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-8453P Partnership Tax Declaration for Electronic Filing

2025
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice	available upon request. For the year Janua	ary 1-December 31, 2025.		
Entity name		Federal Identification number		
Mailing address	City/Town	State	Zip	
Part 1. Tax Return Informat	tion for Electronic Filing			
2 Gross profit (from Form 1065, line 3)3 Ordinary income or loss from trade or4 Net income or loss from rental real es	and allowances (from Form 1065, line 1c))	2 3 4	
Part 2. Transmitter Informa	ition	٥,5		
Transmitter's name		00		
Part 3. Declaration and Sign	nature of Taxpayer	20		
Return Originator and that the amounts at this information is true, correct and complesent to the Massachusetts Department of the transmitter when my electronic return the return can be corrected and re-transmit	at I have reviewed the information on my return to agree with the amounts shown on my 20 etc. I consent that my return, including this decrevenue by my Electronic Return Originator has been accepted. In the event that it is rejectived. If I have filed a balance due return, I under liability and all applicable penalties and interest.	25 Massachusetts return. To the laration and accompanying so authorize DOR to inform my E ted, I authorize DOR to identify lerstand that if DOR does not re	e best of my kn hedules, forms Electronic Retur the reasons fo	nowledge and belief and statements be n Originator and/or r rejection so that
Your signature	Date	J		
Part 4. Declaration and Sign	nature of Electronic Return O	riginator (ERO)		
(Collectors are not responsible for reviewin I have obtained the taxpayer's signature be a copy of all forms and information filed wi above taxpayer's return and accompanying I declare that I have verified the taxpayer's than taxpayer) is based on all information	expayer's return and that the entries on this Ming the taxpayer's return; however, they must elefore submitting this return to the Massachuse ith DOR. If Lam also the paid preparer, under glacked schedules and statements and to the best of proof of account and it agrees with the name of which the preparer has any knowledge. Or incess premises for a period of three years from	nsure that the M-8453P accura etts Department of Revenue. I I the penalties of perjury I decla f my knowledge and belief, the (s) shown on this form. This de ginal Forms M-8453P should r	ately reflects the nave provided the that I have exy are true, correctaration of paints be sent to Directaration to be sent to Directaration.	data on the return.) ne taxpayer with kamined the ect and complete. d preparer (other OR, but must instead
ERO's signature and PTIN	Date	EÍN	•	O Check if self-employed
Firm name (or yours, if self-employed) and addi	ress City/Town	State	Zip	O Check if also paid preparer
Under the penalties of perjury, I declare the	nature of Paid Preparer (if oth at I have examined this return, including acco and complete. This declaration of paid preparent.	mpanying schedules and state	,	
Paid preparer's signature and PTIN	Date	EIN		Check if self-employed
Firm name (or yours, if self-employed) and add	ress City/Town	State	Zip	