Test #1

CERTAIN PART-YEAR RESIDENTS MUST ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Form 1-NR/PY Mass. Nonresident/Part-Year Resident Tax Return 2010

FIRST NAME	M.I.	LAST NAME	1. YOUR SOCIAL SECURITY NUMBER
ROBBIE		ROBINSON	400083000
SPOUSE'S FIRST NAME	**M.I.**	**LAST NAME**	**2. SPOUSE'S SOCIAL SECURITY NUMBER**
MISSY		ROBINSON	400083100

ADDRESS	CITY/TOWN/POST OFFICE/FOREIGN COUNTRY	STATE	ZIP + 4
PO BOX 7	BOSTON	MA	02123 0007

ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)	CITY/TOWN/POST OFFICE/FOREIGN COUNTRY	STATE OR FOREIGN COUNTRY
7 SPRUCE ST	ATKINSON	NH

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

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

Select **only one:** ■ Nonresident ☐ Part-year resident ☐ Filing as **both** a nonresident and part-year resident (see instructions) ☐ Nonresident composite return (see inst.)

► ☐ 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 PART-YEAR RESIDENTS ONLY

Dates as Massachusetts resident: From ► To ►

Total days as Massachusetts resident ..... ÷ 365 = ► 2

Whole-dollar method only. Do not use cents.

3 TOTAL INCOME from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7. If married filing separately, see instructions. ..... ► 3 **2400000**

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

4 EXEMPTIONS

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** 4a **880000**

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

c. Age 65 or over before 2011: ☐ You ■ Spouse Enter number ► 1 × $ 700 = 4c **70000**

d. Blindness: ☐ You ☐ Spouse Enter number ► × $2,200 = 4d **00**

e. 1. Medical/Dental ► **00** From U.S. Schedule A, line 4 2. Adoption ► **00** See instructions ... 1 + 2 = 4e **00**

f. **TOTAL EXEMPTIONS.** Add lines 4a through 4e. Enter here and on line 22a. ..... ► 4f **950000**

INCOME

Nonresidents report in lines 5 through 11 Massachusetts source income only. Use line 13 if appropriate. **Part-year residents** report in lines 5 through 11 income earned and/or received while a resident. Do **not** use lines 13 or 14. If filing both as a **nonresident** and **part-year resident**, be sure to complete and **enclose** Schedule R/NR, Resident/Nonresident Worksheet, before proceeding any further.

5 Wages, salaries, tips and other employee compensation (from all Forms W-2) ..... ► 5 **2200000**

6 Taxable pensions and annuities (see instructions) ..... ► 6 **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 ►
Robbie Robinson	4/15/18	Will Cheatum	012 346543
Spouse's signature (if filing jointly)	**Date**	**Paid preparer's phone**	**Paid preparer's EIN ►**
Missy Robinson	4/15/18	(661) 777 8889	010 203000

May DOR discuss this return with the preparer? ► ■ Yes ► Paid preparer's signature — Will Cheatum — Date — ■ Fill in if self-employed 4/15/18

I do not want my preparer to file my return electronically ► ■

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

7 a. ► 00 – b. ► 00 . . . . . a – b = 7 00

Massachusetts bank interest — Exemption amount

Exemption: if married filing jointly, subtract $200 from line 7a; otherwise subtract $100 and enter result (not less than "0").

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

8 Business/profession or farm income/loss (**enclose** Massachusetts Schedule C or U.S. Schedule C-EZ or U.S. Schedule F) . . . . . ► 8 00

9 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions . . . . . ► 9 00

10 a. Unemployment compensation. **See instructions** . . . . . ► 10a 00

b. Massachusetts state lottery winnings . . . . . ► 10b 00

11 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (**enclose** Schedule X; not less than "0") . . . . . ► 11 00

12 **TOTAL 5.3% INCOME.** Add lines 5 through 11. (Be sure to subtract any loss(es) in lines 8 or 9) 12 220000

13 **NONRESIDENT APPORTIONMENT WORKSHEET.** You **cannot** apportion Massachusetts wages as shown on Form W-2. Do **not** use this worksheet if you know the exact amount of your Massachusetts source income. Use **only** when income from employment/business is earned both inside and outside Massachusetts **and** the exact Massachusetts amount is not known.

Basis: ☐ working days ☐ miles ☐ sales ☐ other: _____

a. Working days (or other basis) outside Massachusetts 13a 00

b. Working days (or other basis) inside Massachusetts 13b 00

c. Total working days. Add line 13a and line 13b 13c 00

d. Nonworking days (holidays, weekends, etc.) 13d 00

e. Massachusetts ratio. Divide line 13b by line 13c . . . . . ► 13e

f. Total income being apportioned (you **cannot** apportion Mass. wages as shown on Form W-2) . . . 13f 00

g. Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate lines on pages 1 and 2 . . . . . 13g 00

14 **NONRESIDENT DEDUCTION & EXEMPTION RATIO.** Nonresident taxpayers must complete this item to determine the ratio for apportioning the deductions in lines 16 and 17; certain Schedule Y deductions (see instructions); the exemptions in line 22a; and the EIC in line 45.

a. Total 5.3% income (from line 12). **Not less than "0"** 14a 220000

b. Interest income (smaller of line 7a or line 7b) 14b 00

c. Total capital gain income, if any (total of Schedule B, Part 1, line 7; Schedule B, Part 2, line 13; Schedule D, line 12. **Not less than "0."**) 14c 00

d. Total income this return. Add lines 14a, b and c 14d 220000

e. Non-Massachusetts source income. **Not less than "0."** See instructions . . . . . ► 14e 200000

f. Total income. Add line 14d and line 14e. See instructions 14f 240000

g. Deduction and exemption ratio. Divide line 14d by line 14f 14g 09167

DEDUCTIONS. Amounts entered in line(s) 15a and/or 15b must be related to Massachusetts income reported on this return.

15 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.) . . . . . ► 15a 1330 0

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.) . . . . . ► 15b 670 0

FIRST NAME: ROBBIE | M.I. | LAST NAME: ROBINSON | SOCIAL SECURITY NUMBER: 400083000

16 Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) ► 16 — 00

17 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 16).**

Not more than two: a. ► × $3,600 = _____ Nonresidents multiply result by line 14g; part-year residents multiply result by line 2 ► 17 — 00

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

Total Massachusetts rent paid in 2010: a. ► 00 ÷ 2 = ► 18 — 00

Nonresidents, during 2010 did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? ☐ Yes ☐ No. If Yes, you do **not** qualify for this deduction.

19 Other deductions from Schedule Y, line 16 (**enclose** Schedule Y) ► 19 — 00

20 **TOTAL DEDUCTIONS.** Add lines 15 through 19 ► 20 — 20000

21 **5.3% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than "0"** 21 — 2180000

22 Exemption amount (from line 4f). a. 950000 Nonresidents multiply line 22a by line 14g. Part-year residents multiply line 22a by line 2 ► 22 — 870900

23 **5.3% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than "0."** If line 21 is less than line 22, see instructions 23 — 1309100

24 **INTEREST AND DIVIDEND INCOME** from Schedule B, line 38. **Not less than "0."** (**enclose** Schedule B) ► 24 — 00

25 **TOTAL TAXABLE 5.3% INCOME.** Add lines 23 and 24 25 — 1309100

26 **TAX ON 5.3% INCOME** (from tax table). If line 25 is more than $24,000, multiply by .053. **Note:** If choosing the optional 5.85% tax rate, multiply line 25 and the amount in Schedule D, line 20 by .0585. See instructions; fill in oval ► 26 — 76600

27 **12% INCOME** from Schedule B, line 39. **Not less than "0"** (enclose Schedule B).

a. ► 00 × .12 = 27 — 00

28 **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 ► ☐ ► 28 — 00
If excess exemptions were used in calculating lines 24, 27 or 28, fill in oval (see instructions) ► ☐

29 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 ► 29 — 00

30 If you qualify for **No Tax Status**, fill in oval and enter "0" on line 31. Complete Schedule NTS-L-NR/PY ► ☐

31 **TOTAL INCOME TAX.** Add lines 26 through 29 31 — 76600

CREDITS

32 Limited Income Credit. Complete and **enclose** Schedule NTS-L-NR/PY ► 32 — 20600

33 Credits from Schedule Z, line 9 (**enclose** Schedule Z) ► 33 — 00

34 Credits from Schedule Z, line 12 (part-year residents only; **enclose** Schedule Z) ► 34 — 00

35 Total credits. Add lines 32 through 34 35 — 20600

36 **INCOME TAX AFTER CREDITS.** Subtract line 35 from line 31. **Not less than "0"** 36 — 56000

37 Voluntary contributions:

a. Endangered Wildlife Conservation ► 37a 00

b. Organ Transplant Fund ► 37b 00

c. Massachusetts AIDS Fund ► 37c 00

d. Massachusetts United States Olympic Fund ► 37d 00

e. Massachusetts Military Family Relief Fund ► 37e 00

Total. Add lines 37a through 37e. 37 00

38 Use tax due on out-of-state purchases (see instructions). If no use tax due enter "0" ► 38 00

39 Health Care penalty for certain part-year residents (from worksheet in instructions). Be sure to **enclose** Schedule HC:

a. You ► 00 b. Spouse ► 00 a + b = 39 00

40 **INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX** and **HC PENALTY.** Add lines 36–39 40 5600 0

41 Massachusetts income tax withheld (**enclose** all Massachusetts Forms W-2, W-2G, 2-G, 1099-G, 1099-MISC, 1099-R, PWH-WA and LOA) ► 41 10000 0

42 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) ► 42 00

43 2010 Massachusetts estimated tax payments **(do not include amount in line 42)** ► 43 00

44 Payments made with extension ► 44 00

45 Earned Income Credit: a. Number of qualifying children ►

Amount from U.S. return ► 00 × .15 = _____ (Nonresidents, multiply this amount by line 14g; part-year residents multiply this amount by line 2) ► 45 00

46 Senior Circuit Breaker Credit (part-year residents only; **enclose** Schedule CB) ► 46 00

47 Other refundable credits from Schedule RF, line 3 (**enclose** Schedule RF) ► 47 00

48 **TOTAL.** Add lines 41 through 47 48 10000 0

49 **OVERPAYMENT.** If line 40 is **smaller** than line 48, subtract line 40 from line 48. If line 40 is **larger** than line 48, go to line 52. If line 40 and line 48 are equal, enter "0" in line 51 ► 49 4400 0

50 Amount of overpayment you want **APPLIED to your 2011 ESTIMATED TAX** ► 50 400 0

51 **THIS IS YOUR REFUND.** Subtract line 50 from line 49.
Mail to: **Massachusetts DOR, PO Box 7000, Boston, MA 02204** ► 51 4000 0

Direct Deposit of Refund. See instructions. Type of account (you must select one): ► ☐ Checking ☒ Savings

► 010123456 ► 8906077663

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

52 **TAX DUE.** Subtract line 48 from line 40. Pay online at www.mass.gov/dor, or use Form PV ► 52 0 0

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

Add to total in line 52, if applicable:

Interest ► 00 Penalty ► 00 M-2210 amount ► 00

► ☐ Exception. Enclose Form M-2210

BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULE HC (IF APPLICABLE).

FIRST NAME: ROBBIE | M.I. | LAST NAME: ROBINSON | SOCIAL SECURITY NUMBER: 400083000

Schedule NTS-L-NR/PY No Tax Status and Limited Income Credit 2010

1	5.3% income from this return (from Form 1-NR/PY, line 12)	1	22000 00
2	Adjustments to income (enter the total of Schedule Y, lines 1 through 10)	2	00
3	Adjusted 5.3% income from this return. Subtract line 2 from line 1. Not less than "0"	3	22000 00
4	Interest exemption used (from Form 1-NR/PY, enter the smaller of line 7a or line 7b)	4	00
5	Adjusted gross interest, dividends and certain capital gains (from Schedule B, line 35). If there is no entry in Schedule B, line 35, or if not filing Schedule B, enter the amount from Form 1-NR/PY, line 24. Not less than "0"	5	00
6	Long-term capital gain income. From Schedule D, line 18. Not less than "0"	6	00
7	Additional income/loss while a nonresident/part-year resident. **See instructions** ►	7	2000 00
8	Total income. Combine lines 3 through 7. Not less than "0"	8	24000 00
9	Additional adjustments to income while a nonresident/part-year resident. See instructions ►	9	2000 00
10	Massachusetts Adjusted Gross Income (AGI). Subtract line 9 from line 8. Not less than "0"	10	22000 00

If you are single and the total in line 10 is $8,000 or less, you qualify for No Tax Status. Fill in the oval in line 30, enter "0" in line 31 and continue completing Form 1-NR/PY. If you are single but do not qualify for No Tax Status and your total in line 10 is $14,000 or less, go to line 13 to see if you qualify for the Limited Income Credit.

11	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,000 and add $16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,000 and add $14,400 to that amount. If line 10 is less than or equal to line 11, you qualify for No Tax Status. See the instructions for Form 1-NR/PY, line 30	11	16400 00
12	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,750 and add $28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,750 and add $25,200 to that amount. Enter the result here. If line 10 is less than or equal to line 12, you may qualify for the Limited Income Credit. Go to line 13	12	28700 00
13	No Tax Status threshold. Enter $8,000 if single. If married filing a joint return or head of household, enter the amount from line 11	13	16400 00
14	Income for Limited Income Credit. Subtract line 13 from line 10	14	5600 00
15	Tax before adjustments (from Form 1-NR/PY, line 31)	15	766 00
16	Tax for Limited Income Credit. Multiply line 14 by 10% (.10)	16	560 00
17	Limited Income Credit. Subtract line 16 from line 15 and enter the result here and in line 32 of Form 1-NR/PY. If line 15 is smaller than line 16, you are not eligible for this credit	17	206 00

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

ROBBIE ROBINSON 400083000

Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
99 9999988	650	14500	133	
99 9999977	350	7500		67
TOTALS	1000	22000	133	67

Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
TOTALS		

XXXXXXXXXXXXXXXXXXXXXXXXX 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