fill in oval if showing a loss
1 Wages, salaries, tips and other employee compensation			1
2 Taxable pensions and annuities			2
3 Business/profession or farm income or loss			3 🔘
4 Rental, royalty and REMIC income or loss			4
5 Massachusetts bank interest			
6 Other income, such as winnings, lump-sum distributions, et	c. (itemize).		6 O
7 Deductions allowed decedents			
Part A interest and dividend income			
8 Interest and dividend income (do not include income from c	ommon trust	t funds)	8
9 Common trust fund interest and dividend income			9
Part A capital gains			
10 Taxable Part A 8.5% and 12% capital gains (do not include	income from	common trust funds)	
11 Part A 8.5% short-term common trust fund capital gains			11
Part C capital gains			
12 Part C 5.0% long-term capital gains (do not include income	from commo	on trust funds)	12
13 Part C 5.0% long-term common trust fund capital gains			13



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Name of estate or trust	Estate or trust employer Identification number	
Allocable share item (cont'o	d.)	
Credits and estimated tax pa	nyments	
14 Taxes paid to other jurisdictions	1	14
15 Refundable Child and Family Tax Cred	dit1	15
16 Total other credits (from "Credit Section	on")	16
17 Estimated tax payments made on beh	nalf of nonresident beneficiary by fiduciary	17
18 Other payments (see instructions)		18
	ion: The electing pass-through entity should report its total qualified income as an a ries having qualified taxable income subject to the MGL ch 63D entity-level tax. See at is a pass-through entity \bigcirc	
	nterest, and dividend income	20
	apital assets	
c. Total income subject to 5% entity-l	level tax	e
d. 100% of entity-level tax reported a	and paid by pass-through entity	ed
e. Beneficiary's refundable credit	19	Эе



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Name of estate or trust	Estate or trust employer Identification number				
Credit Section					
Lead Paint					
Economic Opportunity Area					
Economic Development Incentive Program	Certificate number				
Brownfields	Certificate number				
Low-Income Housing	Certificate number				
Historic Rehabilitation.	Certificate number				
Film Incentive.	Certificate number				
Medical Device	Certificate number				
Ch 63D Refundable Credit					
Farming and Fisheries					
Senior Circuit Breaker					
Solar/Wind					
Septic					
Certified Housing Development	Certificate number				
Life Sciences					
Veterans Hire.	Certificate number				
Low-Income Housing Donation	Certificate number				
Angel Investor	Certificate number				
Apprentice	Certificate number				
Vacant Store Front	Certificate number				
Cranberry Bog	Certificate number				
Dairy	Certificate number				
Conservation	Certificate number				
Community Investment	Certificate number				
Offshore Wind Facility Capital Investment					
Offshore Wind Jobs					
National Guard Hiring	Certificate number				
Disability Employment					
Total Other Oresite - Freeze total are the 10					
Total Other Credits. Enter total on line 16					