



Form M-8453P
Partnership Tax Declaration
for Electronic Filing

2011
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2011.

Partnership name, Declaration control number (00-...-2), Mailing address, Federal Identification number, City/Town, State, Zip

Part 1. Partnership Return Information for Electronic Filing

Table with 5 rows: 1 Gross receipts or sales, less returns and allowances; 2 Gross profit; 3 Ordinary income or loss from trade or business activities; 4 Net income or loss from rental real estate activities; 5 Net income or loss from other rental activities.

Part 2. Transmitter Information

Transmitter's name

Part 3. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2011 Massachusetts return.

Your signature Date

Part 4. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453P are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453P accurately reflects the data on the return.)

ERO's signature and SSN or PTIN, Date, EIN, Check if self-employed, Firm name (or yours, if self-employed) and address, City/Town, State, Zip, Check if also paid preparer

Part 5. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN, Date, EIN, Check if self-employed, Firm name (or yours, if self-employed) and address, City/Town, State, Zip