Test #2

FINAL AS OF NOVEMBER 5, 2008. SUBJECT ONLY TO LEGISLATIVE ACTION.

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Massachusetts Resident Income Tax Return 20

FIRST NAME	M.I.	LAST NAME	YOUR SOCIAL SECURITY NUMBER
P		Appleton	400001000
SPOUSE'S FIRST NAME	**M.I.**	**LAST NAME**	**SPOUSE'S SOCIAL SECURITY NUMBER**
Or Est of Pe		Appleton	400001100

ADDRESS	CITY, TOWN, POST OFFICE/FOREIGN COUNTRY	STATE	ZIP + 4
1 Yawkey Way Apt #1	Boston	MA	02123 0131

● Fill in if **name/address has changed** since 2007. If **taxpayer(s) is deceased**, fill in appropriate oval(s) (see instructions): ► ○ Primary ● Spouse

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle (see instructions) ► ○ You ► ● Spouse

State Election Campaign Fund (this contribution will not change your tax or reduce your refund) ● $1 You $1 Spouse, if filing jointly Total ► $ 1

► ○ Fill in if noncustodial parent ► ○ Fill in if filing Schedule TDS (see instructions) Under age 18 (see instructions): ► ○ You ► ○ Spouse

1 Filing status: **(select one only)** Single ● Married filing joint return (both must sign return) Married filing separate return. (Enter spouse's Soc. Sec. number in the appropriate space above.) Head of household (see instructions)

Exemptions:

Whole-dollar method only. Do not use cents.

a. Personal exemptions. If single or married filing separately, enter **$4,400**. If head of household, enter **$6,600**. If married filing jointly, enter **$8,800** 2a 8,800.00

b. Number of dependents. (**Do not** include yourself or your spouse.) Enter number ► 4 × $1,000.... 2b 4,000.00
You must enclose Schedule DI.

c. Age 65 or over before 2009: ○ You ● Spouse. Enter number ► 1 × $700 ..... 2c ,700.00

d. Blindness: ○ You ● Spouse. Enter number ► 1 × $2,200 ..... 2d 2,200.00

e. 1. Medical/Dental ► ,695.00 (From U.S. Schedule A, line 4) 2. Adoption ► ,605.00 (See instructions) ...1 + 2 = 2e 1,300.00

f. **TOTAL EXEMPTIONS.** Add lines 2a through 2e. Enter here and on line 18 ..... ► 2f 17,000.00

INCOME

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) ..... ► 3 , 10,000.00

4 Taxable pensions and annuities (see instructions) ..... ► 4 , ,300.00

5 a. ► , ,217.00 (Massachusetts bank interest) – b. ► 200.00 (Exemption amount) ..... a – b = 5 , , 17.00

Exemption: if married filing jointly, subtract $200 from line 5a; otherwise subtract $100 and enter result (not less than "0").

▼ If showing a loss, mark an X in box at left

6 Business/profession or farm income/loss (**enclose** Massachusetts Schedule C or U.S. Schedule C-EZ or U.S. Schedule F) ..... ► 6 , 1,000,000.00

7 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions ..... ► 7 X ,940,000.00

8 a. Unemployment compensation ..... ► 8a , ,160.00

b. Massachusetts state lottery winnings ..... ► 8b , ,923.00

9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (**enclose** Schedule X; not less than "0") ..... ► 9 , 1,000.00

10 **TOTAL 5.3% INCOME.** Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) ... 10 , 72,400.00

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.

Your signature	Date	Print paid preparer's name	Preparer's SSN or PTIN ►
P Appleton	2 2 9	Joe Smith	410 001 000
Spouse's signature (if filing jointly)	**Date**	**Paid preparer's phone**	**Paid preparer's EIN ►**
		617 100 9999	321 459 876

May DOR discuss this return with the preparer? ► ● Yes ► Paid preparer's signature Date ● Firm is self-employed

I do not want my preparer to file my return electronically ► 2 2 9

Attach, with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).

SOCIAL SECURITY NUMBER 400001000

DEDUCTIONS

a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. **Not more than $2,000.** (Medicare premiums deducted from your Soc. Sec. or retirement payments are **not** deductible.) ► 11a 1,400.00

b. Amount your spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. **Not more than $2,000.** (Medicare premiums deducted from your Soc. Sec. or retirement payments are **not** deductible.) ► 11b 1,581.00

12 Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) ► 12 , .00

13 Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of December 31, 2008, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12).

Not more than two: a. ► 1 × $3,600 = ► 13 3,600.00

14 Rental deduction. Total rental deduction cannot exceed $3,000 ($1,500 if married filing separately). See instructions.

Total rent paid in 2008: a. ► , .00 ÷ 2 = ► 14 , .00

15 Other deductions from Schedule Y, line 16 (**enclose** Schedule Y) ► 15 , 419.00

16 **TOTAL DEDUCTIONS.** Add lines 11 through 15 ► 16 , 7,000.00

17 **5.3% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"** 17 , 65,400.00

18 Total exemption amount (from line 2, item f) 18 17,000.00

19 **5.3% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than "0."** If line 17 is less than line 18, see instructions 19 , 48,400.00

20 **INTEREST AND DIVIDEND INCOME** from Schedule B, line 38. **Not less than "0."** (**enclose** Schedule B) ► 20 , 1,313.00

21 **TOTAL TAXABLE 5.3% INCOME.** Add lines 19 and 20 21 , 49,713.00

22 **TAX ON 5.3% INCOME** (from tax table). If line 21 is more than $24,000, multiply by .053. **Note:** If choosing the optional 5.85% tax rate, multiply line 21 and the amount in Schedule D, line 20 by .0585. See instructions; fill in oval. ► 22 , 2,635.00

23 **12% INCOME** from Schedule B, line 39. **Not less than "0"** (enclose Schedule B):

a. ► , , 37.00 × .12 = 23 , , 4.00

24 **TAX ON LONG-TERM CAPITAL GAINS** (from Schedule D, line 21). **Not less than "0." Enclose** Schedule D. If filing Sched. D-IS, Installment Sales, fill in oval and enclose Schedule D-IS ► ► 24 , 106.00

If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval (see instructions) ►

25 Credit recapture amount (**enclose** Schedule H-2; see instructions).
BC EOA LIH HR ► 25 , , 25.00

26 If you qualify for **No Tax Status**, fill in oval and enter "0" on line 27 (see worksheet in instructions) ►

27 **TOTAL INCOME TAX.** Add lines 22 through 25 27 , 2,770.00

CREDITS

28 Limited Income Credit (from worksheet in instructions) ► 28 , , .00

29 Other credits from Schedule Z, line 14 (**enclose** Schedule Z) ► 29 , 488.00

30 Total credits. Add lines 28 and 29 30 , 488.00

31 **INCOME TAX AFTER CREDITS.** Subtract line 30 from line 27. **Not less than "0"** 31 , 2,282.00

2008 FORM 1, PAGE 3

FIRST NAME | M.I. | LAST NAME: Appleton | SOCIAL SECURITY NUMBER: 400001000

32	Voluntary contributions:		
	a. Endangered Wildlife Conservation	▶ 32a	11.00
	b. Organ Transplant Fund	▶ 32b	12.00
	c. Massachusetts AIDS Fund	▶ 32c	13.00
	d. Massachusetts United States Olympic Fund	▶ 32d	14.00
	e. Massachusetts Military Family Relief Fund	▶ 32e	15.00
	Total. Add lines 32a through 32e	32	65.00
33	Use tax due on out-of-state purchases (see instructions). If no use tax due enter "0"	▶ 33	17.00
34	Health Care penalty (from worksheet in instructions). Be sure to **enclose** Schedule HC: a. You ▶ 105.00 b. Spouse ▶ .00 a + b =	34	105.00
35	**INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX** and **HC PENALTY.** Add lines 31–34	35	2,469.00
36	Massachusetts income tax withheld (**enclose** all Massachusetts Forms W-2, W-2G, 2-G, 1099-G, 1099-MISC, 1099-R and PWH-WA)	▶ 36	2,469.00
37	2007 overpayment applied to your 2008 estimated tax (from 2007 Form 1, line 44 or Form 1-NR/PY, line 49; do not enter 2007 refund)	▶ 37	70.00
38	2008 Massachusetts estimated tax payments **(do not include amount in line 37)**	▶ 38	100.00
39	Payments made with extension	▶ 39	.00
40	Earned Income Credit: a. Number of qualifying children ▶ Amount from U.S. return ▶ .00 × .15 =	▶ 40	.00
41	Senior Circuit Breaker Credit (**enclose** Schedule CB)	▶ 41	930.00
42	Refundable film credit (see instructions)	▶ 42	200.00
43	**TOTAL.** Add lines 36 through 42	43	3,769.00
44	**OVERPAYMENT.** If line 35 is **smaller** than line 43, subtract line 35 from line 43. If line 35 is **larger** than line 43, go to line 47. If line 35 and line 43 are equal, enter "0" in line 46	▶ 44	1,300.00
45	Amount of overpayment you want **APPLIED to your 2009 ESTIMATED TAX**	▶ 45	299.00
46	**THIS IS YOUR REFUND.** Subtract line 45 from line 44. Mail to: **Massachusetts DOR, PO Box 7000, Boston, MA 02204**	▶ 46	1,001.00

Direct Deposit of Refund. See instructions. Type of account (you must select one): ▶ Checking ■ Savings

▶ 011221320 ▶ 01776

Routing number (first two digits must be 01–12 or 21–32) Account number

47	**TAX DUE.** Subtract line 43 from line 35. Pay online at www.mass.gov/dor, or use Form PV	▶ 47	.00

Pay in full. Write Soc. Sec. number(s) on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204.

(Add to total in line 47, if applicable.) Interest ▶ .00 Penalty ▶ .00 M-2210 amt. ▶ .00 ▶ EX encl. Form M-2210

BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULE HC.

FINAL AS OF NOVEMBER 4, 2008. SUBJECT ONLY TO LEGISLATIVE ACTION.

2008 Schedule INC XXXXXXXXXXXX

AREA RESERVED FOR 2-D BARCODE

PEACHES APPLEBON 400001000

Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
99 9999911	989	4600	1400	
99 9999912	1480	5400		1581
	2469	10000	1400	1581

Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
99 9999333	0	300
99 9999334	0	160
99 9999555	0	923
99 9999666	0	217
99 9999123	0	1285
99 9999321	0	28
TOTALS	0	2913

XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

400001000

Dependent Information

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 40 or Form 1-NR/PY, lines 16, 17 or 45. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

First name	Last name	Social security number
Ben	Applebon	400001001
Relationship to taxpayer: Child	► Yes	Date of birth: 01 02 2003
Beth	Applebon	400001002
Child	► Yes	02 03 1994
Becca	Applebon	400001003
Child	► Yes	02 03 1994
Bonnie	Applebon	400001004
Child	► Yes	02 03 1994
	► Yes	
	► Yes	
	► Yes	
	► Yes	
	► Yes	
	► Yes	

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.

FIRST NAME | M.I. | LAST NAME: Applebon | SOCIAL SECURITY NUMBER: 400001000

Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY. 20

Most Massachusetts residents age 18 and over are required to have health insurance if it is affordable for them or be subject to a penalty. Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

a. Date of birth ► 01 101 950 **b.** Spouse's date of birth ► 01 11 1940

c. Family size (see instructions) ► 6

Federal adjusted gross income. If married filing separately, see instructions.
(from U.S. Forms 1040, line 37; 1040A, line 21; or 1040EZ, line 4) ..... ► 2 , 74,817.00

Did you have health insurance **at any point** during 2008? ► 3 You: ● Yes ○ No
Spouse: ● Yes ○ No

If you are filing a joint return and one spouse answers **Yes** but the other spouse answers **No** or each spouse has different coverage, see instructions.

If you answer **No**, go to line 6 on page 2. If you answer **Yes**, follow the instructions below.

If you were enrolled in **Medicare, Veterans Administration Program, Tri-Care** or "Other" government health coverage **at any point** during 2008, **go to line 5** on page 2. **Note:** See below if you were enrolled in **MassHealth** or **Commonwealth Care**.

If you were enrolled in **MassHealth** and/or **Commonwealth Care** and private insurance, fill in the oval(s). Also, complete Part A and/or Part B below and then go to line 4. If you **only** had **MassHealth** and/or **Commonwealth Care** fill in the oval(s) and go to line 4.
► You: ● **MassHealth** and/or **Commonwealth Care**
► Spouse: ○ **MassHealth** and/or **Commonwealth Care**

If you were enrolled in private health insurance, complete Part A and/or Part B below, using Form MA 1099-HC (see instructions if you did not receive Form MA 1099-HC from your carrier) and go to line 4.

Note: If you (and/or your spouse if married filing a joint return) had more than two insurance companies, complete Schedule HC-CS, Health Care Continuation Sheet (see instructions) to report the additional insurance company information, and fill in oval: ► ●

PART A. YOUR HEALTH INSURANCE

1. NAME OF INSURANCE COMPANY OR ADMINISTRATOR (from box 1 of Form MA 1099-HC): Tufts

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 021022023 SUBSCRIBER NUMBER (from Form MA 1099-HC): 700160732101

2. NAME OF SECOND INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 1 of Form MA 1099-HC): BCBS

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 024025026 SUBSCRIBER NUMBER (from Form MA 1099-HC): 765123 77BC

PART B. SPOUSE'S HEALTH INSURANCE (you must complete even if covered under same insurance plan)

1. NAME OF INSURANCE COMPANY OR ADMINISTRATOR FOR SPOUSE (from box 1 of Form MA 1099-HC):

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC):

2. NAME OF SECOND INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC):

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC):

Were you insured for **all** of 2008? ► 4 You: Yes ● No
Spouse: Yes ● No

If you are filing a joint return and one spouse answers **Yes** but the other spouse answers **No**, see instructions. If you answer **No**, go to line 6. If you answer **Yes**, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.

FIRST NAME | M. | LAST NAME: Appleton | SOCIAL SECURITY NUMBER: 400001000

If you were enrolled in Medicare, Veterans Administration Program, Tri-Care or "Other" government health coverage at any point during 2008 fill in the oval below for the plan in which you were enrolled. Skip the remainder of this schedule and continue completing your tax return. See instructions for information regarding "Other" government health coverage.

5a. ▸ You: Medicare Veterans Administration Program Tri-Care Other (enter name of program below)
5b. ▸ Spouse: Medicare Veterans Administration Program Tri-Care Other (enter name of program below)

NAME OF INSURANCE CARRIER OR PROGRAM

NAME OF INSURANCE CARRIER OR PROGRAM FOR SPOUSE: FREE CARE

Was your income in 2008 at or below 150% of the federal poverty level (see table in instructions)? ▸ **6** Yes No

If you answer **Yes**, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your tax return. If you answer **No**, go to line 7.

Were you uninsured for **all** of 2008? ▸ **7** You: Yes No
Spouse: Yes No

If you are filing a joint return and one spouse answers **Yes** but the other spouse answers **No**, see instructions. If you answer **Yes**, go to line 9a. If you answer **No**, go to line 8.

Complete this section **only** if you, and/or your spouse if married filing jointly, were uninsured for part, but not all of 2008. Fill in the ovals below for the months you were covered, using Form MA 1099-HC. If you did not receive this form, fill in the ovals for the months you were covered at least **15 days or more**.

See instructions if, during 2008, you turned 18, you were a part-year resident or a taxpayer was deceased.

MONTHS COVERED BY HEALTH INSURANCE

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
YOU:	●	●	●	●		●						●
SPOUSE:												

If you had four or more consecutive months without health insurance (four or more blank ovals in a row), go to line 9a. Otherwise, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your tax return.

a. RELIGIOUS EXEMPTION. Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs? ▸ **9a** You: Yes No
Spouse: Yes No

If you answer **Yes**, go to line 9b. If you answer **No**, go to line 10. If you are filing a joint return and one spouse answers **Yes** but the other spouse answers **No**, see instructions.

b. If you are claiming a religious exemption in line 9a, did you receive medical health care during the 2008 tax year? ▸ **9b** You: Yes No
Spouse: Yes No

If you answer **No** to line 9b, skip the remainder of this schedule and continue completing your tax return. If you answer **Yes** to line 9b, go to line 10. If you are filing a joint return and one spouse answers **Yes** but the other spouse answers **No**, see instructions.

10 **CERTIFICATE OF EXEMPTION.** Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the entire 2008 tax year or for the period you were uninsured in 2008? ▸ **10** You: Yes No
Spouse: Yes No

If you answer **Yes**, enter the certificate number below, skip the remainder of this schedule and continue completing your tax return. If you answer **No** to line 10, go to line **11**. If you are filing a joint return and one spouse answers **Yes** but the other spouse answers **No**, see instructions.

YOUR CERTIFICATE NUMBER | SPOUSE'S CERTIFICATE NUMBER

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.

FIRST NAME | M.I. | LAST NAME: Applebom | SOCIAL SECURITY NUMBER: 400001000

NOTE: This section will require the use of worksheets and tables found in the instructions. You **must** complete the worksheet(s) to determine if health insurance was affordable to you during the 2008 tax year.

Did your employer offer affordable health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? ► **11** You: ● Yes ○ No Spouse: ○ Yes ○ No

If your employer did not offer health insurance, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed, fill in the **No** oval.

If you answer **No**, go to line 12. If you answer **Yes**, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? ► **12** You: ● Yes ○ No Spouse: ○ Yes ○ No

If you answer **No**, go to line 13. If you answer **Yes**, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Were you able to afford private health insurance as determined by completing the Schedule HC Worksheet for Line 13 in the instructions? ► **13** You: ● Yes ○ No Spouse: ○ Yes ○ No

If you answer **No**, you are not subject to a penalty. Continue completing your tax return. If you answer **Yes**, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

You may have grounds to appeal if you were unable to obtain affordable insurance in 2008 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. **If you believe you have grounds for appealing the penalty, fill in the oval(s) below.** The appeal will be heard by the Commonwealth Health Insurance Connector Authority. By filling in the oval below, you are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal.

After you file your return, you will receive a follow-up letter from the Connector Authority asking you to state your grounds for appeal in writing, and submit supporting documentation. **Failure to respond to that form within the time specified will lead to dismissal of your appeal.** Once the Connector Authority receives your documentation, it will be reviewed. You may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, do **not** enter a penalty amount on your tax return. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

YOU: ● I wish to appeal the tax penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

SPOUSE: ○ I wish to appeal the tax penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

Note: If you, and your spouse if married filing a joint return, do not fill in the oval(s), your appeal will not be processed, and the Health Care Penalty will be assessed.

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.

COMPLETE SCHEDULE HC-CS TO REPORT ADDITIONAL INSURANCE COMPANIES

FIRST NAME | LAST NAME: Applebon | SOCIAL SECURITY NUMBER: 400001000

Health Care Information Continuation Sheet 20

Complete Schedule HC-CS, Health Care Information Continuation Sheet, if you answer **Yes** to question 3 of Schedule HC and had more than two private health insurance companies. **Note:** Your two most recent health insurance companies should be reported on Schedule HC, line 3. Fill out the information below, using Form MA 1099-HC, to report the information from your additional insurance companies.

PART A. YOUR HEALTH INSURANCE

2. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 2 of Form MA 1099-HC): Patriots Health of New England

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 027028029 | SUBSCRIBER NUMBER (from Form MA 1099-HC): 200220042005

3. NAME OF FOURTH INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 2 of Form MA 1099-HC): Rojo Sock National Corp

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 030031032 | SUBSCRIBER NUMBER (from Form MA 1099-HC): 20042007

PART B. SPOUSE'S HEALTH INSURANCE (you must complete even if covered under same insurance plan)

2. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 2 of Form MA 1099-HC):

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): | SUBSCRIBER NUMBER (from Form MA 1099-HC):

3. NAME OF FOURTH INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 2 of Form MA 1099-HC):

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): | SUBSCRIBER NUMBER (from Form MA 1099-HC):

If substituting U.S. Schedule C or C-EZ, see instructions.

Ovals must be filled in completely. Example: ● If any line shows a loss, mark an X in box at left of the line.

Massachusetts Profit or Loss from Business 20

Peaches	Applebon
Dance -N- Pitch	
Dance and Pitching Instructor	
2 Yawkey Way	
Boston	Ma 02123

SOCIAL SECURITY NUMBER OF PROPRIETOR: 400001100

EMPLOYER IDENTIFICATION NUMBER: 404268172

PRINCIPAL BUSINESS CODE (from U.S. Schedule C): 000003

NUMBER OF EMPLOYEES: 2

Accounting Method: ● Cash Accrual Other (specify) _____

Did you materially participate in the operation of this business during 2008? (If "no," see line 33 instructions) ..... Yes No

Did you claim the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2008? ..... Yes No

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter such amount in line 32 and in Schedule B, line 3.

Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, fill in here:

1	a. Gross receipts or sales	3,000,016.00		▼ If showing a loss, mark an X in box at left
	b. Returns and allowances	16.00	a – b = 1	3,000,000.00
2	Cost of goods sold and/or operations (Schedule C-1, line 8)		2	1,000,000.00
3	Gross profit. Subtract line 2 from line 1		3	2,000,000.00
4	Other income. Do not include interest income (other than from Mass. banks) and dividends		4	5,000,000.00
5	Total income. Add line 3 and line 4		5	7,000,000.00
6	Advertising		6	60.00
7	Bad debts from sales or services		7	700.00
8	Car and truck expenses		8	169,320.00
9	Commissions and fees		9	40.00
10	Depletion		10	780.00
11	Depreciation and Section 179 deduction		11	100.00
12	Employee benefit programs (other than in line 17)		12	900,000.00
13	Insurance (other than health)		13	300.00
14	Interest: a. mortgage interest paid to financial institutions	92,700.00		.00
	b. other interest	2000.00	a + b = 14	94,700.00
15	Legal and professional services		15	999.00
16	Office expense		16	3,001.00
17	Pension and profit-sharing plans		17	80,000.00

SOCIAL SECURITY NUMBER 400001000

18	Rent or lease: a. vehicles, machinery and equipment	90.00		
	b. other business property	55.00	a + b = 18	145.00
19	Repairs and maintenance		19	9,855.00
20	Supplies (not included on Schedule C-1)		20	200,000.00
21	Taxes and licenses		21	40,000.00
22	Travel		22	300,000.00
23	a. Total meals and entertainment	150,000.00		
	b. Enter 50% of 23a subject to limitations	75,000.00	a – b = 23	75,000.00
24	Utilities		24	120,000.00
25	Wages (before U.S. jobs credit)		25	4,000.00
26	Other expenses		26	1,000.00
27	Total expenses. Add lines 6 through 26		27	2,000,000.00
28	Tentative profit or loss. Subtract line 27 from line 5		28	5,000,000.00
29	Expenses for business use of your home		29	3,010,000.00
30	Abandoned Building Renovation Deduction		30	990,000.00
31	Net profit or loss. Subtract total of line 29 & line 30 from line 28. If a profit, enter here and on Form 1, line 6 or Form 1-NR/PY, line 8. If a loss, complete line 33		31	1,000,000.00
32	Is interest (other than from Mass. banks) or dividend income reported on U.S. Sch. C, lines 1 and/or 6 or Sch. C-EZ, line 1? Yes ■ No. If "yes," enter amount here and in Mass. Sch. B, line 3		32	.00
33	If you have a loss, fill in the oval that describes your investment in this activity. If you filled in 33a enter the loss on Form 1, line 6 or Form 1-NR/PY, line 8. If you filled in 33b, see instructions.			33a. All investment at risk. 33b. Some investment is not at risk.

Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: ■ Cost Lower of cost or market Other (enclose explanation)

Was there any change in determining quantities, costs or valuations between opening and closing inventory? If yes, enclose explanation: Yes ■ No

1	Inventory at beginning of year (if different from last year's closing inventory, enclose explanation)		1	100.00
2	a. Purchases	3,000,900.00		
	b. Items withdrawn for personal use	900.00	a – b = 2	3,000,000.00
3	Cost of labor (do not include salary paid to yourself)		3	1,999,900.00
4	Materials and supplies		4	20,000.00
5	Other costs (enclose statement)		5	3,980,000.00
6	Add lines 1 through 5		6	9,000,000.00
7	Inventory at end of year		7	8,000,000.00
8	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2		8	1,000,000.00

Schedule E-1
Real Estate and Royalty Income and Loss

2008
Massachusetts Department of Revenue

Form 1 and Form 1 NR/PY filers must use Schedule E-1 to report income and loss from rental real estate and royalties.

Name	Social Security number
Applebon	400001000

Type of real estate	Street address	City/town	State	Zip
Rental	10 East ST	Boston	MA	02129

Check applicable box: ☒ Real estate ☐ Royalty

Income or Loss from Rental Real Estate and Royalties

Income

1	Rents received	1	1000
2	Royalties received	2	

Expenses

3	Advertising	3	20
4	Auto and travel	4	30
5	Cleaning and maintenance	5	40
6	Commissions	6	50
7	Insurance	7	60
8	Legal and other professional fees	8	70
9	Management fees	9	80
10	Mortgage interest paid to banks, etc.	10	90
11	Other interest. **Submit explanation**	11	100
12	Repairs	12	110
13	Supplies	13	120
14	Taxes	14	130
15	Utilities	15	140
16	Other expenses. Submit explanation	16	150
17	Add lines 3 through 16	17	1190
18	Depreciation expense or depletion	18	210
19	Total expenses. Add lines 17 and 18	19	1400
20	Income or loss from rental real estate or royalty properties. Subtract line 19 from line 1 (rents) or line 2 (royalties). If the result is a loss, see instructions to find out if you must file U.S. Form 6198	20	-400
21	Deductible rental real estate loss. Your rental real estate loss on line 20 may be limited. See instructions to find out if you must file U.S. Form 8582	21	-400
22	Income. Enter positive amounts shown on line 20. Do not include any losses	22	
23	Losses. Add royalty losses from line 20 and rental real estate losses from line 21. Enter total losses here	23	-400
24	Total rental real estate and royalty income or loss. Combine lines 22 and 23	24	-400

25 Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value? ☐ Yes ☐ No

Schedule E-2
Partnership and S Corporation Income and Loss

2008
Massachusetts Department of Revenue

Form 1 and Form 1 NR/PY filers must use Schedule E-2 to report income and loss from partnerships and S corporations.

Name: Appleby
Social Security number: 400 001 000

Name of entity: Fred & Barney Partnership
Federal Identification number: 012-210-345

Check applicable box: ☐ Domestic S corporation ☐ Foreign S corporation ☒ Domestic partnership ☐ Foreign partnership

Income or Loss from Partnerships and S Corporations

1	Passive loss allowed	1	500
2	Passive income (from U.S. Schedule K-1)	2	100
3	Non-passive loss (from U.S. Schedule K-1)	3	200
4	Section 179 expense deduction (from U.S. Form 4562)	4	300
5	Non-passive income (from U.S. Schedule K-1)	5	400
6	Add lines 2 and 5	6	500
7	Add lines 1, 3 and 4	7	-1000
8	Partnership or S corporation income or loss. Combine lines 6 and 7	8	-500
9	Interest (other than from Massachusetts banks) and dividends if included in line 8 (for Schedule B, line 3)	9	75
10	Interest from Massachusetts banks if included in line 8 (for Form 1, line 5a or Form 1-NR/PY, line 7a)	10	25
11	Total partnership and S corporation income or loss. Subtract the total of lines 9 and 10 from line 8.	11	-600

12 Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year unallowed loss from a passive activity (if that loss was not reported on U.S. Form 8582) or unreimbursed partnership expenses? ☐ Yes ☐ No

13 Check if any amount of this investment not at risk ☐

FINAL AS OF NOVEMBER 25, 2008, SUBJECT ONLY TO LEGISLATIVE ACTION.

Schedule E-3
Estate, Trust, REMIC and Farm Income and (Loss)

2008
Massachusetts Department of Revenue

Form 1 and Form 1 NR/PY filers must use Schedule E-3 to report income and loss from estates, trusts, REMICs and farms. Separate Schedule(s) E-3 must be filed for each individual entity.

Name: Applebum
Social Security number: 400 001 000

Name of entity: Not So Big Trust
Federal Identification number: 011-022-033

Check one only: ☒ Estate/Trust ☐ REMIC ☐ Farm

Income or (Loss) from Estates and Trusts

1	Passive deduction or loss allowed. (Enter as positive amount.)	400 000
2	Passive income (from U.S. Schedule K-1)	500 000
3	Deduction or (loss) (from U.S. Schedule K-1). (Enter as positive amount.)	200 000
4	Other income (from U.S. Schedule K-1)	300 000
5	Combine lines 2 and 4	800 000
6	Combine lines 1 and 3	(600 000)
7	Estate and trust income or (loss). Combine lines 5 and 6. (Enter loss as negative amount.)	200 000
8	Estate or non-grantor type income taxed from Form 2, if included on line 7	
9	Grantor type trust and non-Massachusetts estate and trust income or (loss). Subtract line 8 from line 7. (Enter loss as negative amount.)	200 000
10	Interest (other than from Massachusetts banks) and dividends if included in line 9	51 000
11	Adjustments to 5.3% income. Enclose statement	
12	Subtotal. Combine lines 10 and 11	51 000
13	Income or (loss) from grantor-type trusts and non-Massachusetts estates and trusts. Subtract line 12 from line 9. (Enter loss as negative amount.)	149 000

Income or Loss from Real Estate Mortgage Investment Conduits (REMICs)

14	Excess inclusion (from U.S. Schedule Q, line 2c)	
15	Taxable income or net (loss) (from U.S. Schedule Q, line 1b). (Enter loss as negative amount.)	
16	Income (from U.S. Schedule Q, line 3b)	
17	Combine lines 15 and 16. (Enter loss as negative amount.)	

Farm Income

18	Net farm rental income or (loss) (from U.S. Form 4835). (Enter loss as negative amount.)	

FINAL AS OF NOVEMBER 25, 2008. SUBJECT ONLY TO LEGISLATIVE ACTION.

2008

Massachusetts Department of Revenue

Schedule E-3
Estate, Trust, REMIC and Farm Income and (Loss)

Form 1 and Form 1 NR/PY filers must use Schedule E-3 to report income and loss from estates, trusts, REMICs and farms. Separate Schedule(s) E-3 must be filed for each individual entity.

Name: Applebon

Social Security number: 400-001-000

Name of entity: Remdog

Federal Identification number: 011-022-035

Check one only: ☐ Estate/Trust ☒ REMIC ☐ Farm

Income or (Loss) from Estates and Trusts

1	Passive deduction or loss allowed. (Enter as positive amount.)	
2	Passive income (from U.S. Schedule K-1)	
3	Deduction or (loss) (from U.S. Schedule K-1). (Enter as positive amount.)	
4	Other income (from U.S. Schedule K-1)	
5	Combine lines 2 and 4	
6	Combine lines 1 and 3	( )
7	Estate and trust income or (loss). Combine lines 5 and 6. (Enter loss as negative amount.)	
8	Estate or non-grantor type income taxed from Form 2, if included on line 7	
9	Grantor type trust and non-Massachusetts estate and trust income or (loss). Subtract line 8 from line 7. (Enter loss as negative amount.)	
10	Interest (other than from Massachusetts banks) and dividends if included in line 9	
11	Adjustments to 5.3% income. Enclose statement	
12	Subtotal. Combine lines 10 and 11	
13	Income or (loss) from grantor-type trusts and non-Massachusetts estates and trusts. Subtract line 12 from line 9. (Enter loss as negative amount.)	

Income or Loss from Real Estate Mortgage Investment Conduits (REMICs)

14	Excess inclusion (from U.S. Schedule Q, line 2c)	
15	Taxable income or net (loss) (from U.S. Schedule Q, line 1b). (Enter loss as negative amount.)	-1000
16	Income (from U.S. Schedule Q, line 3b)	3000
17	Combine lines 15 and 16. (Enter loss as negative amount.)	2000

Farm Income

18	Net farm rental income or (loss) (from U.S. Form 4835). (Enter loss as negative amount.)	

FINAL AS OF NOVEMBER 25, 2008, SUBJECT ONLY TO LEGISLATIVE ACTION.

Schedule E-3
Estate, Trust, REMIC and Farm Income and (Loss)

2008
Massachusetts Department of Revenue

Form 1 and Form 1 NR/PY filers must use Schedule E-3 to report income and loss from estates, trusts, REMICs and farms. Separate Schedule(s) E-3 must be filed for each individual entity.

Name: Appleton
Social Security number: 400-001-000

Name of entity: Apple Farms
Federal Identification number: 011-022-034

Check one only: ☐ Estate/Trust ☐ REMIC ☒ Farm

Income or (Loss) from Estates and Trusts

1	Passive deduction or loss allowed. (Enter as positive amount.)	1
2	Passive income (from U.S. Schedule K-1)	2
3	Deduction or (loss) (from U.S. Schedule K-1). (Enter as positive amount.)	3
4	Other income (from U.S. Schedule K-1)	4
5	Combine lines 2 and 4	5
6	Combine lines 1 and 3	6 ( )
7	Estate and trust income or (loss). Combine lines 5 and 6. (Enter loss as negative amount.)	7
8	Estate or non-grantor type income taxed from Form 2, if included on line 7	8
9	Grantor type trust and non-Massachusetts estate and trust income or (loss). Subtract line 8 from line 7. (Enter loss as negative amount.)	9
10	Interest (other than from Massachusetts banks) and dividends if included in line 9	10
11	Adjustments to 5.3% income. Enclose statement	11
12	Subtotal. Combine lines 10 and 11	12
13	Income or (loss) from grantor-type trusts and non-Massachusetts estates and trusts. Subtract line 12 from line 9. (Enter loss as negative amount.)	13

Income or Loss from Real Estate Mortgage Investment Conduits (REMICs)

14	Excess inclusion (from U.S. Schedule Q, line 2c)	14
15	Taxable income or net (loss) (from U.S. Schedule Q, line 1b). (Enter loss as negative amount.)	15
16	Income (from U.S. Schedule Q, line 3b)	16
17	Combine lines 15 and 16. (Enter loss as negative amount.)	17

Farm Income

18	Net farm rental income or (loss) (from U.S. Form 4835). (Enter loss as negative amount.)	18 −800 000

Schedule E
Supplemental Income and Loss

2008
Massachusetts Department of Revenue

Form 1 and Form 1 NR/PY filers must use Schedule E to report income and loss from rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICS, etc.

Name: Apple bon

Social Security number: 400 001-000

Income or Loss from Real Estate and Royalties

Income

			Total
1	Rents received	1	1000
2	Royalties received	2	

Expenses

3	Advertising	3	20
4	Auto and travel	4	30
5	Cleaning and maintenance	5	40
6	Commissions	6	50
7	Insurance	7	60
8	Legal and other professional fees	8	70
9	Management fees	9	80
10	Mortgage interest paid to banks, etc.	10	90
11	Other interest	11	100
12	Repairs	12	110
13	Supplies	13	120
14	Taxes	14	130
15	Utilities	15	140
16	Other expenses	16	150
17	Add lines 3 through 16	17	1190
18	Depreciation expense or depletion	18	210
19	Total expenses. Add lines 17 and 18	19	1400
20	Income or loss from rental real estate or royalty properties. Subtract line 19 from line 1 (rents) or line 2 (royalties)	20	-400
21	Deductible rental real estate loss	21	-400
22	Income. Add positive amounts shown on line 20. Do not include any losses	22	
23	Losses. Add royalty losses from line 20 and rental real estate losses from line 21. Enter total losses here	23	-400
24	Total rental real estate and royalty income or loss	24	-400

Appleton 400-001-000

Income or Loss from Partnerships and S Corporations

			Total
25	Passive loss allowed	25	500
26	Passive income	26	100
27	Non-passive loss	27	200
28	Section 179 expense deduction	28	300
29	Non-passive income	29	400
30	Add lines 26 and 29	30	500
31	Add lines 25, 27 and 28	31	-1000
32	Partnership and S corporation income or loss. Combine lines 30 and 31	32	-500
33	Interest (other than from Massachusetts banks) and dividends if included in line 32 (for Schedule B, line 3)	33	75
34	Interest from Massachusetts banks if included in line 32 (for Form 1, line 5a or Form 1-NR/PY, line 7a)	34	25
35	Total income or loss from partnerships and S corporations. Subtract total of lines 33 and 34 from line 32	35	-600

Income or Loss from Estates and Trusts

36	Passive deduction or loss allowed	36	900 000
37	Passive income	37	500 000
38	Non-passive deductcion or loss	38	200000
39	Non-passive other income	39	300000
40	Add lines 37 and 39	40	800 000
41	Add lines 36 and 38	41	-600000
42	Estate and trust income or loss. Combine lines 40 and 41	42	200000
43	Estate or non-grantor-type trust income taxed on Massachusetts Form 2, if included in line 42	43	
44	Grantor-type trust and non-Massachusetts estate and trust income. Subtract line 43 from line 42	44	200000
45	Interest (other than from Massachusetts banks) and dividends if included in line 44. (for Schedule B, line 3)	45	51000
46	Adjustments to 5.3% income	46	
47	Subtotal. Combine lines 45 and 46	47	51000
48	Income or loss from grantor-type trusts and non-Massachusetts estates and trusts. Subtract line 47 from 44	48	149000

Income or Loss from Real Estate Mortgage Investment Conduits (REMICs)

49	Excess inclusion	49	
50	Taxable income or net loss	50	-1000
51	Income	51	3000
52	Combine lines 50 and 51	52	2000

Farm Income

53	Net farm rental income or loss	53	-800 000

Summary

54	Income or loss. Combine lines 24, 35, 48, 52 and 53	54	-650000
55	Massachusetts differences. Submit explanation	55	-290000
56	Abandoned building renovation deduction	56	
57	Total income or loss. **Combine lines 54, 55 and 56.** Enter here and in Form 1, line 7 or Form 1-NR/PY, line 9	57	-940 000

Social Security Number 400001000

Other Credits Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules. 20

Part 1. Credits

1	Lead Paint	▶ 1	1.00
2	Economic Opportunity Area	▶ 2	2.00
3	Full Employment	▶ 3	3.00
4	Septic	▶ 4	4.00
5	Brownfields	▶ 5	5.00
	Enter certificate number ▶ 9875551212		
6	Low-Income Housing	▶ 6	6.00
7	Historic Rehabilitation	▶ 7	7.00
8	Home Energy Efficiency	▶ 8	9.00
9	Film Incentive	▶ 9	8.00
	Enter certificate number ▶ 7898124690		
10	Medical Device	▶ 10	5.00
	Enter certificate number ▶ 9999134317		
11	Add lines 1 through 10. Nonresidents and part-year residents, enter the result here and on Form 1-NR/PY, line 33. Part-year residents, also complete lines 12 through 14, if applicable. Full-year residents, also complete lines 12 through 15	11	50.00

Part 2. Credits for Full-Year and Part-Year Residents Only

12	Income tax paid to another state or jurisdiction	▶ 12	19.00
	Enter two-letter state or jurisdictional postal code ▶ OH, HI, ME		
13	Solar wind and energy	▶ 13	419.00

Part 3. Totals

14	Add lines 12 and 13. Part-year residents, enter the result here and on Form 1-NR/PY, line 34	14	438.00
15	Full-year residents only. Add lines 11 and 14. Enter the result here and on Form 1, line 29	15	488.00

FIRST NAME: P | M | LAST NAME: Appleton | SOCIAL SECURITY NUMBER: 400001000

Note: If reporting other income on Form 1, line 9 or Form 1-NR/PY, line 11 and/or claiming other deductions on Form 1, line 15, or Form 1-NR/PY, line 19 and/or claiming other credits on Form 1, line 29 or Form 1-NR/PY, lines 33 or 34 you must complete and enclose the following schedule(s) with your return.

Other Income **Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.** 20

1	Alimony received (from U.S. return) (full- and part-year residents only; see instructions) ► 1	,	167.00
2	Taxable IRA/Keogh and Roth IRA conversion distributions (from worksheet in instructions) ► 2	,	.00
3	**Other gambling winnings** (sources other than Massachusetts state lottery). **Not less than "0"** ► 3 **Note:** Gambling losses are not deductible under Massachusetts law. **Do not** report Massachusetts state lottery winnings here; instead, report them on Form 1, line 8b or Form 1-NR/PY, line 10b.	,	33.00
4	Fees and other 5.3% income. **Not less than "0"** ► 4	,	800.00
5	Total other 5.3% income. Add lines 1 through 4. **Not less than "0."** Enter here and on Form 1, line 9 or Form 1-NR/PY, line 11 ► 5	,	1,000.00

Other Deductions **Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.**

1	Allowable employee business expenses (from worksheet in instructions). (Non-residents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ► 1	,	5.00
2	Penalty on early savings withdrawal (from U.S. return). (Nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ► 2	,	6.00
3	Alimony paid (from U.S. return). Part-year residents, enter the amount paid while a Massachusetts resident; nonresidents, multiply alimony paid by line 14g of Form 1-NR/PY ► 3	,	166.00
4	Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty included in Form 1, line 3 or Form 1-NR/PY, line 5. Fill in applicable oval below ► 4 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	,	9.00
5	Moving expenses ► 5	,	44.00
6	Medical savings account deduction ► 6	,	13.00
7	Self-employed health insurance deduction (see instructions) ► 7	,	.00
8	Health savings accounts deduction ► 8	,	.00
9	Certain qualified deductions from U.S. Form 1040 (see instructions) Certain business expenses from U.S. Form 1040 (see instructions) ► 9	,	7.00
10	Student loan interest deduction (from U.S. Form 1040 or 1040A; only if not claiming the same expenses in line 12) ► 10	,	8.00
11	College Tuition Deduction (from worksheet in instructions) ► 11	,	22.00
12	Undergraduate student loan interest deduction (only if not claiming the same expenses in line 10; see instructions) ► 12	,	.00
13	Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 (see instructions) ► 13	,	80.00
14	Claim of right deduction ► 14	,	9.00
15	Commuter deduction (from worksheet in instructions) ► 15	,	50.00
16	Total other deductions. Add lines 1 through 15. Enter here and on Form 1, line 15 or Form 1-NR/PY, line 19 ► 16	,	419.00

P Applebon 400001000

Interest, Dividends and Certain Capital Gains and Losses 20

Part 1. Interest and Dividend Income

If you received any interest income other than interest from Massachusetts banks, or if you received more than $1,500 in gross dividend income, or if you have certain capital gains/losses, or any adjustments to interest and dividend income, complete Schedule B (see instructions). Otherwise, enter dividends of $1,500 or less on Form 1, line 20 or Form 1-NR/PY, line 24. In all cases enter 5.3% interest from Massachusetts banks on Form 1, line 5a or Form 1-NR/PY, line 7a.

1	Total interest income (from U.S. Form 1040 or 1040A, line 8a and line 8b; or Form 1040EZ, line 2)	1	1,502.00
2	Total ordinary dividends (from U.S. Schedule B, Part II, line 6, or U.S. Schedule 1, Part II, line 6. If U.S. Schedule B or U.S. Schedule 1 not filed, from U.S. 1040 or 1040A, line 9a)	2	28.00
3	Other interest and dividends not included above (**enclose** statement)	3	.00
4	Total interest and dividends. Add lines 1, 2 and 3	4	1,530.00
5	Total interest from Massachusetts banks (from Form 1, line 5a or Form 1-NR/PY, line 7a)	5	217.00
6	Other interest and dividends to be excluded (**enclose** statement) (this includes interest on U.S./Commonwealth debt obligations and interest and dividends taxed directly to Mass. estates and trusts)	6	.00
7	Subtotal: Line 4 minus lines 5 and 6. Not less than "0"	7	1,313.00
8	Allowable deductions from your trade or business (from Mass. Schedule C-2). See instructions	8	.00
9	Subtotal: Subtract line 8 from line 7. Not less than "0." If you have no short-term capital gains or losses, net long-term capital losses, long-term gains on collectibles and pre-1996 installment sales, short-term gains or losses from the sale, exchange or involuntary conversion of property used in a trade or business, allowable deductions from your trade or business against short-term capital gains, carryover short-term losses from prior years, or excess exemptions, omit lines 10–37. Enter this amount in line 38 and on Form 1, line 20 or Form 1-NR/PY, line 24, and omit lines 39 and 40. Otherwise, complete Parts 2, 3 and 4	9	1,313.00

Part 2. Short-Term Capital Gains/Losses & Long-Term Gains on Collectibles

10	Short-term capital gains (included in U.S. Schedule D, lines 1, 2, 4 and 5, column (f))	10	37.00
11	Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 11)	11	.00
12	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)	12	.00
13	Add lines 10 through 12	13	37.00
14	Allowable deductions from your trade or business (from Mass. Schedule C-2). See instructions	14	.00
15	Subtotal: Subtract line 14 from line 13. Not less than "0"	15	37.00
16	Short-term capital losses (included in U.S. Schedule D, lines 1, 2, 4 and 5, column (f))	16	.00
17	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)	17	.00
18	Prior short-term unused losses for years beginning after 1981 (from **2007** Massachusetts Schedule B, line 40)	18	.00
19	Combine lines 15 through 18. If "0" or greater, omit lines 20 through 23 and enter this amount in line 24. If less than "0," complete line 20	19	37.00
20	Short-term losses applied against interest and dividends. Enter the smaller of line 9 or line 19 (considered as a positive amount). Not more than $2,000	20	.00

BE SURE TO COMPLETE SCHEDULE B, PARTS 3 AND 4, ON OTHER SIDE.

SOCIAL SECURITY NUMBER 400001000

21	Available short-term losses. Combine lines 19 and 20. See instructions	21	.00
22	Short-term losses applied against long-term gains. See instructions	22	.00
23	Short-term losses available for carryover in **2009**. Combine lines 21 and 22 and enter result here and in line 40, omit lines 24 through 28, and complete Parts 3 and 4	23	.00
24	Short-term gains and long-term gains on collectibles. Enter amount from line 19. See instructions		37.00
25	Long-term losses applied against short-term gain. See instructions	25	.00
26	Subtotal. Subtract line 25 from line 24	26	37.00
27	Long-term gains deduction. Complete only if lines 11 and 26 are greater than "0." If line 11 shows a gain, enter 50% of line 11 minus 50% of losses in lines 16, 17, 18 and 25, but not less than "0"	27	.00
28	Short-term gains after long-term gains deduction. Subtract line 27 from line 26	28	37.00

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29	Enter the amount from line 9	29	1,313.00
30	Short-term losses applied against interest and dividends. Enter the amount from line 20	30	.00
31	Subtotal interest and dividends. Subtract line 30 from line 29. See instructions	31	1,313.00
32	Long-term losses applied against interest and dividends (from worksheet in instructions)	32	.00
33	Adjusted interest and dividends. Subtract line 32 from line 31	33	1,313.00
34	Enter the amount from line 28	34	37.00

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35	Adjusted gross interest, dividends and certain capital gains. Add lines 33 and 34	▶ 35	1,350.00
36	Excess exemptions (from worksheet in instructions), only if single, head of household or married filing jointly and Form 1, line 18 is greater than Form 1, line 17 or Form 1-NR/PY, line 22 is greater than Form 1-NR/PY, line 21	36	.00
37	Subtract line 36 from line 35. Not less than "0"	37	1,350.00
38	If line 37 is greater than or equal to line 9, enter the amount from line 9 here and on Form 1, line 20 or Form 1-NR/PY, line 24. If line 37 is less than line 9, enter the amount from line 37 here and on Form 1, line 20 or Form 1-NR/PY, line 24	▶ 38	1,313.00
39	Taxable 12% capital gains. Subtract line 38 from line 37. Not less than "0." Enter result here and on Form 1, line 23a or Form 1-NR/PY, line 27a	▶ 39	37.00
40	Available short-term losses for carryover in **2009**. Enter amount from line 23. If line 23 was not completed, enter "0"	40	.00

FIRST NAME: P | LAST NAME: Appleton | SOCIAL SECURITY NUMBER: 400001000

Note: If you are reporting capital gains on installment sales that occurred during January 1, 1996 through December 31, 2002, do **not** file Schedule D. Instead, you must file Schedule D-IS, Installment Sales. If you are reporting an installment sale occurring on or after January 1, 2003, report those gains on Schedule D. Schedule D-IS can be obtained on DOR's website at www.mass.gov/dor.

Long-Term Capital Gains and Losses Excluding Collectibles 20

Long-Term Capital Gains and Losses, Excluding Collectibles

▼ If showing a loss, mark an X in box at left

1	Enter amounts included in U.S. Schedule D, line 8, col. f	1	100.00
2	Enter amounts included in U.S. Schedule D, line 9, col. f	2	200.00
3	Enter amounts included in U.S. Schedule D, line 11, col. f	3	.00
4	Enter amounts included in U.S. Schedule D, line 12, col. f	4	400.00
5	Enter amounts included in U.S. Schedule D, line 13, col. f. If U.S. Schedule D not filed, enter the amount from U.S. Form 1040, line 13 or U.S. Form 1040A, line 10	5	300.00
6	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II (not included in lines 1 through 5). See instructions	6	1,000.00
7	Carryover losses from prior years. **See instructions**	7	.00
8	Combine lines 1 through 7	8	2,000.00
9	Differences, if any. **See instructions**	9	.00
10	Adjusted capital gains and losses. **See instructions**	10	2,000.00
11	Long-term gains on collectibles and pre-1996 installment sales. See instructions. Also enter amount in Schedule B, Part 2, line 11	11	.00
12	Subtotal. Subtract line 11 from line 10. **See instructions**	12	2,000.00
13	Capital losses applied against capital gains. See instructions	13	.00
14	Subtotal. If line 12 is greater than "0," subtract line 13 from line 12. If line 12 is less than "0," combine lines 12 and 13. If line 14 is a loss, see instructions	14	2,000.00
15	Long-term capital losses applied against interest and dividends (from worksheet in instructions)	15	.00
16	Subtotal. Combine line 14 and line 15. See instructions	16	2,000.00
17	Allowable deductions from your trade or business (from Schedule C-2). **See instructions**	17	.00
18	Subtotal. Subtract line 17 from line 16. Not less than "0"	▶ 18	2,000.00
19	Excess exemptions **(from worksheet in instructions)**, only if single, head of household or married filing jointly	19	.00
20	Taxable long-term capital gains. Subtract line 19 from line 18. Not less than "0"	▶ 20	2,000.00
21	Tax on long-term capital gains. Multiply line 20 by .053 and enter the result here and in Form 1, line 24 or Form 1-NR/PY, line 28. **Note:** If choosing the optional 5.85% tax rate, multiply line 20 by .0585	▶ 21	106.00
22	Available losses for carryover. Enter the amount from Schedule D, line 16, only if it is a loss	22	.00

FIRST NAME | M.I. | LAST NAME | SOCIAL SECURITY NUMBER

Applebon | 400 00 10 00

You, or your spouse if married filing jointly, must be at least 65 years of age before January 1, 2009 to qualify for this credit. Also, you must file as single, married filing jointly or head of household to qualify for this credit. If married filing separately, you do not qualify for this credit.

Circuit Breaker Credit **Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.** 20

ADDRESS OF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX): 1 Yankey Way | CITY/TOWN/POST OFFICE/FOREIGN COUNTRY: Boston | STATE: MA | ZIP + 4: 02123 0131

1 Living quarters status during 2008: ► Homeowner Renter (if you received any federal and/or state rent subsidy, or you rent from a tax-exempt entity, you do not qualify for the Circuit Breaker Credit; see instr.)
Note: If you moved during the year, see reverse.

2 Homeowners only, enter assessed value of principal residence as of January 1, 2008. If over **$793,000**, you do not qualify for this credit. See instructions ► 2 765,000.00

INCOME CALCULATION

3 Massachusetts adjusted gross income (from line 19 of Schedule CB, line 3 worksheet on reverse) 3 74,692.00

4 Total Social Security benefits received 4 ,400.00

5 Pensions/annuities/IRA/Keogh distributions not taxed on your Massachusetts tax return 5 , 8.00

6 Miscellaneous income, including cash public assistance 6 ,100.00

7 Massachusetts total income. Add lines 3 through 6 ► 7 75,200.00

8 Exemptions from income (from Form 1, lines 2b through 2d or Form 1-NR/PY, lines 4b through 4d) 8 6,900.00

9 Qualifying income. Subtract line 8 from line 7 ► 9 68,300.00
You do ***not*** qualify for the Circuit Breaker Credit if you are filing as "**Single**," and line 9 is greater than **$49,000**; or you are filing as "**Head of household**," and line 9 is greater than **$62,000**; or you are filing as "**Married filing jointly**," and line 9 is greater than **$74,000**.

CREDIT CALCULATION

If you filled in "Homeowner" in line 1, complete lines 10–17; if "Renter," skip to line 18.

10 Real estate taxes paid in calendar year 2008 for your principal residence. See instructions 10 10,100.00

11 Adjustments to real estate taxes (from line 4 of Schedule CB, line 14 worksheet on reverse) 11 ,100.00

12 Subtract line 11 from line 10 12 10,000.00

13 Enter 50% (.50) of water and sewer use charges paid in 2008 (see instructions) 13 ,830.00

14 Add lines 12 and 13 14 10830.00

15 Income threshold. Multiply line 9 by 10% (.10) 15 6,830.00

16 Subtract line 15 from line 14. If "0" or less, you do not qualify for this credit 16 4,000.00

17 Enter the lesser of line 16 or $930 here and on Form 1, line 41 or Form 1-NR/PY, line 45 ► 17 930.00

If you filled in "Renter" in line 1, complete lines 18–21.

18 Enter total amount of rent paid for your principal residence in 2008: a. .00 ÷ 4 = 18 , .00

Landlord's name and address _____

19 Income threshold. Multiply line 9 by 10% (.10) 19 , .00

20 Subtract line 19 from line 18. If "0" or less, you do not qualify for this credit 20 , .00

21 Enter the lesser of line 20 or $930 here and on Form 1, line 41 or Form 1-NR/PY, line 45 ► 21 .00