Caution: DRAFT – DO NOT FILE

This is an early release draft of a 2025 Massachusetts tax form or schedule.

Do not file **DRAFT** forms.

DRAFT forms will not be processed.



Massachusetts Department of Revenue

2025

Calendar year filers enter 01–01–2025 and 12–31–2025 below; fiscal year filers enter appropriate dates NAME OF PARTNER ADDRESS CITY/TOWN/POST OFFICE STATE TAXPAYER IDENTIFICATION NUMBER TAXPAYER IDENTIFICATION NUMBER FEDERAL IDENTIFICATION NUMBER TOWN POST OFFICE STATE ZIP + 4 ADDRESS CITY/TOWN/POST OFFICE STATE ZIP + 4
ADDRESS CITY/TOWN/POST OFFICE STATE ZIP + 4 NAME OF PARTNERSHIP FEDERAL IDENTIFICATION NUMBER
NAME OF PARTNERSHIP FEDERAL IDENTIFICATION NUMBER
NAME OF PARTNERSHIP FEDERAL IDENTIFICATION NUMBER
ADDRESS CITY/TOWN/POST OFFICE STATE ZIP + 4
ADDRESS CITY/TOWN/POST OFFICE STATE ZIP + 4
A. Type of partner (fill in one only): Individual resident Individual nonresident Resident trust or estate S corporation Partnership or other PTE IRA Corporation Ch 62 exempt organization Ch 63 exempt organization
A1. Fill in if partner is a nonresident of Massachusetts (see instructions).
A2. If partner is a Disregarded Entity (DE) (see instructions), enter DE partner's name:
Enter entity type of DE partner: Enter status of DE partner: Domestic (U.S.) Foreign (non-U.S.) B1. Type of partner: Enter status of DE partner: Domestic (U.S.) Foreign (non-U.S.)
C. Type of form submission: Final Amended return
D. Fill in if there was a sale, transfer or liquidation of any part of this partnership interest during the tax year
E. Fill in if the partnership participated in one or more installment sales transactions
following Internal Revenue Code (IRC) provisions (fill in all that apply): IRC § 453A IRC § 453(i)(2)(B)
F. Fill in if partner contributed property with built-in gain (loss) Beginning \$ Ending \$
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PARTNER'S DISTRIBUTIVE SHARE 1 Massachusetts ordinary income or loss (from Form 3, line 20)
2 Guaranteed payments to partners (deductible and capitalized, from U.S. Form 1065, Schedule K)
3 Separately stated deductions
4 Combine lines 1 through 3.
a. Taxes due to another jurisdiction (our-year residents and part-year residents only)
b. Total other credits (notificated section)
O Credit recapture (see instructions).
7 Net income or loss from rental real estate activity (from Form 3, line 23)
8 Net income or loss from other rental activity (from Form 3, line 26)
9 Interest from U.S. obligations (from Form 3, line 28).
10 Interest (5.0%) from Massachusetts banks (from Form 3, line 29)
11 Other interest and dividend income (from Form 3, line 30)
12 Non-Massachusetts state and municipal bond interest (from Form 3, line 31)
13 Royalty income (from Form 3, line 32)



2025 SCHEDULE 3K-1, PAGE 2

NAME	OF PARTNER		TAXPAYER IDENTIFICATION NUMBER	
14	Short-term capital gains (from Form 3, line 33)	14		0 0
15	Short-term capital losses (from Form 3, line 34)	. 15		0 0
16	Gain on the sale, exchange, or involuntary conversion of property used in a trade or business held for one year or less (from Form 3, line 35)	16		0 0
17	Loss on the sale, exchange, or involuntary conversion of property used in a trade or business held for one year or less (from Form 3, line 36)			0 0
18	Long-term capital gain or loss (from Form 3, line 37)	. 18		0 0
19	Net gain or loss under IRC § 1231 (from Form 3, line 38)	. 19		0 0
20	Long-term gains on collectibles and pre-1996 installment sales (from Form 3, line 39)	20		0 0
21	Differences and adjustments (from Form 3, line 40)	. 21		0 0
22	UPPER TIER ENTITY/CORPORATE PARTNER INFORMATION State and municipal bond interest not included in U.S. net income	22		0 0
23	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income			0 0
	Other adjustments, if any	. 24		0 0
	RECONCILIATION OF PARTNER'S CAPITAL ACCOUNT Balance at beginning of year	25		0 0
	Massachusetts net income for year	26		0 0
	Entire net income for year.	27		0 0
28	Capital contributions			0 0
2Q	Other increase (decrease). Attach explanation			0 0
20	With desirals			0 0
3 0	Withdrawals			0 0
31	Balance at end of year. Add lines 25, 27, 28, 29 and subtract line 30	. 31		0 0
32	PARTNER'S SHARE OF PROFIT, LOSS AND CAPITAL Percentage of profit	EI EI	nding 32	
	Percentage of loss		nding 33	
	Percentage of capital		nding 34	
		Ending 35		0 0
		Ending 36		0 0
	·	Inding 37		0 0



2025 SCHEINAME OF PARTNER		ILE 3K-1, PAGE 3 TAXPAYER IDENTIFICATION NUMBER		
PASS-THROUGH ENTITY PAYMENT AND CREDIT INFORMATION				
Declaration election code: Withholding Composite Member-self file Exempt PTE Insurance company Non-profit Exempt corporate limited partner				
38 Withholding amount	38			0 0
39 Payments made in a composite filing.				0 0
40 Credit for amounts withheld by lower-tier entity				
Payer identification number	40			0 0
41 Payments made with a composite filing by lower-tier entity (informational only)	41			0 0
PARTNER'S SHARE OF CHAPTER 63D REFUNDABLE CREDIT		•		
Reporting of aggregate entity information: The electing pass-through entity should report its total qua				derived
from all resident or nonresident partners having qualified taxable income subject to the MGL ch 63D el If the partner is a trust, fill in if the trust is a pass-through entity	ntity-level tax.	see instructi	ons.	
42 Total qualified income subject to 5.0% entity-level tax				
a. Total of ordinary income or loss, interest, and dividend income.	42a			00
b. Net gain or loss from the sale of capital assets	42b			0 0
c. Total income subject to 5.0% entity-level tax	42c			0 0
d. 100% of entity-level tax reported and paid by pass-through entity	42d			00
e. Partner's refundable credit	42e			0 0
e. Partner's retundable credit	CLE!	4,		
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2025 SCHEDULE 3K-1, PAGE 4

NAME OF PARTNER	TAXPAYER IDENTIFICATION NUMBER
CREDIT SECTION Lead Paint credit	
Economic Opportunity Area	
Economic Development Incentive Program Certificate number (credits prior to November 20, 2024)	
Economic Development Incentive Program Certificate number (credits authorized on or after November 20, 2024)	
Brownfields credit (see instructions) Certificate number	
Low-Income Housing creditCertificate number	00
Historic Rehabilitation credit Certificate number	00
Film Incentive credit (see instructions) Certificate number	
Medical Device credit	
Ch 63D Refundable credit	
Farming and Fisheries credit	
Certified Housing Development credit Certificate number	
Life Sciences credit .	
Veterans Hire credit	
Low-Income Housing Donation credit Certificate number	
Dairy credit	00
Conservation credit	
Community Investment credit	
Angel Investor credit	
Apprentice credit Certificate number	
Vacant Storefront credit	
Cranberry Bog credit Certificate number	
Offshore Wind Facility Capital Investment credit	
Offshore Wind Jobs credit	
National Guard Hiring credit Certificate number	
Disability Employment credit	



2025 SCHEDULE 3K-1, PAGE 5				
NAME OF PARTNER		TA	XPAYER IDENTIFICATION NUMBER	
CREDIT SECTION (continued)				0 0
Training Tax credit Certificate number				ט ט
Live Theater credit				0 0
Climatetech Tax Incentive credit				0 0
Massachusetts Homeownership creditCertificate number				0 0
Commercial Conversion creditCertificate number				0 0
TOTAL OTHER CREDITS. Enter this amount on line 5b				0 0

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