## 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.



Firm name (or yours, if self-employed) and address

## Form M-8453ELT 63D Entity Level Tax Declaration for Electronic Filing

2025
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2025.				
Name of electing pass-through entity		Federal Identification number		
Address of electing pass-through entity	City/Town	State Z	(ip	
Part 1. Tax Return Information for El	lectronic Filina			
1 Total income subject to 5% entity-level tax (Form 63	_		. 1	
2 5.0% entity-level tax due. (Form 63D-ELT, line 2)				
3 Amount of entity-level tax overpaid (Form 63D-ELT,				
4 Entity-level tax balance due. (Form 63D-ELT, line 1	•			
Part 2. Declaration and Signature of	Taxpayer	6	•	
Under penalties of perjury, I, the undersigned officer autischedules and statements, and, to the best of my knowled stated pursuant to the income tax laws of the State of Market election for the taxpayer to pay tax at the entity level und and only valid for the current taxable year. I have provide this 2025 Massachusetts return. To the best of my knowled this declaration and and statements be sent to the Mass my Electronic Return Originator and/or the transmitter will identify the reasons for rejection so that the return can be not receive full and timely payment of this tax liability, I we	edge and belief, it is a true, correct and assachusetts. I further declare I am aut ler MGL chapter 63D as reported hereind to my Electronic Return Originator ar ledge and belief this information is true, eachusetts Department of Revenue by rehen this electronic return has been acce corrected and re-transmitted. If I have	complete return, made in good norized to and have made the in. I understand that once made ad that the amounts above agre- correct and complete. I conserved the complete of the conserved and complete of the conserved and complete. In the event that it is rejected a balance due return, I ur	If faith for the taxable year required annual voluntary the election is irrevocable with the amounts shown on that this return, including a lauthorize DOR to inform ected, I authorize DOR to nderstand that if DOR does	
Your signature	Date	N. C.		
		XY		
Part 3. Declaration and Signature of	<b>Electronic Return Origin</b>	ator (ERO)		
I declare that I have reviewed the above taxpayer's return (Collectors are not responsible for reviewing the taxpaye I have obtained the taxpayer's signature before submittin copy of all forms and information filed with the Massachu I declare that I have examined the above taxpayer's return they are true, correct and complete. I declare that I have declaration of paid preparer (other than taxpayer) is basen to be sent to DOR, but must instead be retained by the the M-8453ELT relates was filed.	r's return; however, they must ensure the ng this return to the Massachusetts Dep usetts Department of Revenue. If I am a rn and accompanying schedules and so verified the taxpayer's proof of account ed on all information of which the prepa	nat the M-8453ELT accurately reartment of Revenue. I have proalso the paid preparer, under patatements and to the best of my and it agrees with the name(surer has any knowledge. Original	eflects the data on the return.) wided the taxpayer with a ains and penalties of perjury y knowledge and belief, ) shown on this form. This at Forms M-8453ELT should	
ERO's signature and SSN or PTIN	Date	EIN	Check if self-employed	
Firm name (or yours, if self-employed) and address	<b>Oity/Town</b>	State	Cip Check if also paid preparer	
Post 4 Poologation and Signature of	Daid Dranguer (if other th	or EBO		
Part 4. Declaration and Signature of Under penalties of perjury, I, the undersigned officer auth schedules and statements, and, to the best of my knowle stated pursuant to the income tax laws of the State of Ma election for the taxpayer to pay tax at the entity level under and only valid for the current taxable year.	horized to sign this return, declare that edge and belief, it is a true, correct and assachusetts. I further declare I am aut	I have examined this return, inc complete return, made in good norized to and have made the i	I faith for the taxable year required annual voluntary	
Paid preparer's signature and SSN or PTIN	Date	EIN	Check if self-employed	

City/Town

State