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 M-8453CR Nonresident Composite Return Tax Declaration for Electronic Filing

2025
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available	able upon request. For t	he year Janu	ary 1-Decembe	r 31, 2025.		
Entity name				Federal Identification number		
Mailing address	City/7	Town		State	Zip	
Part 1. Tax Return Information	for Electronic Fi	ling				
1 Total 5.0% income (from Form MA NRCR,	line 7)				1 🖳	
2 Income tax (from Form MA NRCR, line 14)	· ·				2	
3 Refund amount (from Form MA NRCR, line	e 26)				3	
4 Tax due (from Form MA NRCR, line 27)						
Part 2. Declaration and Signatu	ure of Taxpayer					
this information is true, correct and complete. I c sent to the Massachusetts Department of Rever the transmitter when this electronic return has b the return can be corrected and re-transmitted. I this tax liability, I will remain liable for the tax liab	nue by my Electronic Retu een accepted. In the even f I have filed a balance du	rn Originator. It that it is reje Ie return, I un	I authorize DOR cted, I authorize I derstand that if D	to inform my El DOB to identify	ectronic Returr the reasons fo	Originator and/or rejection so that
Your signature	,0	Date		3		
Part 3. Declaration and Signati	re of Electronic	Return C	riginator (I	RO)		
I declare that I have reviewed the above taxpaye (Collectors are not responsible for reviewing the return.) I have obtained the taxpayer's signature with a copy of all forms and information filed with of perjury I declare that I have examined the about belief, they are true, correct and complete. I dec This declaration of paid preparer (other than tax should not be sent to DOR, but must instead be to which the M-8453CR relates was filed.	taxpayer's return; however before submitting this ret the Massachusetts Depove taxpayer's return and lare that I have verified the payer) is based on all info	er, they must e urn to the Ma artment of Re accompanyin e taxpayer's p ormation of wh	nsure that the Messachusetts Depa venue. If I am als g schedules and roof of account a ich the preparer	-8453CR accurate the country of the paid preparatements and it agrees with the country of the co	ately reflects th nue. I have pro arer, under pair to the best of in the name(s) s dge. Original F	e data on the vided the taxpayer and penalties my knowledge and shown on this form. orms M-8453CR the date the return
ERO's signature and SSN or PTIN	X KON	Date	^	EIN		O Check if self-employed
Firm name (or yours, if self-employed) and address		City/Town	40	State	Zip	O Check if also paid preparer
Part 4. Declaration and Signatu	ure of Paid Prena	rer (if ot	er than FR	(O)		
Under pains and penalties of perjury, I declare to my knowledge and belief it is true, correct and copreparer has any knowledge.	hat I have examined this r	eturn, includir	g accompanying	schedules and		
Paid preparer's signature and SSN or PTIN		Date		EIN		O Check if self-employed
Firm name (or yours, if self-employed) and address		City/Town		State	Zip	