## **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 <a href="https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements">https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements</a> for further information about our electronic filing and payment requirements.



## FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

|                       | edule SK-1 Shareholder's Massachusetts   | o IIIIOIIIIaliOII. Complete o       | ne Schedu    | ile SK-1 fo                  | r each shar                   | enolder.            | 2024      |
|-----------------------|--|-------------------------------------|--------------|------------------------------|-------------------------------|---------------------|-----------|
| NAME (                | F SHAREHOLDER  |                                     |              | TAXPAYER I                   | DENTIFICATION                 | NUMBER              |           |
| ADDDE                 |  | OLITA/TOWN/DOCT OFFICE              | CTATE        | 710.4                        |                               |                     |           |
| ADDRE                 | S  | CITY/TOWN/POST OFFICE               | STATE        | ZIP+4                        |                               |                     |           |
| NAME (                | F S CORPORATION  |                                     |              | FEDERAL ID                   | ENTIFICATION N                | ILIMBER (FID)       |           |
|                       |  |                                     |              | TEDENALID                    | LIVITIOATION                  | IOMBER (FID)        |           |
| ADDRE                 | \$   | CITY/TOWN/POST OFFICE               | STATE        | ZIP+4                        |                               |                     |           |
|                       |  |                                     |              |                              |                               |                     |           |
| Fill in Fill in has b | of shareholder: Individual resident Individual none Bank Ch 62 Exempt Organization Ch 63 Exempt Co if the shareholder is a nonresident of Massachusetts (see instruit) if: Final Amended S corporation participate een communicated to the shareholder to calculate an addition to (IRC) provisions (check all that apply): IRC § 453A holder interest during the tax year | Organization<br>Juctions)           |              | ions. If fille<br>2A based ( | d in, indicat<br>on the follo | e whether in        | al Revenu |
|                       | SHAREHOLDER'S DISTRIBUTIVE SHARE   | <u> </u>                            | 28           | ,                            | ▼ If a loss, mark             | an X in box at left |           |
| 1                     | Massachusetts ordinary income or loss (from Schedule S, line   | 31)                                 |              | 1                            |                               |                     |           |
| 2                     | Separately stated deductions   |                                     |              | 2                            |                               |                     | -:(0      |
| 3                     | Add lines 1 and 2  |                                     |              | 3                            |                               |                     | S.        |
| <b>4</b> a            | . Taxes due to another jurisdiction (full-year residents and part  | -year residents only)               |              | 4a                           |                               |                     |           |
| ł                     | . Total other credits (from "Credit Section")  |                                     |              | 4b                           |                               |                     |           |
| 5                     | Adjusted Massachusetts net income or loss from rental real est   | ate activity(ies) (from Schedule S  | S, line 34)  | 5                            |                               |                     |           |
| 6                     | Adjusted Massachusetts net income or loss from other rental re   | al estate activity(ies) (from Sched | lule S, line | 37) 6                        | 0                             |                     |           |
| 7                     | Interest from U.S. obligations (from Schedule S, line 39)  |                                     |              |                              | 7                             |                     |           |
| 8                     | Interest (5.0%) from Massachusetts banks (from Schedule S, I   | ine 40)                             | <u>~</u> .   | <b>O</b> .                   | 8                             |                     |           |
| 9                     | Other interest and dividend income (from Schedule S, line 41).   |                                     | $\sim$       |                              | 9                             |                     |           |
| 10                    | Non-Massachusetts state and municipal bond interest (from Sc   | chedule S, line 42)                 |              |                              | 10                            |                     |           |
| 11                    | Royalty income (from Schedule S, line 43)  |                                     |              |                              | 11                            |                     |           |
| 12                    | Other income (from Schedule S, line 44)  |                                     |              |                              | 12                            |                     |           |
| 13                    | Short-term capital gains (from Schedule S, line 45)  |                                     |              |                              | 13                            |                     |           |
| 14                    | Short-term capital losses (from Schedule S, line 46)   | <u> </u>                            |              | 14                           |                               |                     |           |
| 15                    | Gain on the sale, exchange or involuntary conversion of proper one year or less (from Schedule S, line 47).  |                                     |              |                              | 15                            |                     |           |



TAXPAYER IDENTIFICATION NUMBER

## 2024 SCHEDULE SK-1, PAGE 2

| 16 | SHAREHOLDER'S DISTRIBUTIVE SHARE (cont'd)  Loss on the sale, exchange or involuntary conversion of property used in a trade or business held for one year or less (from Schedule S, line 48) | 16  |           |      |
|----|--|-----|-----------|------|
| 17 | Net long-term capital gain or loss (from Schedule S, line 49)  | 17  |           |      |
| 18 | Net gain or loss under Schedule 1231 (from Schedule S, line 50)  | 18  |           |      |
| 19 | Other long-term gains and losses (from Schedule S, line 51)  | 19  |           |      |
| 20 | Long-term gains on collectibles (from Schedule S, line 52)   |     | . 20      |      |
| 21 | Differences and adjustments (from Schedule S, line 53)   | 21  |           |      |
| 22 | Property distributions made to shareholder (from U.S. Form 1120S, Schedule K-1, line 16d)  | 22  |           |      |
| 23 | SHAREHOLDER'S BASIS INFORMATION  a. Enter date of federal basis (12-31-1985 or later)  | 69, | •<br>.23a |      |
|    | b. Number of shares owned  |     | 23b       |      |
|    |  |     | .23c      |      |
|    | d. Dollar value of basis as of the date in line 23a  |     | 23d       |      |
| 24 | Massachusetts basis at beginning of tax year  a. Stock   | 24a |           |      |
|    | b. Indebtedness  | 24b |           | (0), |
| 25 | Net Massachusetts adjustments  a. Stock  | 25a |           |      |
|    | b. Indebtedness  | 25b |           | 201  |
| 26 | Net federal adjustments  a. Stock  |     |           |      |
|    | b. Indebtedness  | 26b | X         |      |
| 27 | Massachusetts basis at end of tax year  a. Stock (add lines 24a and 25a)   | 27a |           |      |
|    | <b>b.</b> Indebtedness (add lines 24b and 25b)   | 27b |           |      |
|    | a. Stock (add lines 24a and 25a).  b. Indebtedness (add lines 24b and 25b).  |     |           |      |



|        |   | TAXPAYER IDENTIFICATION NUMBER            |              | 2024 SCHEDULE SK-1,<br>PAGE 3 |            |          |  |  |  |
|--------|---|---|--------------|-------------------------------|------------|----------|--|--|--|
|        | PASS-THROUGH ENTITY PAYMENT AND CREDIT INFORMATION Declaration election code: Withholding Composite   |   | ⊃ Non-profit |                               |            |          |  |  |  |
| 28     | Withholding amount  |   |              |                               |            |          |  |  |  |
| 29     | Estimated payments  |   |              |                               |            |          |  |  |  |
| 30     | Credit for amounts withheld by lower-tier entity(ies)   |   |              |                               |            |          |  |  |  |
|        | Payer Identification number   |   | 30           |                               |            |          |  |  |  |
| 31     | Credit for amounts of estimated payments made by lower-tier enti  |   |              |                               |            |          |  |  |  |
| ٠.     | Payer Identification number   | 119(100)                                  | 21           |                               |            |          |  |  |  |
| resid  | orting of aggregate entity information: The electing pass-through elent or nonresident shareholders having qualified taxable income sules shareholder is a trust, fill in if the trust is a pass-through entity | bject to the MGL ch 63D entity-level tax. |              | amount de                     | erived fro | om al    |  |  |  |
| If the | shareholder is a trust, fill in if the trust is a pass-through entity   |   | )            |                               |            |          |  |  |  |
| 32     | Total qualified income subject to 5.0% entity-level tax   | COX                                       |              |                               |            |          |  |  |  |
|        | a. Total of ordinary income or loss, interest, and dividend income  | ,   | 32a          |                               |            |          |  |  |  |
|        | <b>b.</b> Net gain or loss from the sale of capital assets  | 8   | 32b          |                               |            |          |  |  |  |
|        | <b>c.</b> Total income subject to 5.0% entity-level tax   | <b>ð</b>                                  | 32c          |                               | 00         | <b>)</b> |  |  |  |
|        | d. 100% of entity-level tax reported and paid by pass-through ent   | tity                                      | 32d          | ×0                            |            |          |  |  |  |
|        | e. Shareholder's refundable credit  |   | 32e          | 10,                           |            |          |  |  |  |
|        | 25  |   | Ke Ke        |                               |            |          |  |  |  |
|        |   |   | "UO"         |                               |            |          |  |  |  |
|        | · Ot  | C.  | 01           |                               |            |          |  |  |  |
|        |   | 0,  |              |                               |            |          |  |  |  |
|        | 200   | 01/13                                     |              |                               |            |          |  |  |  |
|        | Paler ret   | 8.1                                       |              |                               |            |          |  |  |  |
|        |   | alle                                      |              |                               |            |          |  |  |  |
|        |   | 9   |              |                               |            |          |  |  |  |
|        |   | 5 16.9 and 21.9                           |              |                               |            |          |  |  |  |
|        |   | 9   |              |                               |            |          |  |  |  |



Offshore Wind Facility Capital Investment

National Guard Hiring . . . . . . . . . Certificate number

Training Tax Credit . . . . . . . . . . . . . Certificate number . .

Offshore Wind Jobs .

2024 SCHEDULE SK-1, PAGE 4 NAME OF SHAREHOLDER TAXPAYER IDENTIFICATION NUMBER **CREDIT SECTION** Lead Paint credit Economic Development Incentive Program ... Certificate number ...... Brownfields Credit (see instructions)..... Certificate number. Low-Income Housing Credit . . . . . . . Certificate number Historic Rehabilitation Credit . . . . . . . . Certificate number Film Incentive Credit (see instructions) . . . . Certificate number Medical Device Credit . . . . . . . . . Certificate number Certified Housing Development Credit..... Certificate number Life Sciences Credit . . . . . . . . . . . . . . . . Certificate number Low-Income Housing Donation Credit..... Certificate number Dairy Credit . . . . . . . . . . Certificate number Conservation Credit . . . . . . . . . . . Certificate number Community Investment Credit . . . . . . . . Certificate number Angel Investor Credit . . . . . . . . Certificate number Certificate number Certificate number Cranberry Bog Credit..... Certificate number

TOTAL OTHER CREDITS. Enter this amount on line 4b.