James Associates 401 Highland Ave Somerville, MA 02144 (617) 625-4939 jamesassociates@verizon.net

May 12, 2021

AJ EAGLE HILL, LLC 200 FALCON ST., UNIT 2 BOSTON, MA 02128

Dear Client,

We have prepared and enclosed your 2020 Form 1065, U.S. Return of Partnership Income for AJ EAGLE HILL, LLC for the tax year ending December 31, 2020.

The return was prepared from information furnished to us. Please review to ensure there are no omissions or misstatements of material facts.

Your 2020 Form 1065, U.S. Return of Partnership Income for AJ EAGLE HILL, LLC will be electronically filed.

No payment is due with this return.

Enclosed is the 2020 Form 3, Partnership Return of Income for AJ EAGLE HILL, LLC.

Your 2020 Form 3, Partnership Return of Income for AJ EAGLE HILL, LLC will be electronically filed.

No payment is due with this return.

We appreciate this opportunity to serve you. If you have any questions, please contact us.

Sincerely,

CHARLES SAPOCHETTI

Form	100	65		U.S. R	eturn of Pai	rtnership Inc	ome	•		ON	//B No. 1545-0123
TOITI	- •		For cal	endar year 2020, or tax yea	ar beginning	, 2020, endin	g	, 2	.0	(20 20
	tment of that Revenue	ne Treasury e Service				tructions and the la		ormation.		4	2020
A Prin	A Principal business activity Name of partnership							D Em	nployer identification number		
REN'	ral rea	L ESTATE		AJ EAGLE HIL	L. LLC					81-	3022477
		uct or service	Туре	Number, street, and room		x, see instructions.				_	ate business started
REST	ΤΕΝΤΊ ΔΙ.	PROPERTY	or	200 FALCON S'						06/	22/2016
		de number	Print	City or town, state or provi	ince, country, and ZIP o	r foreign postal code				+	tal assets
										(se	ee instructions)
532	1110			BOSTON		M	A (2128		\$	819,352.
G C	heck ap	plicable bo	xes:	(1) Initial return (2	2) 🗌 Final return	(3) Name change	(4)	Address ch	nange	(5)	Amended return
H C	heck ac	counting me	ethod:	(1) X Cash (2	2) 🗌 Accrual	(3) Other (specify)▶				
I N	lumber c	of Schedule	s K-1. A	Attach one for each perso	on who was a partne	r at any time during t	he tax y	/ear ►			2
						<u>.</u>					▶ 🗆
				Aggregated activities for							
Caut	1			or business income ar			elow.	See instructi	ons fo	r more	information.
	1		•	rsales			1a				
				wances			1b				
				ct line 1b from line 1a					-	1c	
<u>e</u>	2	_		old (attach Form 1125	•				-	2	
Income	3	-		otract line 2 from line						3	
<u>ဒ</u>	4	-		e (loss) from other part				-		4	
	5			oss) (attach Schedule	,				-	5	
	6	_		om Form 4797, Part I	•	•				7	
	7			oss) (attach statement)							
	8			oss). Combine lines 3						9	
(SL	9			ges (other than to par		·				10	
atio	10			ments to partners .						11	
<u>=</u>	11 12	-		intenance						12	
o for	13									13	
tions	14			ses						14	
truc	15			tructions)						15	
e ins	16a			required, attach Form			16a			10	
ONS (see instructions for limitations)		-	-	on reported on Form 1	•		16b			16c	
ns	17			ot deduct oil and gas						17	
엹	18	=		s, etc					:	18	
ĭ	19		-	it programs						19	
Deducti	20			s (attach statement)					.	20	
	21			ns. Add the amounts s					. [21	
	22			ess income (loss). Su						22	
	23			ler the look-back meth						23	
Tax and Payment	24			ler the look-back meth	•	•	•		' ⊢	24	
Ž	25	BBA AAR	imput	ed underpayment (see	e instructions) .				. [25	
Pa	26	Other tax	es (see	instructions)					. [26	
Þ	27	Total bal	ance d	lue. Add lines 23 thro	ugh 26					27	
ā	28	Payment	(see in	structions)						28	
ã.	29			If line 28 is smaller tha						29	
	30			f line 28 is larger than						30	0.
		Under pen	alties of	perjury, I declare that I have , correct, and complete. De	examined this return, in	ncluding accompanying	schedul	es and statemer	nts, and	to the b	est of my knowledge I on all information of
Sig	n	which prep	parer has	any knowledge.	olaration of proparor (o	and than paration of infin	itou iiub	mry company m	JIII DOI) II	, buoco	on an information of
Her											6 discuss this return
	•	0:	f	who are are time the at the COO							parer shown below? ons. Yes No
		Print/Type		rtner or limited liability comp	Preparer's signature	Date	1 -	Date			PTIN
Paid	t	1			i reparer s signature				Check	c ∐ i nployed	<u>'.</u>
Pre	parer			APOCHETTI	0.0		[0	5/12/2021			F00340173
Use	Only	Firm's nam		James Associat 401 Highland A		 Δ ΜΔ Ω2144					04-3122045
		i iiiii s add		TOT ITTUING A	V C DOMCT V TIT	C,1111 UZITT				(0	- 1 1 U U U U U U U

Sch	edule B Other Information								
1	What type of entity is filing this return? Check	the applica	ble box:					Yes	No
а	☐ Domestic general partnership	b Don	nestic limited	partnershi	p				
С	▼ Domestic limited liability company	d Don	nestic limited	liability pa	rtnership				
е	☐ Foreign partnership	f 🗌 Oth	er ►						
2	At the end of the tax year:								
а	Did any foreign or domestic corporation, part exempt organization, or any foreign governme loss, or capital of the partnership? For rules o	nt own, dir	ectly or indire	ectly, an int p, see instr	erest of suctions.	50% or more in If "Yes," attach	n the profit, n Schedule		
	B-1, Information on Partners Owning 50% or N		-						×
b	Did any individual or estate own, directly or in the partnership? For rules of constructive own on Partners Owning 50% or More of the Partn	nership, se	e instruction	s. If "Yes,"	attach S		nformation	×	
3	At the end of the tax year, did the partnership:								
а	Own directly 20% or more, or own, directly of stock entitled to vote of any foreign or domest If "Yes," complete (i) through (iv) below	ic corporat	ion? For rule						×
			(ii) Employer I	dontification		Country of	(iv) Perc	ontage	
	(i) Name of Corporation		Number			Country of orporation	Owned in Vo	_	
b	Own directly an interest of 20% or more, or ow or capital in any foreign or domestic partners interest of a trust? For rules of constructive own	hip (includi	ng an entity	treated as	a partne	rship) or in the	beneficial		×
	(i) Name of Entity	lic	i) Employer dentification Imber (if any)	(iii) Type Entity		(iv) Country of Organization	(v) M Percenta Profit, Los	laximun ge Own	ned in
		140	imbor (ii diriy)				1 10111, 201	50, 01 0	ч
4	Does the partnership satisfy all four of the following	owing cond	ditions?		•			Yes	No
а	The partnership's total receipts for the tax yea	r were less	than \$250,0	00.					
b	The partnership's total assets at the end of the	e tax year w	ere less thar	1 \$1 million					
С	Schedules K-1 are filed with the return and extensions) for the partnership return.	d furnished	I to the part	ners on o	r before	the due date	(including		
d	The partnership is not filing and is not required	d to file Sch	edule M-3					×	
	If "Yes," the partnership is not required to cor or item L on Schedule K-1.								
_5	Is this partnership a publicly traded partnershi								×
6	During the tax year, did the partnership have a								
	so as to reduce the principal amount of the de								×
7	Has this partnership filed, or is it required to information on any reportable transaction? .								×
8	At any time during calendar year 2020, did the a financial account in a foreign country (such See instructions for exceptions and filing re	as a bank	account, se	curities acc	count, or	other financial	account)?		
	Financial Accounts (FBAR). If "Yes," enter the					3			×
9	At any time during the tax year, did the partransferor to, a foreign trust? If "Yes," the partransferor With Foreign Trusts and Receipt	oartnership	may have t	o file Form	n 3520, <i>A</i>	Annual Return	To Report		
	Transactions With Foreign Trusts and Receipt							+	×
10a	Is the partnership making, or had it previously See instructions for details regarding a section	754 electi	on.						×
b	Did the partnership make for this tax year an attach a statement showing the computation a								×

Other Information (continued)

С	Is the partnership required to adjust the basis of partnership assets under section in the section of the partnership assets under section in the section of the partnership assets under section of the partn	()	Yes	No
	substantial built-in loss (as defined under section 743(d)) or substantial basis re 734(d))? If "Yes," attach a statement showing the computation and allocation of the I			×
Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)				
12	At any time during the tax year, did the partnership distribute to any partnership			
	undivided interest in partnership property?	<u> </u>		×
13	If the partnership is required to file Form 8858, Information Return of U.S. F Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number instructions	er of Forms 8858 attached. See		
14	Does the partnership have any foreign partners? If "Yes," enter the number Information Statement of Section 1446 Withholding Tax, filed for this partnership			×
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Cert			
	to this return	•		
16a b	Did you make any payments in 2020 that would require you to file Form(s) 1099? If "Yes," did you or will you file required Form(s) 1099?	See instructions		×
17	Enter the number of Forms 5471, Information Return of U.S. Persons W	/ith Respect To Certain Foreign		
	Corporations, attached to this return	•		
18	Enter the number of partners that are foreign governments under section 892 .	▶		
19	During the partnership's tax year, did the partnership make any payments that and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections			×
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year			×
21	Is the partnership a section 721(c) partnership, as defined in Regulations section			×
22	During the tax year, did the partnership pay or accrue any interest or royalty for			×
	not allowed a deduction under section 267A? See instructions			_
23	Did the partnership have an election under section 163(j) for any real property			
	business in effect during the tax year? See instructions			×
24	Does the partnership satisfy one or more of the following? See instructions			×
а	The partnership owns a pass-through entity with current, or prior year carryover,	excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under preceding the current tax year are more than \$26 million and the partnership has			
С	The partnership is a tax shelter (see instructions) and the partnership has busine If "Yes" to any, complete and attach Form 8990.	ss interest expense.		
25	Is the partnership electing out of the centralized partnership audit regime under	section 6221(b)? See instructions.		×
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the			
	line 3	>		
	If "No," complete Designation of Partnership Representative below.			
Enter	nation of Partnership Representative (see instructions) pelow the information for the partnership representative (PR) for the tax year cover the information for the partnership representative (PR).	red by this return.		
Name (of PR▶ FRASER R ALLAN	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
U.S. ac	dress of PR 200 FALCON ST UNIT 2 EAST BOSTON MA 02128	U.S. phone number of PR (978)394	-248	1
If the P	R is an entity, name of the designated individual for the PR ▶			
	dress ofted individual	U.S. phone number of designated individual		
26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund If "Yes," enter the amount from Form 8996, line 16			×
27	Enter the number of foreign partners subject to section 864(c)(8) as a result of			
	interest in the partnership or of receiving a distribution from the partnership			
28	At any time during the tax year, were there any transfers between the partners disclosure requirements of Regulations section 1.707-8?			×
29	Since December 22, 2017, did a foreign corporation directly or indirectly acquir			
	constituting a trade or business of your partnership, and was the ownership			
	purposes of section 7874 greater than 50% (for example, the partners held			
	the foreign corporation)? If "Yes," list the ownership percentage by vote			v
	Percentage: By Vote	By Value		×

Page 4

Sche	dule l	Partners' Distributive Share Items	Т	otal amount
	1	Ordinary business income (loss) (page 1, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	-10,411.
	- За	Other gross rental income (loss)	_	
(ss)	b	Expenses from other rental activities (attach statement)		
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments: a Services 4a b Capital 4b		
	7	c Total. Add lines 4a and 4b	4c	
Income (Loss)	5	Interest income	5	
) (I	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
m	U		Va	
CO	7	b Qualified dividends 6b c Dividend equivalents 6c	7	
<u>-</u>	7	Royalties	-	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)	-	
	С	Unrecaptured section 1250 gain (attach statement)	1.0	
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
ns	12	Section 179 deduction (attach Form 4562)	12	
ţį	13a	Contributions	13a	
Deductions	b	Investment interest expense	13b	
eq	С	Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a	
Self nplo	b	Gross farming or fishing income	14b	
E L	С	Gross nonfarm income	14c	
	15a	Low-income housing credit (section 42(j)(5))	15a	
S	b	Low-income housing credit (other)	15b	
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
<u>r</u>	d	Other rental real estate credits (see instructions) Type ▶	15d	
O	е	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
	16a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	16b	
	С	Gross income sourced at partner level	16c	
ctions		Foreign gross income sourced at partnership level		
ţi	d	Reserved for future use ▶ e Foreign branch category ▶	16e	
	f	Passive category ► g General category ► h Other (attach statement) ►	16h	
ıns		Deductions allocated and apportioned at partner level		
Гa	i	Interest expense	16i	
ב	-	Deductions allocated and apportioned at partnership level to foreign source income		
ej g	k	Reserved for future use ► I Foreign branch category ►	16I	
Foreign Transa	m	Passive category ► n General category ► o Other (attach statement) ►	160	
Щ	p	Total foreign taxes (check one): ► Paid ☐ Accrued ☐	16p	
	q	Reduction in taxes available for credit (attach statement)	16g	
	r	Other foreign tax information (attach statement)	. 54	
	17a	Post-1986 depreciation adjustment	17a	1.
re lax ns	b	Adjusted gain or loss	17b	
n J ten	C	Depletion (other than oil and gas)	17c	
Alternative Minimum Tax (AMT) Items	d	Oil, gas, and geothermal properties—gross income	17d	
lte Nair	e	Oil, gas, and geothermal properties—deductions	17e	
₹ <u>≅</u> €	f		17e	
	18a	Other AMT items (attach statement)	18a	
Other Information			18b	
ati	b	Other tax-exempt income	18c	
Ē	C 100	Nondeductible expenses	19a	
ΙĮο	19a		-	
<u>-</u>	b	Distributions of other property	19b	
Je	20a	Investment income	20a	
=	b	Investment expenses	20b	
_	С	Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		

Form 1065 (2020) Page **5**

Analy	sis of Net Income (Loss)					
1	Net income (loss). Combine Schedul Schedule K, lines 12 through 13d, and				he sum of 1	-10,411.
2	Analysis by partner type: (i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
а	General partners					
b	Limited partners	-10,411.				
Sch	edule L Balance Sheets per B	ooks	Beginning	of tax year	End of	tax year
	Assets		(a)	(b)	(c)	(d)
1	Cash			21,725.		19,915.
2a	Trade notes and accounts receivable.					
b	Less allowance for bad debts					
3	Inventories					
4	U.S. government obligations					
5	Tax-exempt securities					
6	Other current assets (attach statement	· .				
7a	Loans to partners (or persons related to					
b						
8	Other investments (attach statement) .					
9a	Buildings and other depreciable asset		638,934.		638,934.	
b	Less accumulated depreciation		74,654.	564,280.	97,961.	540,973.
10a	Depletable assets					
b	•					
11	Land (net of any amortization)			252,150.		252,150.
12a	3 (),		6,660.		6,660.	
b	_	13 Stmt	74.		346.	6,314.
13	,	13 Stmt		2,886.		0.
14	Total assets			847,627.		819,352.
	Liabilities and Capital					
15	Accounts payable					
16	Mortgages, notes, bonds payable in le	-				
17	Other current liabilities (attach stateme					
18	All nonrecourse loans					
19a	Loans from partners (or persons relate			1 050 200		1 020 450
b	Mortgages, notes, bonds payable in 1	-		1,050,322.		1,032,458.
20	Other liabilities (attach statement)			202 605		212 106
21	Partners' capital accounts			-202,695.		-213,106.
22 Sobr	Total liabilities and capital		Doolse With Inc		Datuma	819,352.
SCIIC	Reconciliation of Inconverse Note: The partnership ma				Return	
4	Net income (loss) per books	 				
1	(-		recorded on books thindule K, lines 1 through		
2	Income included on Schedule K, lines 1, 2, 3			empt interest \$		
	5, 6a, 7, 8, 9a, 10, and 11, not recorded of books this year (itemize):		a rax-ex	empi interest w		
3	Guaranteed payments (other than healt		7 Dealwar	tions included on S	Sala adula IX IIIaaa	
3	insurance)		1	ugh 13d, and 16	,	
	,			t book income this		
4	Expenses recorded on books this year not included on Schedule K, lines		a Depred	ciation \$) oa. (
	through 13d, and 16p (itemize):	'	a Boproc			
а	Depreciation \$		8 Add lin	es 6 and 7		
b	Travel and entertainment \$		1	e (loss) (Analysis		
5	Add lines 1 through 4	-10,41		line 1). Subtract lir		-10,411.
	edule M-2 Analysis of Partners'	Capital Accoun	nts	- ,		
1	Balance at beginning of year			utions: a Cash		
2	Capital contributed: a Cash					
	b Property		7 Other o	decreases (itemize)	:	
3	Net income (loss) per books					
4	Other increases (itemize):			es 6 and 7		
5	Add lines 1 through 4	-213,10		at end of vear. Subtra		-213.106.

(Rev. November 2018 Department of the Treasury

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ Attach to Form 1065 or Form 1120S.

► Go to www.irs.gov/Form8825 for the latest information.

OMB No. 1545-0123

Internal Revenue Service Employer identification number AJ EAGLE HILL, LLC 81-3022477 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties. Physical address of each property—street, city, state, Type-Enter code 1-8; Fair Rental Days Personal Use Days ZIP code see page 2 for list 254 SARATOGA STREET EAST BOSTON, MA 02128 154 FALCON STREET R EAST BOSTON, MA 02128 C _____ D **Properties Rental Real Estate Income** В С 60,875 2 Gross rents 2 29,300 **Rental Real Estate Expenses 3** Advertising 3 **4** Auto and travel 4 5 5 Cleaning and maintenance . . 25 6 Commissions 6 **7** Insurance 7 5,780 8 Legal and other professional fees 8 675 675 9 9 Interest (see instructions) . . 25,250 15,112 3,725 10 9,560 **10** Repairs 11 Taxes 11 7,145 2,944 **12** Utilities 12 2,067 13 Wages and salaries 13 **14** Depreciation (see instructions) 14 14,611 8,696 **15** Other (list) ▶ Amortization 117 155 LLC FEE 520 15 SUPPLIES 1,104 CONDO FEE 2,400 16 Total expenses for each property. 16 Add lines 3 through 15 . . . 59,915 40,671 **17** Income or (loss) from each property. 960 Subtract line 16 from line 2 . . 17 -11,371**18a** Total gross rents. Add gross rents from line 2, columns A through H 18a 90,175 **b** Total expenses. Add total expenses from line 16, columns A through H 100,586 19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real 19 20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) 20a b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed. (1) Name (2) Employer identification number 21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on: 21 -10,411

Form 88	8825 (Rev. 11-2018)	Page 2	2

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.									
	Physical address of each propert ZIP code	ty—st	reet, city, state,	Type—Enter see below		Fair Rental Da	ys	Personal Use Da	ays	
Ε										
F										
G										
Н										
	1				Pro	perties		-		
	Rental Real Estate Income		E		F	G		Н		
2	Gross rents	2								
	Rental Real Estate Expenses									
3	Advertising	3								
4	Auto and travel	4								
5	Cleaning and maintenance	5								
6	Commissions	6								
	Insurance	7								
	Legal and other professional fees	8								
	Interest (see instructions)	9								
	Repairs	10								
	Taxes	11								
	Utilities	12								
	Wages and salaries	13								
	Depreciation (see instructions)	14								
15	Other (list) ►	-								
		15								
		1								
16	Total expenses for each property.									
10	Add lines 3 through 15	16								
17	Income or (loss) from each property.									
	Subtract line 16 from line 2	17								

Allowable Codes for Type of Property

- 1—Single Family Residence
- 2-Multi-Family Residence
- 3-Vacation or Short-Term Rental
- 4-Commercial
- 5-Land
- 6-Royalties
- 7-Self-Rental
- 8—Other (include description with the code on Form 8825 or on a separate statement)

651119

		L	Final K-	·1 [Amended	J K-1	OMB No. 1545-0123
	edule K-1 9090	Pa	art III	Partner's	Share o	f Cur	rent Year Income,
•	rm 1065)			Deduction	ns, Cred	its, a	nd Other Items
	tment of the Treasury al Revenue Service For calendar year 2020, or tax year	1	Ordinary	business inco	me (loss)	15	Credits
Dow	beginning / / 2020 ending / /	2	Net renta	al real estate ir –	5,205.		
	tner's Share of Income, Deductions, dits, etc. See separate instructions.	3	Other ne	et rental incom		16	Foreign transactions
	<u> </u>		-			 	
	art I Information About the Partnership	4a	Guarante	eed payments	for services		
Α	Partnership's employer identification number	L					
	81-3022477	4b	Guarante	eed payments	for capital		
В	Partnership's name, address, city, state, and ZIP code	4c	Total au	aranteed payn		+	
	AJ EAGLE HILL, LLC	140	Total gu	aranteeu payn	ients		
	200 FALCON ST., UNIT 2 BOSTON, MA 02128	5	Interest i	income		+	
С	IRS Center where partnership filed return ► KANSAS CITY, MO	1					
D	Check if this is a publicly traded partnership (PTP)	6a	Ordinary	/ dividends		1	
P	art II Information About the Partner	1					
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)	6b	Qualified	d dividends			
	010-76-5295						
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. JOHN JAMIESON	6с	Dividend	d equivalents		17 A	Alternative minimum tax (AMT) items 0.
	25 SOMERSET AVE #1 WINTHROP MA 02152	7	Royalties	s			
G	☐ Limited partner or other LLC member-manager member	8	Net shor	rt-term capital	gain (loss)		
H1 H2	 ✓ Domestic partner ☐ Foreign partner ☐ If the partner is a disregarded entity (DE), enter the partner's: 	9a	Net long	j-term capital (gain (loss)	18	Tax-exempt income and nondeductible expenses
	TIN Name	9b	Collectib	oles (28%) gair	n (loss)	1	
11	What type of entity is this partner? INDIVIDUAL						
12	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9с	Unrecap	tured section	1250 gain	1	
J	Partner's share of profit, loss, and capital (see instructions):						
	Beginning Ending	10	Net sect	tion 1231 gain	(loss)		
	Profit 50.0000% 50.0000%					19	Distributions
	Loss 50.00000% 50.00000%	11	Other inc	come (loss)			
	Capital 50.00000% 50.00000%					-	
	Check if decrease is due to sale or exchange of partnership interest					20	Other information
	Destroyle above of lightities	12	Section	179 deduction		- 20	Other information
K	Partner's share of liabilities: Beginning Ending	'-	Coolion	Tro doddollon		7. *	STMT
	Nonrecourse \$	13	Other de	eductions			DIM
	Qualified nonrecourse financing \$ 525,161. \$ 516,229.						
	Recourse \$						
	Check this box if Item K includes liability amounts from lower tier partnerships.						
L	Partner's Capital Account Analysis					Ц_	
		14	Self-emp	ployment earni	ngs (loss)		
	Beginning capital account \$					-	
	Capital contributed during the year \$						
	Current year net income (loss) \$	04	Mare	a than ana aati	uitu fau at via	le mi um e	***
	Other increase (decrease) (attach explanation) \$	21	=	e than one acti e than one acti	•		
	Withdrawals & distributions \$ () Ending capital account \$ -98,681.						al information.
	Ending capital account \$	_	oo arraoi	oa statem	one for au	J. 1. 101 10	ar irriormadori.
м	Did the partner contribute property with a built-in gain or loss?	l lo					
	Yes No If "Yes," attach statement. See instructions.	Jse					
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)] S					
	Beginning \$	or IRS Use Only					
	Finally in	۱۲۲					

AJ EAGLE HILL, LLC 813022477 1

Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (JOHN JAMIESON)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (JOHN JAMIESON) Supplemental Information Continu

Continuation Statement

Description	Amount
Item L. Partner's Capital Account Analysis:	
Beginning capital account is on the Tax Basis	

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (JOHN JAMIESON) Form 8825 Rental Inc/Loss Details for Reporting Purposes Continuation Statement

Description	Amount
BUILDING	
Property type: 2 Multi-Family Res	480.
BUILDING #2	
Property type: 2 Multi-Family Res	-5,685.
Total	-5,205.

Statement A—QBI Pass-through Entity Reporting

Partnership's name: AJ EAGLE HILL, LLC		Partnership's EIN: 83	1-3022477		
Partner's name: JOHN JAMIESON	Partner's identifying no: 010-76-5295				
	BUILDING	BUILDING #2			
Partner's share of:	☐ PTP ☐ Aggregated ☐ SSTB	□ PTP □ Aggregated □ SSTB	□ PTP □ Aggregated □ SSTB		
QBI or qualified PTP items subject to partner-specific determinations	:				
Ordinary business income (loss)					
Rental income (loss)	480.	-5,685.			
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
UBIA of qualified property	199,902.	119,565.			
Section 199A dividends					

Statement A—QBI Pass-through Entity Reporting

Partnershi	p's name:		Partnership's EIN:	:			
Partner's name:		Partner's identifying no:					
Partner's s	share of:	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB			
QBI or qua	alified PTP items subject to partner-specific determinations	S:	ļ.				
	Ordinary business income (loss)						
	Rental income (loss)						
	Royalty income (loss)						
	Section 1231 gain (loss)						
	Other income (loss)						
	Section 179 deduction						
	Other deductions						
W-2 wage	s						
	ualified property						
	99A dividends			•			

651119

			☐ Final K-	1	Amended	l K-1	OMB No. 1545-0123
Sch	edule K-1	P	art III	Partner's	Share of	f Cur	rent Year Income,
(For	m 1065)						nd Other Items
•	rtment of the Treasury	1		business inco	-	15	Credits
ntern	al Revenue Service For calendar year 2020, or tax year				, ,		
	beginning / / 2020 ending / /	2	Net renta	al real estate in	ncome (loss)	1	
					5,206.		
	tner's Share of Income, Deductions,	3	Other ne	et rental incom		16	Foreign transactions
Cre	dits, etc. See separate instructions.		0 11.01 110		()		Torong Thambashoria
	art I Information About the Partnership	4a	Guarant	eed payments	for services	1	
	-	⊣ "	Guarant	cca payments	TOT SCIVICOS		
Α	Partnership's employer identification number	4b	Guaranto	eed payments	for capital	+	
_	81-3022477	⊣ ‴	Guarant	cca payments	Tor oupitur		
В	Partnership's name, address, city, state, and ZIP code	4c	Total qu	aranteed payr	nonte	+	
	AJ EAGLE HILL, LLC	"	Total gu	aranteed payr	nems		
	200 FALCON ST., UNIT 2	5	Interest	incomo			
	BOSTON, MA 02128	⊣ ა	interest	income			
C D	IRS Center where partnership filed return ► KANSAS CITY, MO Check if this is a publicly traded partnership (PTP)	6a	Ordinan	dividends		+	
	art II Information About the Partner	- ""	Ordinary	aiviaciias			
		6b	Oualified	d dividends		+	
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions $020-94-1825$) "	Quamoc	a aividorido			
_		6c	Dividenc	d equivalents		17	Alternative minimum tax (AMT) items
F	Name, address, city, state, and ZIP code for partner entered in E. See instruction FRASER R ALLAN	· ••	Dividone	a oquivaionio		A	1.
	200 FALCON ST UNIT 2	7	Royalties	<u> </u>		A	1.
	EAST BOSTON MA 02128	'	rioyanio				
G	General partner or LLC Limited partner or other LLC	8	Net shor	t-term capital	gain (loss)	1	
ŭ	member-manager member				9 ()		
H1		9a	Net long	-term capital	gain (loss)	18	Tax-exempt income and
H2	If the partner is a disregarded entity (DE), enter the partner's:			,	J. (,		nondeductible expenses
	TIN Name	9b	Collectib	oles (28%) gai	n (loss)	1	
l1	What type of entity is this partner? INDIVIDUAL			. , ,	, ,		
12	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9с	Unrecap	tured section	1250 gain	1	
J	Partner's share of profit, loss, and capital (see instructions):				· ·		
•	Beginning Ending	10	Net sect	ion 1231 gain	(loss)	1	
	Profit 50.0000% 50.00000%			_		19	Distributions
	Loss 50.00000% 50.00000%	11	Other in	come (loss)		1	
	Capital 50.0000% 50.00000%						
	Check if decrease is due to sale or exchange of partnership interest					1	
	ones. In desirate in due to due of shortal go of partitions up interest.					20	Other information
K	Partner's share of liabilities:	12	Section	179 deduction	1	1	
	Beginning Ending					Z *	STMT
	Nonrecourse \$	13	Other de	eductions		1	
	Qualified nonrecourse						
	financing \$ 525,161. \$ 516,229.						
	Recourse \$						
	Check this box if Item K includes liability amounts from lower tier partnerships.						
L	Partner's Capital Account Analysis						
		14	Self-emp	oloyment earn	ings (loss)		
	Beginning capital account \$						
	Capital contributed during the year \$						
	Current year net income (loss) \$						
	Other increase (decrease) (attach explanation) \$	21	More	e than one act	ivity for at-risl	k purpo	oses*
	Withdrawals & distributions \$ (22		e than one act			*
	Ending capital account \$ -114,425.	*S	ee attac	hed statem	ent for ad	dition	al information.
М	Did the partner contribute property with a built-in gain or loss?	Ō					
	Yes No If "Yes," attach statement. See instructions.	∐ š					
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	RS					
	Beginning \$	For IRS Use Only					
	Ending \$	1 1					

AJ EAGLE HILL, LLC 813022477 1

Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (FRASER R ALLAN)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (FRASER R ALLAN) Supplemental Information Continua

Continuation Statement

Description	Amount
Item L. Partner's Capital Account Analysis:	
Beginning capital account is on the Tax Basis	

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (FRASER R ALLAN) Form 8825 Rental Inc/Loss Details for Reporting Purposes Continuation Statement

Description	Amount
BUILDING	
Property type: 2 Multi-Family Res	480.
BUILDING #2	
Property type: 2 Multi-Family Res	-5,686.
Total	-5,206.

Statement A—QBI Pass-through Entity Reporting

Partnership's name: AJ EAGLE HILL, LLC		Partnership's EIN: 83	1-3022477	
Partner's name: FRASER R ALLAN	Partner's identifying no: 020-94-1825			
	BUILDING	BUILDING #2		
Partner's share of:	☐ PTP ☐ Aggregated ☐ SSTB	□ PTP □ Aggregated □ SSTB	□ PTP □ Aggregated □ SSTB	
QBI or qualified PTP items subject to partner-specific determinations	:			
Ordinary business income (loss)				
Rental income (loss)	480.	-5,686.		
Royalty income (loss)				
Section 1231 gain (loss)				
Other income (loss)				
Section 179 deduction				
Other deductions				
W-2 wages				
UBIA of qualified property	199,902.	119,566.		
Section 199A dividends				

Statement A—QBI Pass-through Entity Reporting

Partnership	p's name:		Partnership's EIN:	:	
Partner's name:		Partner's identifying no:			
		☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB	□ PTP □ Aggregated □ SSTB	
Partner's s					
QBI or qua	lified PTP items subject to partner-specific determination	S:			
	Ordinary business income (loss)				
	Rental income (loss)				
	Royalty income (loss)				
	Section 1231 gain (loss)				
	Other income (loss)				
	Section 179 deduction				
	Other deductions				
W-2 wages	S				
	ualified property				
	9A dividends		<u> </u>	<u> </u>	

SCHEDULE B-1 (Form 1065)

(Rev. August 2019) Department of the Treasury Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

► Attach to Form 1065.

► Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

AJ EAGLE HILL, LLC

81-3022477

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
FRASER ALLAN	020-94-1825	us	50.0000
JOHN JAMIESON	010-76-5295	US	50.0000

Form **8879-PE**

IRS e-file Signature Authorization for Form 1065

. 20

Date ► 05/12/2021

► ERO must obtain and retain completed Form 8879-PE.

▶ Go to www.irs.gov/Form8879PE for the latest information.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Returns.

ERO's signature ▶

, 2020, and ending For calendar year 2020, or tax year beginning Name of partnership **Employer identification number** 81-3022477 AJ EAGLE HILL, LLC Tax Return Information (Whole dollars only) Gross receipts or sales less returns and allowances (Form 1065, line 1c) 2 3 3 Net rental real estate income (loss) (Form 1065, Schedule K, line 2) -10,411. Other net rental income (loss) (Form 1065, Schedule K, line 3c) 5 Part II **Declaration and Signature Authorization of Partner or Member** (Be sure to get a copy of the partnership's return.) Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2020 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income. Partner's or Member's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Don't enter all zeros on the partnership's 2020 electronically filed return of partnership income. As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2020 electronically filed return of partnership income. Partner's or member's signature ▶ Title ► PARTNER Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 0 | 4 | 0 | 1 | 2 | 8 | 0 | 1 | 7 | Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business

> **ERO Must Retain This Form — See Instructions** Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions. BAA

Form **8879-PE** (2020)

QuickZoom to Other Copy Page 1

Partnership Special Allocation Information (See tax help for more detail)							
Note: Special allocation codes for QBI items below will default to codes used for similar item classes for regular tax purposes. To change the default behavior, you may select a different option on the Partnership Information Worksheet ▶							
Partnership's Name: AJ EAGLE	Partnership's Name: AJ EAGLE HILL, LLC Partnership's EIN: 81-3022477						
BUILDING BUILDING #2 PTP PTP PTP Aggregated SSTB SSTB SSTB							
Partner's share of: QBI or qualified PTP items subject	t to sh	nareholder-specific de	eterminations:				
Special Allocation	S A						
Ordinary business inc (loss)							
Section 199A dividends							

Partnership's Name:		Partnership's EIN:		
		PTP Aggregated SSTB	PTP Aggregated SSTB	PTP Aggregated SSTB
Partner's share of: QBI or qualified PTP items subject	t to sh	nareholder-specific de	eterminations:	
Special Allocation	S A			
Ordinary business inc (loss) Rental income (loss) Royalty income (loss) Section 1231 gain (loss) Other income (loss) Section 179 deduction Other deductions W-2 wages UBIA of qualified property * See tax help for W2 wage or UE	 BIA Sp	ecial Allocations		
Section 199A dividends				

spsw9907.SCR 12/14/19

Name	Employer ID Numbe	
J EAGLE HILL, LLC		81-3022477
Other Current Assets:	Beginning of tax year	End of tax year
Total to Form 1065, Schedule L, line 6 ▶		
Other Investments:	Beginning of tax year	End of tax year
Total to Form 1065, Schedule L, line 8		
Other Assets:	Beginning of tax year	End of tax year
REAL ESTATE ESCROW ACCOUNTS	2,886.	0.
Total to Form 1065, Schedule L, line 13 ▶	2,886.	0.

199A Worksheet by Activity ► Keep for your records

2020

Partnership's name AJ EAGLE HILL,	Partnership's EIN 81-3022477						
	mmary for Special Allocation information Summary ▶						
Aggregation Code:	Aggregation Code: Trade or Business: BUILDING EIN: 81-3022477						
	Is this activity a qualified trade/busines Specified Service Trade or Business?						
QBI or qualified PTP it	ems subject to partner-specific determinations:						
b Adjustmentsc Adjusted ordinar2 a Rental income (Ib Adjustments	ss income (loss)	960.					
b Adjustmentsc Adjusted royalty4 a Section 1231 ga	(loss) 3 a						
c Adjusted section 5 Other income (lo 6 a Section 179 ded b Adjustments	1231 gain (loss)						
7 Other deductions 8 a W-2 wages b Adjustments	179 deduction						
9 a UBIA of qualified b Adjustments	property	399,804.					

Section 179 Carryover Detail for this Activity Section 179 Section 179 Regular Tax QBI Tentative Section 179 deduction from current year assets Part I: Prior Year Carryovers by Year and Category Part II: 179 Deduction Allowed Section 179 Section 179 by Year and Category **Regular Tax** QBI Total 179 deduction allowed for this activity in current year Part III: Total Carryforward to 2021 Section 179 Section 179 by Year and Category Regular Tax QBI

199A Worksheet by Activity ► Keep for your records

2020

Partnership's name AJ EAGLE HILL, LLC	Partnership's EIN 81-3022477						
Note: See 199A Summary for QuickZoom to 199A Summary	or Special Allocation information						
Aggregation Code:	Aggregation Code: Trade or Business: BUILDING #2 EIN: 81-3022477						
	Is this activity a qualified trade/business? Specified Service Trade or Business?						
QBI or qualified PTP items subject	ct to partner-specific determinations:						
b Adjustments	(loss)	71.					
 b Adjustments c Adjusted section 179 deduction 7 Other deductions 8 a W-2 wages b Adjustments 	ction	7					
9 a UBIA of qualified property b Adjustments	9 a 239,11 property	31.					

Section 179 Carryover Detail for this Activity Section 179 Section 179 Regular Tax QBI Tentative Section 179 deduction from current year assets **Part I: Prior Year Carryovers** by Year and Category Part II: 179 Deduction Allowed Section 179 Section 179 by Year and Category **Regular Tax** QBI Total 179 deduction allowed for this activity in current year Part III: Total Carryforward to 2021 Section 179 Section 179 by Year and Category Regular Tax QBI





2020 Form 3 MA20007011030 Massachusetts Partnership Return of Income

01012020 Ending 12312020

813022477 AJ EAGLE HILL, LLC

200 FALCON ST., UNIT 2 MA 02128 BOSTON

A. Principal business activity RENTAL REAL ESTATE

B. Principal product or service RESIDENTIAL PROPERTY

06222016 E. Total assets 819352 C. Business code number 531110 **D.** Date business started

F. Fill in if amended return

Reason for filing: Technical termination Filing Schedule TDS Initial return Amended return due to federal change

Enclosing Schedule FCI Final return Name change Common-trust fund

H. Accounting method: X Cash Accural Other

J. Fill in if you are a member of a lower-tier entity

K. Fill in if this partnership is an investment partnership as defined in the Pass-Through Entity Withholding Reg., 830 CMR 62B.2.2(2) Fill in if this partnership elected out of the federal centralized partnership audit regime this tax year

Part 1. Massachusetts Information

1. Gross income (from worksheet in instructions).

I. Number of Schedules 3K-1 enclosed

90175 Note: If line 1 is \$50,000 or greater you must file this form electronically 1

2. Fill in if the partnership is engaged exclusively in buying, selling, dealing in or holding securities on its own behalf and not as a broker 2

3. Fill in if this partnership is organized as a limited liability company and treated as a partnership 3

for federal income tax purposes 4. Fill in if this partnership is a publicly traded partnership as defined in IRC sec. 469(k)2 4

5. Fill in if there has been a sale, transfer or liquidation of a partnership interest during the period reported on this tax return 5

1.000000 **6.** Income apportionment percentage

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Print paid preparer's name Paid preparer's SSN or PTIN Signature of appropriate officer 05122021 CHARLES SAPOCHETTI P00546193

Title Paid preparer's phone Paid preparer's EIN

6176254939 043122045 GENERAL PARTNER

May the Department of Revenue discuss this return with the preparer shown here? Yes

> Paid preparer's signature Check if self-employed

Χ

05122021

2

Name of designated tax matters partner

Identifying number of tax matters partner FRASER R ALLAN

020941825

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





2020 Form 3, pg. 2 MA20007021030

Massachusetts Partnership Return of Income 813022477

7.	Check if any partners in this partnership file as part of a nonresident composite income tax return If Yes, enter Federal Identification number under which the composite return is filed	7		
•	Number of partners included in composite return	•		
8.	Check if this partnership under audit by the IRS, or has it been audited in a prior year	8	•	
9.	Withholding amount		9 10	
10.	Payments made with composite return		11	
11.	Credit for amounts withheld by lower-tier entity(ies) Payments made with a composite filing by lower-tier entity(ies)		12	
12.	rayments made with a composite illing by lower-tier entity(les)		12	
M	lassachusetts Ordinary Income or Loss			
13.	Ordinary income or loss from U.S. Form 1065, line 22		13	
14.	Other income or loss from U.S. Form 1065, Schedule K, line 11		14	
15.	State, local and foreign income and unincorporated business taxes or excises		15	
16.	Subtotal. Add lines 13 through 15		16	
17.	Section 1231 gains or losses included in line 16		17	
18.	Subtotal		18	
19.	Adjustments, if any, to line 18. Enter the applicable line number from U.S. Form 1065 and the amount	ount of the adjustme	nt.	
	a. Line number Amount			
	b. Line number Amount			
		Total adjustments	19	
20.	Massachusetts ordinary income or loss		20	
21.			21	-10411
22.	Adjustments, if any, to line 21. Enter the applicable line number from U.S. Form 8825 and the amount -137	ount of the adjustme	nt.	
	b. Line number Amount			
		Total adjustments	22	-137
23.	Adjusted Massachusetts net income or loss from rental real estate activities		23	-10548
24.	Net income or loss from other rental activities from U.S. Form 1065, Schedule K, line 3c		24	
25.	Adjustments, if any, to line 24. Enter the applicable line number from U.S. Form 1065 and the amount	ount of the adjustme	nt.	
	b. Line number Amount	Total adjustments	05	
26.	Adjusted Massachusetts net income or loss from rental activities	Total adjustments	26	





2020 Form 3, pg. 3 MA20007031030

$\begin{array}{l} \text{Massachusetts Partnership Return of Income} \\ 813022477 \end{array}$

27.	U.S. interest, dividend & royalty income, not including capital gains from U.S. Form 1065, Sch. K, lines 5, 6a & 7	27
28.	Interest on U.S. debt obligations included in line 27	28
29.	5.0% interest from Massachusetts banks included in line 27	29
30.	Interest (other than Massachusetts bank interest) and dividend income included in line 27	30
31.	Non-Massachusetts state and municipal bond interest	31
32.	Royalty income included in line 27	32
33.	Total short-term capital gains included in U.S. Form 1065, Schedule D, line 7	33
34.	Total short-term capital losses included in U.S. Form 1065, Schedule D, line 7	34
35.	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	35
36.	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	36
37.	Net long-term capital gain or loss from U.S. Form 1065, Schedule K, line 9a	37
38.	Long-term section 1231 gains or losses not included in line 37	38
39.	Long-term gains on collectibles and pre-1996 installment sales included in line 37	39
40.	Adjustments, if any, to lines 33 through 39, including any gain or loss from Massachusetts fiduciaries. Enter the line	number from U.S. Form 1065 that
	the adjustment applies to and enter the amount.	
	a. Line number Amount	
	a. Line number Amount	

Total adjustments 40





2020 Form 3, pg. 4 MA20007041030

AJ EAGLE HILL, LLC

813022477

41. Income Apportionment Schedule STATE FACILITY TYPE

ACCEPTS REG. IN FILES IN
ORDERS STATE STATE

Apportionment Factors42. Tangible property

42.	ıaı	ngible property		
	a.	Property owned	Massachusetts	Worldwide
	b.	Property rented	Massachusetts	Worldwide
	C.	Total property owned and rented	Massachusetts	Worldwide
	d.	Tangible property apportionment percentage		42d
43.	Pa	yroll		
	a.	Total payroll	Massachusetts	Worldwide
	b.	Payroll apportionment percentage		43b
44.	Sal	les		
	a.	Tangible	Massachusetts	Worldwide
	b.	Services	Massachusetts	Worldwide
	C.	Rents and royalties	Massachusetts	Worldwide
	d.	Other sales factors	Massachusetts	Worldwide
	e.	Total sales factors	Massachusetts	Worldwide
	f.	Sales apportionment percentage		44f
45.	Apı	portionment percentage		45
46.	Ma	ssachusetts apportionment percentage		46





2020 Form 3, pg. 5 MA20007051030

Partnership Credits

47.	Credits available	
	a. Taxes due to another jurisdiction (full-year and part-year residents only)	478
	b. Other credits (from Schedule CMS)	471
48.	Credit recapture (from Schedule CRS)	48
IV	liscellaneous Federal Information	
49.	Gross receipts or sales (from Part 2, Federal Information, line 1a)	49
50.	Total income or loss (from Part 2, Federal Information, line 8)	50
51.	Bad debts (from Part 2, Federal Information, line 12)	51
52.	Interest (from Part 2, Federal Information, line 15)	52
53.	Fill in if, during the tax year, the partnership had any debt that was cancelled, was forgiven, or had the terms	
	modified so as to reduce the principal amount of the debt	
54.	Investment interest expense (from Part 2, Federal Information, line 50b)	54





2020 Form 3, pg. 6 MA20007061030

Part 2. Federal Information

Inc	ome. From U.S. Form 1065	
1a.	Gross receipts or sales	1a
b.	Returns and allowances	1b
C.	Total. Subtract line 1b from line 1a	1c
2.	Cost of goods sold (enclose U.S. 1125-A)	2
3.	Gross profit. Subtract line 2 from line 1c	3
4.	Ordinary income or loss from other partnerships, estates and trusts (attach statement)	4
5.	Net farm profit or loss (from U.S. Form 1040, Schedule F)	5
6.	Net gain or loss (from U.S. Form 4797, Part II, I ine 17; attach U.S. Form 4797)	6
7.	Other income or loss (attach statement)	7
8.	Total income or loss. Combine lines 3 through 7	8
Dec	ductions. From U.S. Form 1065	
9.	Salaries and wages (other than to partners, less employment credits)	9
10.	Guaranteed payments to partners	10
11.	Repairs and maintenance	11
12.	Bad debts	12
13.	Rent	13
14.	Taxes and licenses	14
15.	Interest	15
16a.	Depreciation (from U.S. Form 4562)	16a
b.	Depreciation reported on U.S. Form 1125-A and elsewhere on return	16b
C.	Total. Subtract line 16b from line 16a	16c
17.	Depletion (do not deduct oil and gas depletion	17
18.	Retirement plans, etc.	18
19.	Employee benefit programs	19
20.	Other deductions (attach statement)	20
21.	Total deductions. Add lines 9 through 20 (do not include lines 16a and 16b)	21
22.	Ordinary business income or loss. Subtract line 21 from line 8	22





-10411

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Massachusetts Partnership Return of Income 813022477

AJ EAGLE HILL, LLC

813022477

Co	st of Goods Sold. From U.S. Form 1125-A	
23.	Inventory at beginning of year	23
24.	Purchases less cost of items withdrawn for personal use	24
25.	Cost of labor	25
26.	Additional Section 263A costs (attach statement)	26
27.	Other costs (attach statement)	27
28.	Total. Add lines 23 through 27	28
29.	Inventory at end of year	29
30.	Cost of goods sold. Subtract line 29 from line 28	30
Oth	har Information From I.C. Form 1065 Cohodula P	

Other Information. From U.S. Form 1065, Schedule B

- 31. Type of entity filing this return (check one): Domestic general partnership Domestic limited partnership X Domestic limited liability partnership Foreign partnership REIT Other
- **32.** Fill in if at any time during the tax year, any partner in the partnership was a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner) or a nominee or similar person
- 33. Fill in if this partnership is a publicly traded partnership as defined in Section 469(k)(2)
- 34. Fill in if during the tax year, the partnership had any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt
- 35. Fill in if the partnership is making, or had previously made (and not revoked), a Section 754 election
- **36.** Fill in if the partnership made for this tax year an optional basis adjustment under Section 743(b) or 734(b) Yes, attach a statement showing the computation and allocation of the basis adjustment.
- **37.** Fill in if during the current or prior tax year, the partnership engaged in a like-kind exchange or distributed any property received in a like-kind exchange, or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year)

Partners' Distributive Share Items. From U.S. Form 1065, Schedule K

Income or Loss 38. Ordinary business income or loss 38 39. Net rental real estate income or loss (from U.S. Form 8825) 39 40a. Other gross rental income or loss 40a **b.** Expenses from other rental activities (attach statement) 40b c. Other net rental income or loss. Subtract line 40b from line 40a 40c 41. Guaranteed payments 41 42. Interest income 42 43a. Ordinary dividends 43a b. Qualified dividends 43b 44. Royalties 44 **45.** Net short-term capital gain or loss (from U.S. Form 1065, Schedule D) 45





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Massachusetts Partnership Return of Income 813022477

46a.	Net long-term capital gain of	or loss (from U.S. Fo	orm 1065, Schedule D)			46a	
b.	Collectibles (28%) gain or I	OSS				46b	
C.	Unrecaptured Section 1250	gain (attach staten	nent)			46c	
47.	Net Section 1231 gain or lo	oss (from U.S. Form	4797)			47	
48.	Other income or loss (see i	instructions). Type				48	
Dec	ductions						
49.	Section 179 deduction (from	m U.S. Form 4562)				49	
50a.	Contributions					50a	
b.	Investment interest expens	e				50b	
C.	Section 59(e)(2) expenditu	res. Type				50c	
d.	Other deductions (see instr	ructions). Type				50d	
Oth	Other Information						
51a.	Tax-exempt interest income	е				51a	
b.	Other tax-exempt income					51b	
C.	Nondeductible expenses					51c	
52a.	Distributions of cash and m	narketable securities				52a	
b.	Distributions of other prope	erty				52b	
53a.	Investment income					53a	
b.	Investment expenses					53b	
C.	Other items and amounts (•				53c	
	alysis of Net Income or Lo						
54.	Net income or loss. Combin	,	,	ough 11. From the	result, subtract the sum		
	U.S. Form 1065, Schedule	K, lines 12 through	•			5 4	-10411
55.	Analysis by partner type		Individual	Individual		Exempt	Nominee/
		Corporate	(active)	(passive)	Partnership	organization	other
a.	General partners		10411				
b.	Limited partners		-10411				





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Balance Sheets Per Books. From U.S. Form 1065, Schedule L					
sets	Beginning of tax y	/ear	End of tax year		
	a	b	С	d	
		21725		19915	
· ·					
	620024		620024		
		E64200		540973	
·	74034	304200	9/901	340973	
·					
		252150		252150	
· · · · · · · · · · · · · · · · · · ·	6660	232130	6660	232130	
•		6586		6314	
	, 1		310	0	
				819352	
1 2 3 3 1 2 3 2 3 2	а		C	d	
	u		v	u	
Other current liabilities					
All nonrecourse loans					
Loans from partners (or persons related to partners)					
Mortgages, notes, bonds payable in one					
year or more		1050322		1032458	
Other liabilities					
Partners' capital accounts		-202695		-213106	
Total liabilities and capital		847627		819352	
	Cash Trade notes and accounts receivable Less allowance for bad debts Inventories U.S. government obligations Federally tax-exempt securities Other current assets Loans to partners (or persons related to partners) Mortgage and real estate loans Other investments Buildings and other depreciable assets Less accumulated depreciation Depletable assets Less accumulated depletion Land (net of any amortization) Intangible assets (amortizable only) Less accumulated amortization Other assets Total assets Ibilities and Capital Accounts payable Mortgages, notes, bonds payable in less than one year Other current liabilities All nonrecourse loans Loans from partners (or persons related to partners) Mortgages, notes, bonds payable in one year or more Other liabilities Partners' capital accounts	Cash Trade notes and accounts receivable Less allowance for bad debts Inventories U.S. government obligations Federally tax-exempt securities Other current assets Loans to partners (or persons related to partners) Mortgage and real estate loans Other investments Buildings and other depreciable assets Less accumulated depreciation Depletable assets Less accumulated depletion Land (net of any amortization) Intangible assets (amortizable only) Less accumulated amortization Other assets Total assets Ibilities and Capital Accounts payable Mortgages, notes, bonds payable in less than one year Other current liabilities All nonrecourse loans Loans from partners (or persons related to partners) Mortgages, notes, bonds payable in one year or more Other liabilities Partners' capital accounts	Seeks Beginning of tax year a b	seets Beginning of tax year End of tax year Cash 21725 c Trade notes and accounts receivable 21725 c Less allowance for bad debts 4 4 4 Inventories 4 </th	





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Reconciliation of Income or Loss Per Books With Income or Loss Per Return

m U.S. Form 1065, Schedule M-1. Note: If filing U.S. Form 1065, Schedule M-3, you still must complete this section	on.	
Net income or loss per books	78	-10411
Income included in Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10 and 11, not recorded on books this year	79	
Guaranteed payments (other than health insurance)	80	
Expenses recorded on books this year not included in Schedule K, lines 1 through 13d and 16p	81	
Depreciation	81a	
Travel and entertainment	81b	
Add lines 78 through 81 (do not include lines 81a and 81b)	82	-10411
Income recorded on books this year not included in Schedule K, lines 1 through 11	83	
Federally tax-exempt interest	83a	
Deductions included in Schedule K, lines 1 through 13d and 16p, not charged against book income this year	84	
Depreciation	84a	
Add lines 83 and 84 (do not include lines 83a and 84a)	85	
Income or loss	86	-10411
nalysis of Partners' Capital Accounts. From U.S. Form 1065. Schedule M-2		
·	87	-202695
· ·	88a	
·	88b	
	89	-10411
Other increases	90	
Add lines 87 through 90	91	-213106
Distributions: cash	92a	
Distributions: property	92b	
Other decreases	93	
Add lines 92a, 92b and 93	94	
Balance at end of year. Subtract line 94 from line 91	95	-213106
	Net income or loss per books Income included in Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10 and 11, not recorded on books this year Guaranteed payments (other than health insurance) Expenses recorded on books this year not included in Schedule K, lines 1 through 13d and 16p Depreciation Travel and entertainment Add lines 78 through 81 (do not include lines 81a and 81b) Income recorded on books this year not included in Schedule K, lines 1 through 11 Federally tax-exempt interest Deductions included in Schedule K, lines 1 through 13d and 16p, not charged against book income this year Depreciation Add lines 83 and 84 (do not include lines 83a and 84a) Income or loss **nalysis of Partners' Capital Accounts.** From U.S. Form 1065, Schedule M-2 Balance as of beginning of year Capital contributed: cash Capital contributed: property Net income or loss per books Other increases Add lines 87 through 90 Distributions: cash Distributions: property Other decreases Add lines 92a, 92b and 93	Income included in Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10 and 11, not recorded on books this year Guaranteed payments (other than health insurance) Expenses recorded on books this year not included in Schedule K, lines 1 through 13d and 16p B1 Depreciation R1a Travel and entertainment Add lines 78 through 81 (do not include lines 81a and 81b) Income recorded on books this year not included in Schedule K, lines 1 through 11 B3 Federally tax-exempt interest Deductions included in Schedule K, lines 1 through 13d and 16p, not charged against book income this year Depreciation Add lines 83 and 84 (do not include lines 83a and 84a) Income or loss B6 R1 R2 Balance as of beginning of year Capital contributed: cash Capital contributed: croperty R3 Capital contributed: property R3 Add lines 87 through 90 Distributions: cash Distributions: property Distributions: property P2 Distributions: property Other decreases Add lines 92a, 92b and 93





2020 Schedule 3K-1

I. Life Sciences

m. Veterans Hire

n. Low Income Housing Donation

MA203K1011030
Partner's Massachusetts Information

Year beginning 01012020 Ending 12312020

JO	1HC	I JAMIESON	01	0765295			
25	5 5	SOMERSET AVE 1	WINTHROP		MA	02152	
Αc	J	EAGLE HILL, LLC	81	3022477			
20	0 (FALCON ST UNIT 2	BOSTON		MA	02128	
A.	Тур	e of entity X Individual resident	Individual nonresident	Trust or estate			
		S corporation Corporation	Partnership or other PTE	IRA	Disregarded entity	Exempt org	
B1.		be of partner X General partner or LI		Limited partner o	r other member		
B2.		cate partner status X Domestic pa	- ·				
C.			mended return				
D.		in if there was a sale, transfer or liquida			ig the tax year		
E.		in if the partnership participated in one of			and all Manager along		000 004
		es, indicate whether information has be	•				. 62C, sec. 32A
P		ed on the following Internal Revenue Co :ner's Distributive Sh		п тпат арргу)	ING 455A I	RC 453(I)(2)(B)	
1.		ssachusetts ordinary income or loss	iaic			1	
2.		aranteed payments to partners (deductil	ole and capitalized)			2	
3.		parately stated deductions	a oapaoa,			3	
4.		mbine lines 1 through 3				4	
5.		dits available					
	a.	Taxes due to another jurisdiction (full-y	ear and part-year residents or	nly)		5a	
	b.	Lead Paint				5b	
	C.	Economic Opportunity Area					
		Economic Development Incentive	Program			5c	
	d.	Brownfields				5d	
	e.	Low-Income Housing				5e	
	f.	Historic Rehabilitation				5f	
	g.	Film Incentive				5g	
	h.	Medical Device				5h	
	İ.	Employer Wellness Program				5i	
	J.	Farming and Fisheries				5j	
	k.	Certified Housing Development				5k	

51

5m

5n





2020 Schedule 3K-1, pg. 2 MA203K1021030

Partner's Massachusetts Information 813022477

5.	0.	Refundable Film Credit	50	
	p.	Refundable Dairy Credit	5p	
	q.	Refundable Conservation Tax Credit	5q	
	r.	Refundable Community Investment Tax Credit	5r	
	S.	Angel Investor Credit	5s	
	t.	Apprentice Credit	5t	
	u.	Vacant Storefront Credit	5u	
	٧.	Total credits	5v	
6.	Cre	edit recapture	6	
7.	Net	t income or loss from rental real estate activity	7 –5	273
8.	Net	t income or loss from other rental activity	8	
9.	Inte	erest from U.S. obligations	9	
10.	Inte	erest (5.0%) from Massachusetts banks	10	
11.	Oth	ner interest and dividend income	11	
12.	Nor	n-Massachusetts state and municipal bond interest	12	
13.	Roy	yalty income	13	
14.	Sho	ort-term capital gains	14	
15.	Sho	ort-term capital losses	15	
16.	Gai	in on the sale, exchange or involuntary conversion of property used in a trade or business held for one year or less	16	
17.	Los	ss on the sale, exchange, or involuntary conversion of property used in a trade or business held for one year or less	s 17	
18.	Lor	ng-term capital gain or loss	18	
19.	Net	gain or loss under Section 1231	19	
20.	Lor	ng-term gains on collectibles and pre-1996 installment sales	20	
21.	Diff	erences and adjustments	21	
C	or	porate Partner Information		
		te and municipal bond interest not included in U.S. net income	22	
23.		eign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	23	
24.		ner adjustments, if any	24	





2020 Schedule 3K-1, pg. 3 MA203K1031030

Partner's Massachusetts Information 813022477

Reconciliation of	Partner's	Capital Account
-------------------	-----------	-----------------

25.	Balance at the beginning of the year	25	-93476
26.	Massachusetts net income for the year	26	-5273
27.	Entire net income for the year	27	-5205
28.	Capital contributions	28	
29.	Withdrawals	29	
30.	Balance at end of year	30	-98681

Partner's Share of Profit, Loss and Capital

-			
31.	Percentage of profit		inding 0.50000
32.	Percentage of loss	Beginning 0.50000 E	nding 0.50000
33.	Percentage of capital	Beginning 0.50000 E	nding 0.50000
34.	Non-recourse liabilities	Ending	
35.	Qualified non-recourse financing	Ending	516229
36.	Recourse liabilities	Ending	

Pass-through Entity Payment and Credit Information

	Declaration election code	Withholding	Composite	Member self-file	Exempt PTE	Insurance company
	Non-profit Exer	npt corporate limited p	artner			
37.	Withholding amount					37
38.	Payments made in a comp	osite filing				38
39.	Credit for amounts withheld	d by lower-tier entity(ie	s)			39
	Payer ID number					
40.	Payments made with a cor	nposite filing by lower-	tier entity(ies)			40





5g

5h

5i

5j

5k

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5m

5n

2020 Schedule 3K-1

g. Film Incentive

h. Medical Device

I. Life Sciences

m. Veterans Hire

i. Employer Wellness Program

k. Certified Housing Development

n. Low Income Housing Donation

j. Farming and Fisheries

MA203K1011030 Partner's Massachusetts Information

 $\begin{tabular}{lll} \end{tabular} \begin{tabular}{lll} Year beginning & 01012020 & Ending & 12312020 \end{tabular} \label{tabular}$

2(Ac) O	SER R ALLAN FALCON ST UNIT 2 EAGLE HILL, LLC FALCON ST UNIT 2	EAST BOSTO	0941825 N 3022477		02128 02128	
A.	Ту	1	dividual nonresident	Trust or estate			
D4	_	·	artnership or other PTE	IRA	Disregarded entity	Exempt org	
B1. B2.		rpe of partner $f{X}$ General partner or LLC modicate partner status $f{X}$ Domestic partner		Limited partner o	r otner member		
Б2. С.			Foreign partner ded return				
D.		I in if there was a sale, transfer or liquidation of		ship interest durin	g the tax year		
E.		Il in if the partnership participated in one or mo		•	g ,		
	If \	Yes, indicate whether information has been co	mmunicated to the partn	er to calculate an	addition to Massachu	setts tax under M.G.L., ch	. 62C, sec. 32A
_	ba	sed on the following Internal Revenue Code (RC) provisions (check al	I that apply)	IRC 453A	RC 453(I)(2)(B)	
P	ar	tner's Distributive Shar	е				
1.	Ma	assachusetts ordinary income or loss				1	
2.	Gu	uaranteed payments to partners (deductible ar	nd capitalized)			2	
3.		eparately stated deductions				3	
4.		ombine lines 1 through 3				4	
5.	-	redits available				_	
	a.		nd part-year residents or	nly)		5a	
	b.	Lead Paint				5b	
	C.	Economic Opportunity Area				F.	
	٦	Economic Development Incentive Prog	ram			5c	
	d.	Brownfields				5d 5e	
	e. f.	Low-Income Housing Historic Rehabilitation				5e 5f	
	1.	i listorio i isriabilitation				Ji	





2020 Schedule 3K-1, pg. 2 MA203K1021030

Partner's Massachusetts Information 813022477

5.	0.	Refundable Film Credit	50	
	p.	Refundable Dairy Credit	5p	
	q.	Refundable Conservation Tax Credit	5q	
	r.	Refundable Community Investment Tax Credit	5r	
	S.	Angel Investor Credit	5s	
	t.	Apprentice Credit	5t	
	u.	Vacant Storefront Credit	5u	
	٧.	Total credits	5v	
6.	Cre	edit recapture	6	
7.	Net	t income or loss from rental real estate activity	7 -52	75
8.	Net	t income or loss from other rental activity	8	
9.	Inte	erest from U.S. obligations	9	
10.	Inte	erest (5.0%) from Massachusetts banks	10	
11.	Oth	ner interest and dividend income	11	
12.	Nor	n-Massachusetts state and municipal bond interest	12	
13.	Roy	yalty income	13	
14.	Sho	ort-term capital gains	14	
15.	Sho	ort-term capital losses	15	
16.	Gai	in on the sale, exchange or involuntary conversion of property used in a trade or business held for one year or less	16	
17.	Los	ss on the sale, exchange, or involuntary conversion of property used in a trade or business held for one year or less	s 17	
18.	Lor	ng-term capital gain or loss	18	
19.	Net	gain or loss under Section 1231	19	
20.	Lon	ng-term gains on collectibles and pre-1996 installment sales	20	
21.	Diff	erences and adjustments	21	
C	or	porate Partner Information		
		te and municipal bond interest not included in U.S. net income	22	
23.		eign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	23	
24.		ner adjustments, if any	24	





2020 Schedule 3K-1, pg. 3 MA203K1031030

Partner's Massachusetts Information 813022477

Reconciliation of Partner's Ca	apital Account
--------------------------------	----------------

25.	Balance at the beginning of the year	25	-109219
26.	Massachusetts net income for the year	26	-5275
27.	Entire net income for the year	27	-5206
28.	Capital contributions	28	
29.	Withdrawals	29	
30.	Balance at end of year	30	-114425

Partner's Share of Profit. Loss and Capital

-	armor o oriaro or riving 2000 and oapitar			
31.	Percentage of profit	Beginning	0.50000	Ending 0.50000
32.	Percentage of loss	Beginning	0.50000	Ending 0.50000
33.	Percentage of capital	Beginning	0.50000	Ending 0.50000
34.	Non-recourse liabilities		Ending	
35.	Qualified non-recourse financing		Ending	516229
36.	Recourse liabilities		Ending	

Pass-through Entity Payment and Credit Information

	Declaration election code	Withholding	Composite	Member self-file	Exempt PTE	Insurance company
	Non-profit Exemp	ot corporate limited p	artner			
37.	Withholding amount					37
38.	Payments made in a compos	site filing				38
39.	Credit for amounts withheld	by lower-tier entity(ie	s)			39
	Payer ID number					
40.	Payments made with a comp	oosite filing by lower-	tier entity(ies)			40



Form M-8453P Partnership Tax Declaration for Electronic Filing

2020	
Massachuse	tts
Damantonant	- 4

Department of Revenue

Please print or type. Privacy Act Notice available upon requ	est. For the year January 1-Decemb	per 31, 2020.	
Partnership name		Federal Identification	number
AJ EAGLE HILL, LLC		81-3022477	
Mailing address	City/Town	State Zip	
200 FALCON ST., UNIT 2	BOSTON	MA 02128	
Part 1. Partnership Return Information for	r Flootropio Filing		
-	_	4	
1 Gross receipts or sales, less returns and allowances (from Fo 2 Gross profit (from Form 1065, line 3)		T T	
Ordinary income or loss from trade or business activities (from trade)		t t	
Net income or loss from rental real estate activities (from Formatte activities)		T T	-10,411.
5 Net income or loss from other rental activities (from Form 106		İ	
Part 2. Transmitter Information	, ,	- (
Transmitter's name			
INTUIT INC.			
Part 3. Declaration and Signature of Taxp Under pains and penalties of perjury, I declare that I have review Return Originator and that the amounts above agree with the an this information is true, correct and complete. I consent that my the be sent to DOR by my Electronic Return Originator. I authorize I return has been accepted. In the event that it is rejected, I author retransmitted. If I have filed a balance due return, I understand to for the tax liability and all applicable penalties and interest.	yed the information on my return with the nounts shown on my 2020 Massachuse return, including this declaration and action to inform my Electronic Return Orize DOR to identify the reasons for rejections.	etts return. To the best of m companying schedules, fo ginator and/or the transmit ection so that the return ca	y knowledge and belief rms and statements ter when my electronic n be corrected and
Your signature	Date		
Part 4. Declaration and Signature of Elect I declare that I have reviewed the above taxpayer's return and the (Collectors are not responsible for reviewing the taxpayer's return I have obtained the taxpayer's signature before submitting this real copy of all forms and information filed with DOR. If I am also the above taxpayer's return and accompanying schedules and state I declare that I have verified the taxpayer's proof of account and than taxpayer) is based on all information of which the preparer have retained by the ERO on the ERO's business premises for a part of the taxpayer is provided to the taxpayer in t	nat the entries on this M-8453P are conn; however, they must ensure that the Meturn to the Massachusetts Department paid preparer, under pains and penatements and to the best of my knowledge.	nplete and correct to the be -8453P accurately reflects t of Revenue. I have provio lties of perjury I declare that a and belief, they are true,	the data on the return.) ded the taxpayer with at I have examined the
be retained by the Erite on the Erite o Edemoce profiles for a p	nas any knowledge. Original Forms M-8	453P should not be sent to	paid preparer (other DOR, but must instead
ERO's signature and SSN or PTIN	nas any knowledge. Original Forms M-8	453P should not be sent to	paid preparer (other DOR, but must instead P relates was filed.
	nas any knowledge. Original Forms M-8 period of three years from the date the r	453P should not be sent to eturn to which the M-8453	paid preparer (other DOR, but must instead P relates was filed.
ERO's signature and SSN or PTIN Firm name (or yours, if self-employed) and address	nas any knowledge. Original Forms M-8 eriod of three years from the date the r	453P should not be sent to eturn to which the M-8453 EIN 04-3122045 State Zip	paid preparer (other DOR, but must instead P relates was filed.
ERO's signature and SSN or PTIN	nas any knowledge. Original Forms M-8 period of three years from the date the r Date 05/12/21	453P should not be sent to eturn to which the M-8453 EIN 04-3122045	paid preparer (other DOR, but must instead P relates was filed. Check if self-employed
ERO's signature and SSN or PTIN Firm name (or yours, if self-employed) and address	nas any knowledge. Original Forms M-8 period of three years from the date the reserved of three years from the date the reserved of 5/12/21 City/Town SOMERVILLE Preparer (if other than EF ned this return, including accompanyin	453P should not be sent to eturn to which the M-8453l EIN 04-3122045 State Zip MA 02144 RO) g schedules and statement	paid preparer (other DOR, but must instead P relates was filed. Check if self-employed Check if also paid preparer
Firm name (or yours, if self-employed) and address JAMES ASSOCIATES / 401 HIGHLAND AVE Part 5. Declaration and Signature of Paid Under pains and penalties of perjury, I declare that I have exami my knowledge and belief it is true, correct and complete. This de	nas any knowledge. Original Forms M-8 period of three years from the date the reserved of three years from the date the reserved of 5/12/21 City/Town SOMERVILLE Preparer (if other than EF ned this return, including accompanyin	453P should not be sent to eturn to which the M-8453l EIN 04-3122045 State Zip MA 02144 RO) g schedules and statement	paid preparer (other DOR, but must instead P relates was filed. Check if self-employed Check if also paid preparer ts, and to the best of ormation of which the
Firm name (or yours, if self-employed) and address JAMES ASSOCIATES / 401 HIGHLAND AVE Part 5. Declaration and Signature of Paid Under pains and penalties of perjury, I declare that I have exami my knowledge and belief it is true, correct and complete. This de preparer has any knowledge.	nas any knowledge. Original Forms M-8 period of three years from the date the reserved of three years from the date the reserved of 5/12/21 City/Town SOMERVILLE Preparer (if other than EF ned this return, including accompanyin peclaration of paid preparer (other than total Date	453P should not be sent to eturn to which the M-8453l EIN 04-3122045 State Zip MA 02144 RO) g schedules and statement axpayer) is based on all information.	paid preparer (other DOR, but must instead P relates was filed. Check if self-employed Check if also paid preparer ts, and to the best of ormation of which the
Firm name (or yours, if self-employed) and address JAMES ASSOCIATES / 401 HIGHLAND AVE Part 5. Declaration and Signature of Paid Under pains and penalties of perjury, I declare that I have exami my knowledge and belief it is true, correct and complete. This de preparer has any knowledge. Paid preparer's signature and SSN or PTIN	nas any knowledge. Original Forms M-8 period of three years from the date the reserved of three years from the date the reserved of 5/12/21 City/Town SOMERVILLE Preparer (if other than EF ned this return, including accompanyin peclaration of paid preparer (other than total Date	453P should not be sent to eturn to which the M-8453l EIN 04-3122045 State Zip MA 02144 RO) g schedules and statement axpayer) is based on all infection.	paid preparer (other DOR, but must instead P relates was filed. Check if self-employed Check if also paid preparer ts, and to the best of ormation of which the

1030 REV 03/03/21 PRO

Name as Shown on Return	n: <u>AJ EAGLE F</u>	HILL, LI	LC_			EIN:	81-3	022477	
Main	Activity			(A) State Depr Adj	(B) Oth Adjustme		ļ	(C) Total	
For	m 8825			(A) State		(B) Other		C) Total Adj	
			Depr Adj Adjustme				-	ol. A + Col. B)	
BUILDING				-137	_			-137.	
BUILDING #2				0 .				0.	
Total Form 8825 Depr	reciation Adjustm	nent (Sum	of C	olumn C)				-137.	
Sch	edule F			(A) State Depr Adj	(B) Oth Adjustme		-	C) Total Adj ol. A + Col. B)	
					_				
Total Schedule F Dep	reciation Adjustr	ment (Sum	of C	Column C)					
Farm Re	ntal Income			(A) State Depr Adj		(B) Other Adjustments		(C) Total Adj (Col. A + Col. B)	
Total Farm Rental De	preciation Adjus	tment (Sun	n of	Column C)					
Total Depreciation Ad	justment							-137.	
Section 17	'9 Adjustment		(4	A) Adjustment Amount	(B) Oth Adjustme		-	C) Total Adj ol. A + Col. B)	
Sale of Assets (Includ	es recapture fo	r Form 62	52)						
Description of Asset Sold	Date Acquired	Date Sold		Federal Accum Depreciation	State Accum Depreciation	Oth A		Gain/Loss Adjustment	
Form 6252 Current Ye	ear Installment (Gain Adius	stme	ent					
Description of Asset Sold	Date Acquired Sold	Current Payme	Yr	Gross Profit Federal State	Gain Federal State	Oth A		Gain/Loss Adjustment	
Total Gain/Loss Adjus	stment								