



## Massachusetts Department of Revenue

Schedules E and F  
Rental Income or Loss and Credit for Taxes Paid

2017

Name of estate or trust

Estate or trust employer identification number

**Schedule E. Rental, Royalty and REMIC Income or Loss**

▼ Fill in oval if showing a loss

|                                                                                                                             |           |                      |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>1a</b> Rental and royalty income or loss (from U.S. Schedule E, Part I, line 26 and Part V, line 40) . . . . .           | <b>1a</b> | <input type="text"/> |
| <b>1b</b> Real Estate Mortgage Investment Conduit (REMIC) income or loss (from U.S. Schedule E, Part IV, line 39) . . . . . | <b>1b</b> | <input type="text"/> |
| <b>1</b> Add lines 1a and 1b . . . . .                                                                                      | <b>1</b>  | <input type="text"/> |
| <b>2</b> Massachusetts differences . . . . .                                                                                | <b>2</b>  | <input type="text"/> |

Explain

|                                                                                                                                                   |          |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>3</b> Abandoned Building Renovation Deduction . . . . .                                                                                        | <b>3</b> | <input type="text"/> |
| <b>4</b> Total rental, royalty and REMIC income (or loss) for Massachusetts. Combine lines 1, 2 and 3. Enter here and on Form 2, line 4 . . . . . | <b>4</b> | <input type="text"/> |

**Schedule F. Credit for Income Taxes Due to Other Jurisdictions**

If you have income other than from Form 2, line 13 that is taxed by other jurisdictions, see Schedule F instructions.

|                                                                                                                                                 |          |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>1</b> Total Part B 5.1% income taxed by other jurisdictions . . . . .                                                                        | <b>1</b> | <input type="text"/> |
| <b>2</b> Total gross Part B 5.1% income (from Form 2, line 7) . . . . .                                                                         | <b>2</b> | <input type="text"/> |
| <b>3</b> Percentage of total taxed by other jurisdictions. Divide line 1 by line 2 . . . . .                                                    | <b>3</b> | <input type="text"/> |
| <b>4</b> Massachusetts tax on Part B 5.1% income (Form 2, line 13 from tax table). If line 13 is more than \$24,000, multiply by .051 . . . . . | <b>4</b> | <input type="text"/> |
| <b>5</b> Percentage of Massachusetts tax. Multiply line 3 by line 4. . . . .                                                                    | <b>5</b> | <input type="text"/> |
| <b>6</b> Income tax paid on such income to other jurisdictions. See instructions . . . . .                                                      | <b>6</b> | <input type="text"/> |
| <b>7</b> Allowable credit. Enter the smaller of lines 5 or 6 here and in line 42 on Form 2 . . . . .                                            | <b>7</b> | <input type="text"/> |