



2012

Massachusetts
Department of
Revenue

Form MA NRCR
Nonresident Composite Return

For calendar year 2012 or taxable period beginning 2012 and ending
Name of pass-through entity Federal Identification number
Address City/Town State Zip
Name of filing agent Name/address change since last year? Is entity filing Schedule TDS? Number of members included on return
Is this composite return being filed on behalf of one or more upper-tier entities? This composite return is being filed by a:

Summary Information. The following lines represent summary amounts for all participants.
1 Rent, royalty, REMIC, partnership, S corporation, trust income/loss (from Schedule E Reconciliation, line 58) 1
2 Massachusetts state lottery winnings 2
3 Other income (from Schedule X, line 5) 3
4 Massachusetts bank interest (from Schedule B, line 5) 4
5a Add lines 1 through 4 5a
5b Enter amount from line 5a but not less than "0" 5b
6 Interest and dividend income (from Schedule B, line 38) 6
7 Total 5.25% taxable income. Add lines 5b and 6 7
8 Tax on 5.25% income. Multiply line 7 by tax rate 8
9 12% income (from Schedule B, line 39) 9
10 Tax on 12% income. Multiply line 9 by .12 10
11 Tax on long-term capital gains (from Schedule D, line 22) 11
12 Credit recapture amount (from Schedule H-2) 12
13 Additional tax on installment sales 13
14 Total income tax. Add lines 8 and 10 through 13 14
15 Overpayment from prior year applied to this year's estimated tax 15
16 Massachusetts estimated tax payments 16
17 Payments made with extension 17
18 Total payments. Add lines 15 through 17 18
19 Overpayment. If line 14 is smaller than line 18, subtract line 14 from line 18. If line 14 is larger than line 18, go to line 22. 19
20 Amount of overpayment applied to next year's estimated tax 20
21 Refund. Subtract line 20 from line 19 21
22 Tax due. Subtract line 18 from line 14 22
23 Interest 23
24 Late file/payment penalty 24
25 M-2210 penalty [] Exception 25
26 Total balance due. Add lines 22 through 25. 26

Statement of Adjustments. Explain adjustments to any items listed on the return above. Be sure to identify applicable line item and schedule.

Blank lines for Statement of Adjustments.

I am the designated filing agent for the pass-through entity and am authorized to sign this return on behalf of the pass-through entity. If this is a tiered entity composite return, I have signed statements from the filing agents of each of the entities listed on this return indicating that they join in this composite return.

May DOR discuss this return with the preparer? Paid preparer's name Preparer's SSN or PTIN
Paid preparer's phone Paid preparer's EIN
Paid preparer's signature Date Self-employed?