Test #2

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Form 1 Massachusetts Resident Income Tax Return 2010

FIRST NAME	M.I.	LAST NAME	1. YOUR SOCIAL SECURITY NUMBER
P		APPLEBON	400001000
SPOUSE'S FIRST NAME	**M.I.**	**LAST NAME**	**2. SPOUSE'S SOCIAL SECURITY NUMBER**
OR EST OF PE		APPLEBON	400001100

ADDRESS	CITY/TOWN/POST OFFICE/FOREIGN COUNTRY	STATE	ZIP + 4
1 YAWKEY WAY APT 1	BOSTON	MA	02123 0131

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 veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ► ○ You ► ● Spouse

If **taxpayer(s) is deceased**, fill in appropriate oval(s) (see instructions) ► ○ Primary ● Spouse

Under age 18 (see instructions) ► ○ You ► ○ Spouse

► ● Fill in if **name/address has changed** since 2009

► ○ Fill in if noncustodial parent

► ○ Fill in if filing Schedule TDS (see instructions)

1 FILING STATUS (select one only)
- ○ Single
- ● Married filing joint return (both must sign return)
- ○ Married filing separate return (enter spouse's Social Security number in the appropriate space above)
- ○ Head of household (see instructions) ○ Custodial parent has released claim to exemption for child(ren)

2 EXEMPTIONS — Whole-dollar method only

a. Personal exemptions. If single or married filing separately, enter **$4,400**. If head of household, enter **$6,800**. If married filing jointly, enter **$8,800** ..... 2a — 8800 00

b. Number of dependents. (**Do not** include yourself or your spouse.) **You must enclose Schedule DI.** Enter number ► 4 × $1,000 = 2b — 4000 00

c. Age 65 or over before 2011: ○ You ● Spouse Enter number ► 1 × $ 700 = 2c — 700 00

d. Blindness: ○ You ● Spouse Enter number ► 1 × $2,200 = 2d — 2200 00

e. 1. Medical/Dental ► 6950 00 (From U.S. Schedule A, line 4) 2. Adoption ► 605 00 (See instructions) ... 1 + 2 = 2e — 1300 00

f. **TOTAL EXEMPTIONS.** Add lines 2a through 2e. Enter here and on line 18 ..... ► 2f — 17000 00

INCOME

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) ..... ► 3 — 10000 00

4 Taxable pensions and annuities (see instructions) ..... ► 4 — 3000 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 — 100000000

7 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions ..... ► 7 — X 94000000

8 a. Unemployment compensation. **See instructions** ..... ► 8a — 1600 00

b. Massachusetts state lottery winnings ..... ► 8b — 9230 00

9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (**enclose** Schedule X; not less than "0") ..... ► 9 — 1000 00

10 **TOTAL 5.3% INCOME.** Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) ... 10 — 7240000

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 Applebon	2/2/11	JOE SMITH	410 001 000
Spouse's signature (if filing jointly)	**Date**	**Paid preparer's phone**	**Paid preparer's EIN ►**
	/ /	(617) 1009999	321 459 876

May DOR discuss this return with the preparer? ► ● Yes ► Paid preparer's signature — Date — ● Fill in if self-employed

I do not want my preparer to file my return electronically ► ● — Joe Smith — 2/2/11

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

SOCIAL SECURITY NUMBER 400001000

DEDUCTIONS

11 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 1400 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 1581 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, 2010, 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 3600 00

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

Total rent paid in 2010: a. ► 00 ÷ 2 = ► 14 00

15 Other deductions from Schedule Y, line 16 (**enclose** Schedule Y) ► 15 4190 0

16 **TOTAL DEDUCTIONS.** Add lines 11 through 15 ► 16 7000 00

17 **5.3% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"** 17 6540 00 00

18 Total exemption amount (from line 2, item f) 18 1700 00 0

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 4840 00 0

20 **INTEREST AND DIVIDEND INCOME** from Schedule B, line 38. **Not less than "0."** (**enclose** Schedule B) ► 20 1313 00

21 **TOTAL TAXABLE 5.3% INCOME.** Add lines 19 and 20 21 4971 3 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 2635 00

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

a. ► 3700 × .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 1060 0

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) and/or additional tax on installment sale. See instructions. BC EOA LIH HR Additional tax on installment sale ► 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 2770 00

CREDITS

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

29 Other credits from Schedule Z, line 13 (**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 2282 00

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

32 Voluntary contributions:

a. Endangered Wildlife Conservation ► 32a 1100

b. Organ Transplant Fund ► 32b 1200

c. Massachusetts AIDS Fund ► 32c 1300

d. Massachusetts United States Olympic Fund ► 32d 1400

e. Massachusetts Military Family Relief Fund ► 32e 1500

Total. Add lines 32a through 32e. 32 6500

33 Use tax due on out-of-state purchases (see instructions). If no use tax due enter "0" ► 33 1800

34 Health Care penalty (from worksheet in instructions). Be sure to **enclose** Schedule HC:

a. You ► 00 b. Spouse ► 00 a + b = 34 00

35 **INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX** and **HC PENALTY.** Add lines 31–34 35 236500

36 Massachusetts income tax withheld (**enclose** all Massachusetts Forms W-2, W-2G, 2-G, 1099-G, 1099-MISC, 1099-R, PWH-WA and LOA) ► 36 206500

37 2009 overpayment applied to your 2010 estimated tax (from 2009 Form 1, line 45 or Form 1-NR/PY, line 50; do not enter 2009 refund) ► 37 7000

38 2010 Massachusetts estimated tax payments **(do not include amount in line 37)** ► 38 10000

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 93000

42 Other refundable credits from Schedule RF, line 3 (**enclose** Schedule RF) ► 42 20000

43 **TOTAL.** Add lines 36 through 42 43 336500

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 100000

45 Amount of overpayment you want **APPLIED to your 2011 ESTIMATED TAX** ► 45 40000

46 **THIS IS YOUR REFUND.** Subtract line 45 from line 44.
Mail to: **Massachusetts DOR, PO Box 7000, Boston, MA 02204** ► 46 60000

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.

SOCIAL SECURITY NUMBER 400001000

DRAFT

Schedule DI 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	M.I.	LAST NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
BEN		APPLEBON	400001001	SON	► Yes	01022003
BETH		APPLEBON	400001002	DAUGHTER	► Yes	02031994
BECCA		APPLEBON	400001003	DAUGHTER	► Yes	02031994
BONNIE		APPLEBON	400001004	DAUGHTER	► Yes	02031994
					► Yes	
					► Yes	
					► Yes	
					► Yes	
					► Yes	
					► Yes	
					► Yes	

FULL-YEAR RESIDENTS AND CERTAIN PART-YEAR RESIDENTS MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH RETURN.

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

Schedule HC Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY. 2010

1 **a.** Date of birth ► 01 10 1950 **b.** Spouse's date of birth ► 01 11 1940 **c.** Family size ► (see instructions) 6

2 Federal adjusted gross income (**required** information). If married filing separately, see instructions (from U.S. Forms 1040, line 37; 1040A, line 21; or 1040EZ, line 4). . . . . ► 2 7481700

3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). You **must** fill in an oval. The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Commonwealth Care, Commonwealth Care Bridge, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the section on MCC requirements in the instructions.

► **3a** You: ○ Full-year MCC ● Part-year MCC ○ No MCC/None

► **3b** Spouse: ○ Full-year MCC ● Part-year MCC ○ No MCC/None

Note: See instructions if, during 2010, you turned 18, you were a part-year resident or a taxpayer was deceased.

If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2010, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in the oval in line(s) 4f and/or 4g and see instructions. If you were enrolled in private insurance and MassHealth, Commonwealth Care or Commonwealth Care Bridge, fill in the ovals, enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a	Private insurance (complete lines 4f and/or 4g below). If more than two, complete Schedule HC-CS.	**4a** ● You	● Spouse
4b	MassHealth, Commonwealth Care or Commonwealth Care Bridge. Fill in oval(s) and go to line 5.	**4b** ○ You	○ Spouse
4c	Medicare (including a replacement or supplemental plan). Fill in oval(s) and go to line 5.	**4c** ○ You	○ Spouse
4d	U.S. Military (including Veterans Administration and Tri-Care). Fill in oval(s) and go to line 5.	**4d** ○ You	○ Spouse
4e	Other government program (enter the program name(s) **only** in lines 4f and/or 4g below). **Note:** Health Safety Net is not considered insurance or minimum creditable coverage.	**4e** ○ You	○ Spouse

4f **YOUR HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5.** ○ Fill in if you were not issued Form MA 1099-HC

1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM (from box 1 of Form MA 1099-HC): TUFTS

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022012345 SUBSCRIBER NUMBER (from Form MA 1099-HC): 911411617

2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY (from box 1 of Form MA 1099-HC): HARVARD

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022054321 SUBSCRIBER NUMBER (from Form MA 1099-HC): 122344589

4g **SPOUSE'S HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5.** ○ Fill in if you were not issued Form MA 1099-HC

1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM FOR SPOUSE (from box 1 of Form MA 1099-HC): PATRIOT HEALTH

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022504123 SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC): 200204051

2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC): BCBS RI

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022023444 SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC): 9777621

5 If you had health insurance that met MCC requirements for the **full-year**, including private insurance, MassHealth, Commonwealth Care or Commonwealth Care Bridge, you are **not** subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2010, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

If you filled in the Part-year MCC or No MCC/None oval in line 3, you must complete line 6.

BE SURE YOU FILLED IN LINES 2 & 3 ABOVE. YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.

Attach, with a single staple, copy of Form MA 1099-HC, if applicable.

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

Uninsured for All or Part of 2010

6 Was your income in 2010 at or below 150% of the federal poverty level (see table in instructions)? ► **6** ○ Yes ● No

If you answer **Yes**, you are not subject to a penalty in 2010. Skip the remainder of this schedule and complete your tax return. If you answer **No** and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2010, go to line 7. If you answer **No** and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7 Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2010. Fill in the ovals below for the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the ovals for the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2010, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may **only** fill in the oval(s) for the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

MONTHS COVERED BY HEALTH INSURANCE THAT MET MINIMUM CREDITABLE COVERAGE

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

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank ovals in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2010. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8 **a. RELIGIOUS EXEMPTION.** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs? ► **8a** You: ○ Yes ● No; Spouse: ○ Yes ● No

If you answer **Yes**, go to line 8b. If you answer **No**, go to line 9. 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 8a, did you receive medical health care during the 2010 tax year? ► **8b** You: ○ Yes ○ No; Spouse: ○ Yes ○ No

If you answer **No** to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer **Yes** to line 8b, go to line 9. If you are filing a joint return and one spouse answers **Yes** but the other spouse answers **No**, see instructions.

9 **CERTIFICATE OF EXEMPTION.** Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the 2010 tax year? ► **9** 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 9, go to line 10. 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: 20102302

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.

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

Affordability as Determined By State Guidelines

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 2010 tax year.

10 Did your employer offer affordable health insurance that met the minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? ► **10** You: ■ Yes ○ No Spouse: ○ Yes ○ No

If your employer did not offer health insurance that met the minimum creditable coverage requirements, 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 11. If you answer **Yes**, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

11 Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? ► **11** You: ○ Yes ○ No Spouse: ○ Yes ○ No

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.

12 Were you able to afford private health insurance that met the minimum creditable coverage requirements 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**, 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.

Complete Only If You Are Filing an Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2010 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 (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal.

Important Information If You Are Filing An Appeal:

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.

Once your documentation is received, it will be reviewed by the Commonwealth Health Insurance Connector Authority and 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, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. 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 penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.

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

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.

COMPLETE SCHEDULE HC-CS TO REPORT ADDITIONAL INSURANCE COMPANIES

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

Schedule HC-CS Health Care Information Continuation Sheet 2010

Complete Schedule HC-CS, Health Care Information Continuation Sheet, if you fill in the **Full-Year MCC** or **Part-Year MCC** oval(s) in line 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(s) 4f and/or 4g. Fill out the information below, using Form MA 1099-HC, to report the information from your additional insurance companies.

PART A. YOUR HEALTH INSURANCE

3. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY (from box 1 of Form MA 1099-HC)
ROJO SOCK NATIONAL CORP

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022024135
SUBSCRIBER NUMBER (from Form MA 1099-HC): 1804071

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

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022531402
SUBSCRIBER NUMBER (from Form MA 1099-HC): 7376790024

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

3. NAME OF THIRD INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)
MITSEE GROUP

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022420513
SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC): 613114

4. NAME OF FOURTH INSURANCE COMPANY OR ADMINISTRATOR IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)
YMCA HEALTH

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC): 022451300
SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC): 111760412

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

2010 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	785	4600	1400	
99 9999912	1280	5400		1581
	2065	10000	1400	1581

Form 1099 Information

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

XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

DRAFT

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

Schedule C Massachusetts Profit or Loss from Business 2010

FIRST NAME: PEACHES | M.I. | LAST NAME: APPLEBON

SOCIAL SECURITY NUMBER OF PROPRIETOR: 400001100

BUSINESS NAME: DANCE N PITCH

EMPLOYER IDENTIFICATION NUMBER (if any): 404268172

MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE: DANCE AND PITCHING INSTRUCTOR

PRINCIPAL BUSINESS CODE (from U.S. Schedule C): 611000

ADDRESS: 2 YAWKEY WAY

NUMBER OF EMPLOYEES: 2

CITY/TOWN/POST OFFICE: BOSTON | STATE: MA | ZIP + 4: 02123

Accounting Method: ● Cash ○ Accrual ○ Other (specify) _____

Did you materially participate in the operation of this business during 2010? (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 2010? ..... ○ 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: ○

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

1	a. Gross receipts or sales	3,000,016.00	
	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	
	b. other interest	2,000.00	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

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18	Rent or lease: a. vehicles, machinery and equipment	9,000.00	
	b. other business property	5,500.00	a + b = 18 14,500.00
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.

Schedule C-1 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 Reconciliation
Total Supplemental Income and (Loss)

2010

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. Schedule E Reconciliation is to be used as a summary sheet only. Separate Schedule(s) E-1 (Income or Loss from Rental Real Estate and Royalties), E-2 (Partnership and S Corporation Income and Loss) and/or E-3 (Estate, Trust, REMIC and Farm Income and Loss) must be completed for each type of income reported on each schedule.

Name P APPLEBON

Social Security number 400 001 000

Income or (Loss) from Rental Real Estate and Royalties

From Schedule E-1. Enter in each line below the total amount from each corresponding line from Schedule(s) E-1.

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. 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	23	(-400)
24	Total rental real estate and royalty income or (loss). (Enter loss as negative amount.)	24	-400

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Schedule E Reconciliation Supplemental Income and (Loss), page 2

Income or (Loss) from Partnerships and S Corporations

From Schedule E-2. Enter in each line below the total amount from each corresponding line from Schedule(s) E-2.

		Total
25 Passive loss allowed. (Enter as positive amount.)	25	500
26 Passive income	26	100
27 Non-passive loss. (Enter as positive amount.)	27	200
28 Section 179 expense deduction. (Enter as positive amount.)	28	300
29 Non-passive income	29	300
30 Combine lines 26 and 29	30	400
31 Combine lines 25, 27 and 28	31	(-1000)
32 Partnership and S corporation income or loss. Combine lines 30 and 31	32	-600
33 Interest (other than from Massachusetts banks) and dividends if included in line 32	33	
34 Interest from Massachusetts banks if included in line 32	34	
35 Total income or (loss) from partnerships and S corporations. Subtract total of lines 33 and 34 from line 32. (Enter loss as negative amount.)	35	-600

Income or (Loss) from Estates and Trusts

From Schedule E-3, Income or (Loss) from Estates and Trusts. Enter in each line below the total amount from each corresponding line from Schedule(s) E-3, Income or (Loss) from Estates and Trusts.

36 Passive deduction or (loss) allowed. (Enter as positive amount.)	36	
37 Passive income	37	
38 Non-passive deduction or (loss). (Enter as positive amount.)	38	
39 Non-passive other income	39	
40 Add lines 37 and 39	40	
41 Add lines 36 and 38	41	( )
42 Estate and trust income or (loss). Combine lines 40 and 41. (Enter loss as negative amount.)	42	
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	
45 Interest (other than from Massachusetts banks) and dividends if included in line 44	45	
46 Adjustments to 5.3% income	46	
47 Subtotal. Combine lines 45 and 46	47	
48 Income or (loss) from grantor-type trusts and non-Massachusetts estates and trusts. Subtract line 47 from 44. (Enter loss as negative amount.)	48	

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

From Schedule E-3, Income or (Loss) from Real Estate Mortgage Investment Conduits (REMICS). Enter in each line below the total amount from each corresponding line from Schedule(s) E-3, Income or (Loss) from Real Estate Mortgage Investment Conduits (REMICS).

49 Excess inclusion	49	
50 Taxable income or net (loss). (Enter loss as negative amount.)	50	
51 Income	51	
52 Combine lines 50 and 51. (Enter loss as negative amount.)	52	

Farm Income

From Schedule E-3, Farm Income. Enter in each line below the total amount from each corresponding line from Schedule(s) E-3, Farm Income.

53 Net farm rental income or (loss). (Enter loss as negative amount.)	53	-649 000

Summary

54 Income or (loss). Combine lines 24, 35, 48, 52 and 53. (Enter loss as negative amount.)	54	-650 000
55 Massachusetts differences. Enclose statement	55	-290 000
56 Abandoned building renovation deduction	56	
57 Total income or (loss). Combine lines 54, 55 and 56. (Enter loss as negative amount.) Enter here and in Form 1, line 7 or Form 1-NR/PY, line 9	57	-940 000

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Massachusetts Department of Revenue

Schedule E-1
Rental Real Estate and Royalty Income and (Loss)

Form 1 and Form 1 NR/PY filers must use Schedule E-1 to report income and loss from rental real estate and royalties. Separate Schedule(s) E-1 must be filed for each individual entity.

Name: P APPLEBON

Social Security number: 400 001 000

Type of real estate: RENTAL

Street address: 10 EAST ST

City/town: Boston

State: MA

Zip: 02123

Check one only: ■ Rental real estate ☐ Royalty

Income or Loss from Rental Real Estate and Royalties

Income

1	Rents received	1000
2	Royalties received	

Expenses

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

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Massachusetts Department of Revenue

Schedule E-2
Partnership and S Corporation Income and (Loss)

Form 1 and Form 1 NR/PY filers must use Schedule E-2 to report income and loss from partnerships and S corporations. Separate Schedule(s) E-2 must be filed for each individual entity.

Name: P APPLE BON

Social Security number: 400 001 000

Name of entity: FRED AND BARNEY PARTNERSHIP

Federal Identification number: 012 210 345

Check one only: ☐ S corporation ■ Partnership

Income or Loss from Partnerships and S Corporations

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

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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: P APPLEBON

Social Security number: 400001000

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 -649 000

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FIRST NAME: P | M.I. | LAST NAME: APPLEBON | 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, you must complete and enclose the following schedule(s) with your return.

Schedule X Other Income

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules. **2010**

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

Schedule Y 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

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

Schedule B Interest, Dividends and Certain Capital Gains and Losses 2010

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	1502.00
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	1530.00
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	1313.00
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	1313.00

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
	▼ If showing a loss, mark an X in box at left	
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 2009 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 2011. 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 24	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 2011. Enter amount from line 23. If line 23 was not completed, enter "0" 40	.00

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FIRST NAME: P | M.I. | LAST NAME: APPLEBON | 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.

Schedule D Long-Term Capital Gains and Losses Excluding Collectibles 2010

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 (from 2009 Schedule D, line 22)	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
P		APPLEBON	400001000

Note: If claiming other credits on Form 1, line 29 or Form 1-NR/PY, lines 33 or 34, you **must** complete and enclose Schedule Z with your return.

Schedule Z Other Credits. Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules. 2010

PART 1. CREDITS

1	Lead Paint (you **must** enclose Schedule LP). Not less than "0"	1	1500
2	Economic Opportunity Area (you **must** enclose Schedule EOAC). Not less than "0"	2	500
3	Septic (you **must** enclose Schedule SC). Not less than "0"	3	2400
4	Brownfields. Not less than "0" Certificate number ► 1020B00017	4	200
5	Low-Income Housing. Not less than "0" Building identification number ► MA2017321	5	300
6	Historic Rehabilitation. Not less than "0" Certificate number ► HRC0006170	6	400
7	Film Incentive. Not less than "0" Certificate number ► 1020F00016	7	200
8	Medical Device. Not less than "0" Certificate number ► 1020M00015	8	500
9	Add lines 1 through 8. Not less than "0". Nonresidents and part-year residents, enter the result here and on Form 1-NR/PY, line 33. Part-year residents, also complete lines 10 through 12, if applicable. Full-year residents, also complete lines 10 through 13	9	6000

PART 2. CREDITS FOR FULL-YEAR AND PART-YEAR RESIDENTS ONLY

10	Income tax paid to another state or jurisdiction. Not less than "0"	10	900
	Enter two-letter state or jurisdictional postal code. . . ► NY ► ►		
11	Solar and wind energy (you **must** enclose Schedule EC). Not less than "0"	11	41900

PART 3. TOTALS

12	Add lines 10 and 11. Not less than "0". Part-year residents, enter the result here and on Form 1-NR/PY, line 34	12	42800
13	Full-year residents only. Add lines 9 and 12. Not less than "0". Enter the result here and on Form 1, line 29	13	48800

Schedule RF Other Refundable Credits

1	Refundable film credit (you **must** enclose Schedule RFC)	1	00
2	Refundable dairy credit. Enter certificate number ► E1234 (see instructions)	2	20000
3	Total refundable credits. Add lines 1 and 2. Enter result here and on Form 1, line 42 or Form 1-NR/PY, line 47	3	20000

2010

Massachusetts Department of Revenue

Schedule LP
Credit for Removing or Covering Lead Paint on Residential Premises

Name(s) as shown on Massachusetts Form 1, 1-NR/PY or 2: P APPLEBON

Social Security number(s): 400 | 001 | 000

a. Did this credit originate from a pass-through entity? ☐ Yes ■ No

b. If Yes, enter name and ID number of the pass-through entity (see instructions) _____

Part 1. Interim Control Deleading. Attach letter(s) of interim control.

1 a. Address(es) of Massachusetts unit(s) under an emergency lead management plan. Include unit or apartment number, if applicable	b. License number of risk assessor	c. Date of compliance or payment, whichever is later	d. Total cost of qualified interim control measures	e. Enter 50% of col. d	f. Enter the lesser of col. e or $500
1 YAWKEY WAY BOSTON MA 02123	7600770	06012010	2.00	1.00	1.00

2 Total amounts qualifying for interim control deleading. Add all amounts in col. f. 2 1.00

Part 2. Full Compliance Deleading. Attach letter(s) of compliance.

3 a. Address(es) of Massachusetts unit(s) deleaded. Include unit or apartment number, if applicable	b. License number of inspector of final deleading	c. Date of compliance or payment, whichever is later	d. Total cost of qualified lead removal or covering	e. Total cost or $1,500, whichever is less	f. Subtract from col. e any entry in Part 1, col. f or any entry from 2003 through 2009 Sch. LP, Part 1, col. e
10 EAST ST BOSTON MA 02123	7601713	07012010	3.00	3.00	1.00

4 Total amounts qualifying for full compliance deleading. Add all amounts in col. f 4 1.00

Schedule LP, Lead Paint Credit page 2

Part 3. Current Year Credit

5	Total Lead Paint Credits for this year. Add lines 2 and 4	2.00
6	Enter unused credits from prior year (from 2009 Schedule LP, line 10, col. c)	13.00
7	Massachusetts Lead Paint Credit available this year. Add lines 5 and 6	15.00
8	Total tax from return (Form 1, line 27; Form 1-NR/PY, line 31; or Form 2) less Limited Income Credit, and/or Credit for Taxes Paid to Other Jurisdictions, and/or certain other credits, if any. Not less than "0". See instructions	2287.00
9	Massachusetts Lead Paint Credit allowable this year (smaller of lines 7 or 8). Enter here and on Form 1, Schedule Z; or Form 2. You **must** enclose Schedule LP with your return. Failure to do so will result in this credit being disallowed on your tax return and an adjustment of your reported tax	15.00

Part 4. Unused Lead Paint Carryover

10 Complete only if line 7 is greater than line 8, or if you have unused credits from prior years.

Year	a. Unused credits from prior years and current year credit	b. Portion used this year	c. Unused credit available *Subtract col. b from col. a*	
			Amount	For
2004	(2009 Sch. LP, line 10, col. c) $	$	$	2011
2005	(2009 Sch. LP, line 10, col. c) $	$	$	2011–2012
2006	(2009 Sch. LP, line 10, col. c) $	$	$	2011–2013
2007	(2009 Sch. LP, line 10, col. c) $	$	$	2011–2014
2008	(2009 Sch. LP, line 10, col. c) $	$	$	2011–2015
2009	(2009 Sch. LP, line 10, col. c) $ 13.00	$ 13.00	$	2011–2016
2010	(2010 Sch. LP, line 5) $ 2.00	$ 2.00	$	2011–2017
11 Totals	$ 15.00	$ 15.00	$	

General Information

What Is the Lead Paint Credit?

The Lead Paint Credit is a credit provided for covering or removing materials on residential premises in Massachusetts that have been established as containing dangerously high levels of lead. The credit for each residence is equal to the cost of the deleading expenses, or $1,500, whichever is less. In addition, a credit for interim controls — abatement measures taken pending complete deleading — is allowed for up to $500 per residence. This $500 amount applies toward the $1,500 limit.

What Kinds of Properties Qualify for the Lead Paint Credit?

Only "residential premises" qualify for the lead paint removal credit. Among the residential premises that qualify for the credit are:

- single family homes;
- individual units in an apartment building;
- condominium units; or
- individual units in multi-family homes.

Which Taxpayers Are Qualified to Take the Credit?

The credit may only be claimed by the owner of a residential premise.

What If My Lead Paint Credit Originated from a Pass-Through Entity?

If this credit originated from a pass-through entity, for example, a partnership, you must enter the name and identification number of that pass-through entity and begin completing this schedule at Part 3, line 5.

What Type of Work Is Covered by the Credit?

A tax credit is only given for work done actually deleading the contaminated areas. Deleading refers to the removal or covering of paint, plaster or other materials that could be readily accessible to children under the age of six. Only costs that are incurred for legally required deleading qualify for the tax credit.

What Are Interim Control Measures?

Interim control measures are deleading activities undertaken to address urgent lead hazards pursuant to an emergency lead management plan pending the issuance of a Letter of Compliance.

What Steps Must Be Taken to Claim the Credit?

To claim the Lead Paint Credit, the following steps must be completed:

- The residential unit must be inspected by an inspector (for purposes of full compliance) or by a risk assessor (for purposes of interim control) licensed by the Department of Public Health (Childhood Lead Poisoning Prevention Program) who establishes the presence of dangerous levels of lead.
- The contaminated areas must be deleaded or interim control measures instituted by a licensed deleader or authorized person.
- The property must be reinspected by a licensed risk assessor who issues a Letter of Interim Control or by a licensed inspector who issues a Letter of Compliance.

Schedule EOAC
Economic Opportunity Area Credit

2010
Massachusetts Department of Revenue

Name P APPLEBON

Federal Identification or Social Security number 400001000

General Information

1 Type of business for which property is being used (check only one):

☐ Sole proprietorship ■ Partnership ☐ S corporation ☐ Financial institution ☐ Insurance company ☐ Corporation
☐ Public service corporation ☐ Trust
☐ Corporation included in a combined return
☐ Other (specify) _____

Name and identification number of type of business indicated above FRED AND BARNEY 012210345

2 Type of return this schedule is filed with FORM-1

3 Location of certified project BOSTON MA

4 Date project was certified by EACC 03012010

Computation of 5% Current Year Economic Opportunity Area Credit (EOAC)

5 Briefly, but accurately, describe purchases of qualifying property for the 5% EOAC. Complete details must be available upon request.	Date acquired	Life or recovery (years)	Cost (if not using cost, explain on separate sheet)
PARTNERSHIP PURCHASED	03012010		
ABANDONED PROPERTY		15	500.00

6 Total cost of property	6	500.00
7 U.S. basis reduction, if any	7	400.00
8 Total cost of property after reduction. Subtract line 7 from line 6	8	100.00
9 Available current-year EOAC. Multiply line 8 by .05. See instructions	9	5.00

Credit Allowable in Current Year

10 Total tax for determining allowable credit. Form 1, line 27; Form 1-NR/PY, line 31; or Form 2, line 40. Chapter 63 taxpayers, see instructions	10	2770.00
11 Total of other credits. See instructions	11	483.00
12 Subtract line 11 from line 10. Not less than "0"	12	2287.00
13 Enter 50% of line 12	13	1144.00
14 EOAC available this year. Add line 9 and prior years unused EOAC (from 2009 Schedule EOAC, line 17, col. c)	14	5.00
15 EOAC allowable for use in current year. If line 13 is greater than or equal to line 14, enter line 14. If line 13 is less than line 14 enter line 13. Also enter this amount on Form 1, Schedule Z; Form 1-NR/PY, Schedule Z; Form 2, line 43. Corporate taxpayers, see instructions	15	5.00

Carryover to Future Years

16 Maximum amount of credits for conversion to ten-year carryover status:

Year	a. Unused credits from prior years and current year credit	b. Portion used this year	c. Unused credit available Subtract col. b from col. a	
			Amount	For
2001	(2009 Sch. EOAC, line 16, col. c)			2011
2002	(2009 Sch. EOAC, line 16, col. c)			2011–2012
2003	(2009 Sch. EOAC, line 16, col. c)			2011–2013
2004	(2009 Sch. EOAC, line 16, col. c)			2011–2014
2005	(2009 Sch. EOAC, line 16, col. c)			2011–2015
2006	(2009 Sch. EOAC, line 16, col. c)			2011–2016
2007	(2009 Sch. EOAC, line 16, col. c)			2011–2017
2008	(2009 Sch. EOAC, line 16, col. c)			2011–2018
2009	(2009 Sch. EOAC, line 16, col. c)			2011–2019
2010	(2010 Sch. EOAC, line 9) 5.00	5.00		2011–2020
17 Totals	5.00	5.00		

Schedule SC
Septic Credit
Credit for Repairing or Replacing a Failed Cesspool or Septic System

2010
Massachusetts Department of Revenue

Name(s) as shown on Massachusetts Forms 1, 1-NR/PY: P APPLEBON

Social Security number(s): 40000/000

Address of principal residence with a failed system (must be in Massachusetts; do **not** enter PO box): 1 YAWKEY WAY

City/Town: BOSTON MA 02123

Part 1. General Information

1a Date certificate of compliance or verification letter issued: 06/01/2010. Retain a copy of Certificate of Compliance or verification letter.

1b Name of approving authority: BOSTON

2 If you were the sole owner of the property, enter 100%; otherwise enter the percentage of the total actual costs that you paid: 100 %. Also, list names, addresses and percentage of ownership of any co-owners of the above property. If a condominium, list legal name of the condominium association and total number of owners:

3 If you received a subsidized loan from the Commonwealth, or a betterment issued by a municipality to complete repairs or replacement of a qualified cesspool or septic system, complete the following (you must also complete Part 5):

3a ☐ Subsidized loan issued under homeowner septic repair program

Name of participating lender: BANK OF BOSTON

Amount of loan: $ 100.00

Loan term (in months): 12

Interest rate (must be either 0%, 3% or 5%): 3 %

3b ☐ Loan issued by municipality and assessed as a betterment (see instructions) to your property tax bill

Name of municipality: BOSTON

Amount of betterment: $ 50.00

Number of years to repay betterment: 7

Interest rate: 4 %

Part 2. Computation of Credit.

Complete Part 2 only if Certificate of Compliance or verification letter was issued in 2010.

4a Briefly describe the nature of expenditures made to comply with Title 5 or to connect to a municipal sewer system pursuant to a federal court order, Administrative Consent Order, state court order, consent decree or similar mandate. Complete details must be available upon request. Also include any actual costs incurred in 1995 through 2009.

	b Date paid	c Actual cost
SAND	05/20/2010	20.00
PIPE	05/20/2010	40.00

5 Total actual costs to repair or replace a failed cesspool or septic system or to connect to a municipal sewer system. Add all amounts in line 4, col. c **5**	60.00
6 Maximum amount available for computation of the credit. Enter the smaller of line 5 or $15,000 ..... **6**	60.00
7 Amount of actual costs available for the credit. Multiply line 6 by .40 (40%) **7**	24.00

Schedule SC, Septic Credit page 2

Part 3. Current Year Credit

8	Maximum Septic Credit available this year. If Certificate of Compliance or verification letter was issued in 2010, enter the smaller of line 7 or $1,500. If claiming a carryover credit, enter the smaller of 2009 Schedule SC, line 16, col. C or $1,500	8	24.00
9	Adjusted Septic Credit. Multiply line 8 by the percentage in line 2. Enter the result in line 9	9	24.00
10	Interest subsidy received, if any (from Part 5, line 36)	10	
11	Adjusted Septic Credit available for 2010. Subtract line 10 from line 9	11	24.00
12	Total tax from Form 1, line 27 or Form 1-NR/PY, line 31 less Limited Income Credit, and/or Credit for Taxes Paid to Other Jurisdictions, and/or certain other credits, if any. Not less than "0". See instructions	12	2306.00
13	Massachusetts Septic Credit allowable this year. Enter the smaller of line 11 or line 12 here and on Form 1, Schedule Z or Form 1-NR/PY, Schedule Z. You **must** enclose Schedule SC with your return. Failure to do so will result in this credit being disallowed on your tax return and an adjustment of your reported tax	13	24.00

Part 4. Unused Septic Credit Carryover

Complete only if line 7 is more than line 13, or if you have unused credits from prior years.

Year Certificate of Compliance was issued	a. Total credit available	b. Portion used this year (2010 Sch. SC, line 13)	c. Unused credit available Subtract col. b. from col. a	
			Amount	For
14 2006	(2009 Sch. SC, line 16, col. c) $	$	$	2011
2007	(2009 Sch. SC, line 16, col. c) $	$	$	2011–2012
2008	(2009 Sch. SC, line 16, col. c) $	$	$	2011–2013
2009	(2009 Sch. SC, line 16, col. c) $	$	$	2011–2014
2010	(2010 Schedule SC, line 7) $ 24.00	$ 24.00	$	2011–2015
15 Totals	$ 24.00	$ 24.00	$	

Part 5. Computation of Interest Subsidy

If Certificate of Compliance or verification letter was issued in 2010, complete all applicable lines. If claiming a carryover credit, only complete lines 31 through 36.

16	Total amount of loan or betterment outstanding during 2005	16	
17	Number of days the loan or betterment was issued during 2005	17	
18	Amount in line 16 × (number of days in line 17 ÷ 365) × 7%	18	
19	Total amount of loan or betterment outstanding during 2006	19	
20	Number of days the loan or betterment was issued during 2006	20	
21	Amount in line 19 × (number of days in line 20 ÷ 365) × 8.5%	21	
22	Total amount of loan or betterment outstanding during 2007	22	
23	Number of days the loan or betterment was issued for during 2007	23	
24	Amount in line 22 × (number of days in line 23 ÷ 365) × 9%	24	
25	Total amount of loan or betterment outstanding during 2008	25	
26	Number of days the loan or betterment was issued for during 2008	26	
27	Amount in line 25 × (number of days in line 26 ÷ 365) × 7%	27	
28	Total amount of loan or betterment outstanding during 2009	28	
29	Number of days the loan or betterment was issued for during 2009	29	
30	Amount in line 28 × (number of days in line 29 ÷ 365) × 5.25%	30	
31	Total amount of loan or betterment outstanding during 2010	31	150.00
32	Number of days the loan or betterment was issued for during 2010	32	204
33	Amount in line 31 × (number of days in line 32 ÷ 365) × 5%	33	4.00
34	Total interest at market rate. Add lines 18, 21, 24, 27, 30 and 33	34	4.00
35	Total interest actually paid on the loan or betterment. If Certificate of Compliance or verification letter was issued in 2010, enter the total interest paid during all periods listed above. If claiming a carryover credit only, enter the amount of interest paid in 2010	35	4.00
36	Amount of interest subsidy. Subtract line 35 from line 34. Enter result here and in Part 3, line 10	36	

2010

Massachusetts Department of Revenue

Schedule EC
Solar and Wind Energy Credit

Name(s) as shown on Massachusetts Form 1 or 1-NR/PY	Social Security number(s)
P APPLEBON	400 001 000

Address of principal residence in Massachusetts (do **not** enter PO box)	City/Town	State	Zip
1 YAWKEY WAY	BOSTON	MA	02123

Costs of renewable solar and/or wind energy source property installed in a principal Mass. residence

Note: This credit can only be taken **once** for the principal residence indicated above. Do not include repair or maintenance costs. See instructions on the back of this form.

1	Cost of renewable solar and/or wind energy property installed in your principal Massachusetts residence in 2010	**1**	2794.00
2	Enter any U.S. HUD grant or rebate for such expenditures	**2**	
3	Net 2010 expenditures. Subtract line 2 from line 1. Not less than "0"	**3**	2794.00
4	Enter 15% of line 3	**4**	419.00
5a	Maximum allowable credit for principal residence	**5a**	$1,000
b	Total prior years credit taken by taxpayer for this principal residence	**5b**	
c	Subtract line 5b from line 5a. Not less than "0"	**5c**	1000.00
6	2010 Massachusetts Energy Credit. Enter line 4 or line 5c, **whichever is less**	**6**	419.00
7a	Enter 2007 unused Massachusetts Energy Credit (from 2009 Schedule EC, line 13, col. c)	**7a**	
b	Enter 2008 unused Massachusetts Energy Credit (from 2009 Schedule EC, line 13, col. c)	**7b**	
c	Enter 2009 unused Massachusetts Energy Credit (from 2009 Schedule EC, line 13, col. c)	**7c**	
8	Massachusetts Energy Credit available this year. Add lines 6, 7a, 7b and 7c	**8**	419.00

Computation of Energy Credit allowable on return

9	Total tax from Form 1, line 27 or Form 1-NR/PY, line 31 less Limited Income Credit, and/or Credit for Taxes Paid to Other Jurisdictions, and/or certain other credits, if any (see instructions). Not less than "0"	**9**	2701.00
10	Massachusetts Energy Credit allowable this year. Enter the smaller of line 8 or line 9 here and on Form 1, Schedule Z, or Form 1-NR/PY, Schedule Z. **Not more than $1,000.** You **must** enclose Schedule EC with your return. Failure to do so will result in this credit being disallowed on your tax return and an adjustment of your reported tax	**10**	419.00

Unused Massachusetts Energy Credit Carryover

11 Complete only if line 8 is more than line 9, or if you have unused credits from prior years.

	Year	a. Unused credits from prior years and current year credit	b. Portion used this year	c. Unused credit available subtract col. b. from col. a	
				Amount	For
	2008	(2009 Sch. EC, line 13, col. c) $	$	$	2011
	2009	(2009 Sch. EC, line 13, col. c) $	$	$	2011–12
	2010	(2010 Sch. EC, line 6) $ 419.00	$ 419.00	$	2011–13
12	**Totals**	$ 419.00	$ 419.00	$	

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

You, or your spouse if married filing jointly, must be at least 65 years of age before January 1, 2011 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.

Schedule CB Circuit Breaker Credit. Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules. 2010

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

1	Living quarters status during 2010: ► ● 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 instructions)	**Note:** If you moved during the year, see reverse.
2	Homeowners only, enter assessed value of principal residence as of January 1, 2010. If over $764,000, you do not qualify for this credit. See instructions ► 2	761000 00
	Income calculation	
3	Massachusetts adjusted gross income (from line 19 of Schedule CB, line 3 worksheet on reverse) 3	74692 00
4	Total Social Security benefits (see instructions) 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	75200 00
8	Exemptions from income (from Form 1, lines 2b through 2d or Form 1-NR/PY, lines 4b through 4d) 8	6900 00
9	Qualifying income. Subtract line 8 from line 7 ► 9 You do ***not*** qualify for the Circuit Breaker Credit if you are filing as "**Single**," and line 9 is greater than **$51,000**; or you are filing as "**Head of household**," and line 9 is greater than **$64,000**; or you are filing as "**Married filing jointly**," and line 9 is greater than **$77,000**.	68300 00
	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 2010 for your principal residence. See instructions 10	7030 00
11	Adjustments to real estate taxes (from line 4 of Schedule CB, line 11 worksheet on reverse) 11	100 00
12	Subtract line 11 from line 10 12	6930 00
13	Enter 50% (.50) of water and sewer use charges paid in 2010 (see instructions) 13	830 00
14	Add lines 12 and 13 14	7760 00
15	Income threshold. Multiply line 9 by 10% (.10) 15	6830 00
16	Subtract line 15 from line 14. If line 15 is equal to or greater than line 14, you do not qualify for this credit 16	930 00
17	Enter the lesser of line 16 or $970 here and on Form 1, line 41 or Form 1-NR/PY, line 46 ► 17	930 00
18	Enter total amount of rent paid for your principal residence in 2010 : a. 0 0 ÷ 4 = 18 Landlord's name and address _____	0 0
19	Income threshold. Multiply line 9 by 10% (.10) 19	0 0
20	Subtract line 19 from line 18. If line 19 is equal to or greater than line 18, you do not qualify for this credit 20	0 0
21	Enter the lesser of line 20 or $970 here and on Form 1, line 41 or Form 1-NR/PY, line 46 ► 21	0 0