1996

Massachusetts Department of Revenue

Form 3
Partnership Return of Income

Attach a copy of U.S. Form 1065 and all schedules, including K-1s. A return without attached U.S. information is incomplete and subject to penalty. Please print all information in ink or type.

For calendar year 1996 or taxable year beginning _____, 1996 and ending _____, 19 _____

Name	**A** Principal business activity	**D** Federal identification number
Address	**B** Principal product or service	**E** Date business started
City or Town State Zip	**C** Federal business code	**F** Total Assets from U.S. Form 1065, Sched. L, line 14, Col. d $

G Check if organized as a Limited Liability Company under MGL Ch. 156 and treated as a partnership for federal tax purposes ☐

H Check method of accounting: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (attach explanation)

I Is this a final return? ☐ Yes ☐ No

J Number of Partners _____

K Has the federal government changed your taxable income for any prior year which you have not yet reported to Massachusetts? ☐ Yes ☐ No
If "Yes," report such change on a Form 3 marked "amended" within one year after final U.S. determination, and inform **each** partner.

DOR and the IRS routinely share computer tapes and audit results. Differences, other than those allowed under state law, will be identified and may result in audit or further investigation.

Part I. Partner Information

List all resident, nonresident, corporate and other partners below. Under "Entity Type," enter "R" if a resident partner, "N" if a nonresident partner, "C" if a corporate partner, or "O" if another type of partner. Attach copies of Schedule 3K-1 with information on each partner. If more space is needed, submit additional pages. Check if attaching additional pages. ☐

Name of Partner	Entity Type	Social Security number or Federal I.D. no.	Name of Partner	Entity Type	Social Security number or Federal I.D. no.

Part II. Partnership Income Mass. Ordinary Income or (Loss)

1	Ordinary income or (loss) (from U.S. Form 1065, line 22)	
2	Other income or (loss) (from U.S. Form 1065, Schedule K, line 7)	
3	State, local and foreign income and unincorporated business taxes or excises	
4	Subtotal. *Add lines 1, 2 and 3*	
5	Other adjustments, if any. **Attach statement**	
6	Mass. ordinary income or (loss). *Combine lines 4 and 5*	
7	Net income or (loss) from rental real estate activity(ies) (from U.S. Form 1065, Schedule K, line 2)	
8	Net income or (loss) from other rental activity(ies) (from U.S. Form 1065, Schedule K, line 3c)	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of general partner			Date
Paid preparer's signature	Date	Self-employed ☐	Preparer's Social Security no.
Firm's name (or yours, if self-employed)			Employer identification number
Firm's street address	City or town	State	Zip

Mail to: Massachusetts Department of Revenue, P.O. Box 7017, Boston, MA 02204.

Warning: Willful tax evasion — including underreporting income, overstating deductions or exemptions, or failing to file and otherwise evade — is a felony. Conviction can result in a jail term of up to five years and/or a fine of up to $100,000.

U.S. Portfolio Income

9	U.S. Portfolio income, not including capital gains (from U.S. Form 1065, Schedule K, lines 4a, 4b, 4c and 4f)	
10	Interest on U.S. debt obligations included in line 9	
11	5.95% interest from savings deposits in Mass. banks included in line 9. Attach statement listing sources & amounts	
12	12% interest and dividend income included in line 9. Attach statement listing sources and amounts	
13	Non-Mass. state and municipal bond interest	
14	Royalty income included in line 9	
15	Other income included in line 9	

Mass. Capital Gains and (Losses)

16	Total short-term capital gains included in U.S. Form 1065, Schedule D, line 5	
17	Total short-term capital (losses) included in U.S. Form 1065, Schedule D, line 5	
18	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	
19	(Loss) on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less (from U.S. Form 4797)	
20	Net long-term capital gain or (loss) from U.S. Form 1065, Schedule K, line 4e	
21	(Loss) on the sale, exchange or involuntary conversion of property used in a trade or business and held for more than one year (not included in line 20)	
22	Long-term gains on collectibles included in line 20	
23	Differences and adjustments, if any, including any gain or (loss) from Mass. Fiduciaries included in lines 16-22. **Attach statement**	

Part III. Income Apportionment

Complete Part III only if: (a) there is one or more corporate or nonresident, individual partner(s) **and** (b) income was derived from business activities in another state **and** (c) such activities provide such state the jurisdiction to levy an income tax or a franchise tax.

Apportionment Factors	**(A) Mass.**	**(B) Everywhere**	**(C) % in Mass.**
24 Tangible Property:			
(a) Property owned (averaged)	$	$	
(b) Rented property (capitalized)			
(c) Total. *Add lines 24a and 24b for each column.*	$	$	
(d) Percentage. *Divide Column A by Column B.*			%
25 Payroll:			
(a) Total	$	$	
(b) Percentage. *Divide Column A by Column B.*			%
26 Sales:			
(a) Tangibles	$	$	
(b) Services			
(c) Rents and Royalties			
(d) Other			
(e) Total. *Add lines 26a through 26d for each column*	$	$	
(f) Percentage. *Divide line 26e, Column A by Column B*			%
27 Apportionment percentage. *Add Column C, lines 24d, 25b and 26f.*			%
28 Mass. apportionment percentage. *Divide line 27 by 3.* See Form 3 instructions			%

Resident & Nonresident Reconciliation	**29** Total nonresidents' shares	**30** Nonresident taxable income. *Line 29 × 28*	**31** Total residents' shares	**32** Apportioned Mass. total. *Line 30 + 31*	**33** Corporate share, if any
a Line 6					
b Line 7					
c Line 8					
d Line 11					
e Line 12					
f Line 13					
g Line 14					
h Line 15					
i Line 16					
j Line 17					
k Line 18					
l Line 19					
m Line 20					
n Line 21					
o Line 22					
p Line 23					