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.



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

Massachusetts
Department of
Revenue

This for	rm, and	all accompanying	schedules, mus	t be filed elec	tronically.				
For cale	endar ye	ear 2025 or taxable	period beginnii	ng		and endin	g		
Name of	electing p	ass-through entity					Fe	ederal Identification n	umber
Address	of electing	g pass-through entity			City/Town		St	ate Zip	
Fill in if n	ame and/	or address changed s	since last year	Amended ret	urn	Amended retur	n due to IRS BBA	Partnership audit	
0				\circ		\circ			
Type of e	Type of entity (fill in one only)					Total number of members in pass-through entity			
○ S-Corporation ○ Partnership (Form 3) ○ Trust						Total number of Massachusetts qualified members			
Total an	nount of	Entity-level Tax Pai	d. See instruction	ns				·	
Total o	qualifie	d income subje	ct to 5.0% en	tity-level ta	x. Complete Sec	tion 1 or Sect	ion 2 as appl	cable. See insti	ructions.
	-	=			through entity shou		,	~	
from all	partners	s/shareholders/ben	eficiaries having	ualified taxab	le income subject to	the MGL ch 63D	entity-level tax.	o ao an aggrogan	
Secti	on 1.	To be complete	ed by S Corpor	ation & Par	tnership only. S	ee Instructions			
		_	-				971	1	
					ity			2	
3 Inte	erest and	dividend income	Tourestate or our			0		3	
								4	
								5	
7 Lon	na-term a	capital gain or loss.				7, (2)		7	
8 Gai	in or loss	on sale, exchange	e. or involuntary o	onversion				8	
9 Gai	in or loss	under IRC § 1231						9	
					/				
12 Diffe	erences	and adjustments .						12	
13 Tota	al income	e subject to 5% ent	ity-level tax					13	
		To be complete							
								1	
	_								
4 Rer	ntal, roya	alty and REMIC inco	ome or loss					4	
5 Mas	ssachus	etts bank interest						5	
6 Oth	er incom	ne, such as winning	ıs, lump-sum dist	ributions etc. (itemize)			6	
7 Dec	ductions	allowed decedents						7	
8 Inte	erest and	dividend income						8	
9 Sho	ort-term o	capital gain or loss						9	
10 Lon	ng-term o	capital gain or loss						10	
11 Tota	al income	e subject to 5% ent	ity-level tax					11	
Quali	ified N	Members of I	Electing Pa	ss-throug	h Entity. See i	nstructions			
					Total		Total	100% of	
					ordinary		income	entity-level	
		Taynayar			income or loss,	Net gain or loss from	subject	tax reported	Member's
	ne of mber	Taxpayer identification number	Address	Type of member	interest, and dividend income	the sale of capital assets	to 5% entity-level tax	and paid by pass-through entity	refundable credit (see instructions)

Calculation of 5.0%	Entity-Level Tax. To be completed by all eligible electing entity-level taxpayers. See instructions
1 Total income subject to 5	% entity-level tax (See instructions)
•	Multiply line 1 by .05 and enter amount here
•	vel tax from prior year applied to this year's estimated entity-level tax
	d entity-level tax payments
	ix made with extension
•	with original entity-level tax return (use only if amending a return)
, , ,	nents
•	coverpaid
	coverpaid to be applied to next year
•	k to be refunded
•	lue
	+ b. late file and payment penalties
O Exception. Enclose Fo	
' '	level tax due
14 Payment due at time of fil	iling
	\sim
Declaration	
The following declaration mus	st be signed by one of the following officers of the taxpayer: president, treasurer, or any other principal officer.
Under penalties of periury	, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the
	nd statements, and, to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith
	pursuant to the income tax laws of the State of Massachusetts. I further declare I am authorized to and have made the
	lection for the taxpayer to pay tax at the entity level under MGL chapter 63D as reported herein. I understand that once
made the election is irrevoca	able and only valid for the current taxable year.
Authorized signature	Date Title
, tatilonizou orginaturo	
Printed name	
Paid preparer's signature	Date Paid preparer's TIN
Paid preparer's printed name	Paid preparer's EIN
Firm name	Fim EIN#
Fillitialile	Firm Envir
Firm address	Firm telephone number
Fill in if self-employed	DOR may discuss this return with the preparer
0	DOR may discuss this return with the preparer
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	DOR may discuss this return with the preparer