

Test #1



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Form 1 Massachusetts Resident Income Tax Return

2012

FIRST NAME: BUDDY M.I.: LAST NAME: LIGHT
 SPOUSE'S FIRST NAME: M.I.: LAST NAME:
 ADDRESS: 2 PACKY PL APT 3 CITY/TOWN/POST OFFICE/FOREIGN COUNTRY: BOSTON STATE: MA ZIP + 4: 021234040
 1. YOUR SOCIAL SECURITY NUMBER: 400002000
 2. SPOUSE'S SOCIAL SECURITY NUMBER:

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
 Fill in if name/address has changed since 2011
 Fill in if noncustodial parent
 Fill in if filing Schedule TDS (see instructions)

1 FILING STATUS

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) You are a custodial parent who has released claim to exemption for child(ren)

2 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. 2a **680000**

b. Number of dependents. (Do not include yourself or your spouse.) Enter number **1** × \$1,000 = 2b **100000**
 You must enclose Schedule DI.

c. Age 65 or over before 2013: You Spouse Enter number **1** × \$ 700 = 2c **70000**

d. Blindness: You Spouse Enter number **1** × \$2,200 = 2d **220000**

e. 1. Medical/Dental 00 2. Adoption 80000 1 + 2 = 2e **80000**
 From U.S. Schedule A, line 4 See instructions

f. TOTAL EXEMPTIONS. Add lines 2a through 2e. Enter here and on line 18. 2f **1150000**

INCOME

(SUBJECT TO CHANGE)

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) ▶ 3 **2900000**

4 Taxable pensions and annuities (see instructions) ▶ 4 **9800**

5 a. **19900** - b. **10000** a - b = 5 **9900**
 Massachusetts bank interest Exemption amount

6 Business/profession or farm income/loss (enclose Massachusetts Schedule C or U.S. Schedule F) ▶ 6 **69900**
 ▼ If showing a loss, mark an X in box at left

7 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions ▶ 7 **00**

8 a. Unemployment compensation. See instructions ▶ 8a **00**
 b. Massachusetts state lottery winnings ▶ 8b **00**

9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0") ▶ 9 **70200**

10 TOTAL 5.25% INCOME. Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) . 10 **2920000**

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: Buddy Light Date: 01/02/2013 Print paid preparer's name: WEI FLEEM Preparer's SSN or PTIN: 636363630
 Spouse's signature (if filing jointly): Date: Paid preparer's phone: (487) 103-0000 Paid preparer's EIN: 525252520
 May DOR discuss this return with the preparer? Yes No Paid preparer's signature: Wei Fleem Date: 01/02/2013
 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).



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

BUDDY

LIGHT

400002000

32 Voluntary fund contributions:

a. Endangered Wildlife Conservation ▶ 32a

00

d. Massachusetts U.S. Olympic ▶ 32d

00

b. Organ Transplant ▶ 32b

00

e. Mass. Military Family Relief ▶ 32e

00

c. Massachusetts AIDS ▶ 32c

00

f. Homeless Animal Prevention And Care ▶ 32f

00

Total. Add lines 32a through 32f. 32

00

33 Use tax due on out-of-state purchases (from worksheet). If no use tax due enter "0" ▶ 33

00

34 Health Care penalty (from worksheet; 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

114300

36 Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 2-G, PWH-WA, LOA and certain 1099s, if applicable) ▶ 36

00

37 2011 overpayment applied to your 2012 estimated tax (from 2011 Form 1, line 45 or Form 1-NR/PY, line 50; do not enter 2011 refund) ▶ 37

00

38 2012 Massachusetts estimated tax payments (do not include amount in line 37) ▶ 38

00

39 Payments made with extension ▶ 39

00

40 Earned Income Credit:

a. Number of qualifying children ▶

1

Amount from U.S. return ▶

100000

x .15 = ▶ 40

15000

41 Senior Circuit Breaker Credit (enclose Schedule CB) ▶ 41

WAS 980

100000

42 Other refundable credits from Schedule RF, line 4 (enclose Schedule RF) ▶ 42

116000

43 TOTAL. Add lines 36 through 42 ▶ 43

WAS 2290

231000

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

116700

45 Amount of overpayment you want APPLIED to your 2013 ESTIMATED TAX ▶ 45

WAS 1147

00

46 THIS IS YOUR REFUND. Subtract line 45 from line 44.

Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204 ▶ 46

116700

Direct Deposit of Refund. See instructions.

Type of account (you must select one): ▶

- Checking
- Savings

▶

▶

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/payonline, or use Form PV ▶ 47

00

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

Add to total in line 47, if applicable:

Interest ▶

00

Penalty ▶

00

M-2210 amount ▶

00

▶ Exception. Enclose Form M-2210



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

2012

FIRST NAME: BUDDY M.I.: LAST NAME: LIGHT
 BUSINESS NAME: LIGHT CLEANING
 MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE: CLEANING YARDS
 ADDRESS: 2 PACKY PL
 CITY/TOWN/POST OFFICE: BOSTON STATE: MA ZIP + 4: 021234040

SOCIAL SECURITY NUMBER OF PROPRIETOR: 400002000
 EMPLOYER IDENTIFICATION NUMBER (if any):
 PRINCIPAL BUSINESS CODE (from U.S. Schedule C): 561730
 NUMBER OF EMPLOYEES:
 Accounting Method: Cash Accrual
 Other (specify) _____

Did you materially participate in the operation of this business during 2012? (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 2012? Yes No
 Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter such amount in line 32 and in Schedule B, line 3.
Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, fill in here:

| | | | | |
|-----------|--|--------|--------------------------|---------------|
| 1 | a. Gross receipts or sales | 169900 | <input type="checkbox"/> | 169900 |
| | b. Returns and allowances | 00 | a - b = 1 | 169900 |
| 2 | Cost of goods sold and/or operations (Schedule C-1, line 8) | | | 00 |
| 3 | Gross profit. Subtract line 2 from line 1 | | | 169900 |
| 4 | Other income. Do not include interest income (other than from Mass. banks) and dividends | | | 00 |
| 5 | Total income. Add line 3 and line 4 | | | 169900 |
| 6 | Advertising | | | 9900 |
| 7 | Bad debts from sales or services | | | 00 |
| 8 | Car and truck expenses | | | 60000 |
| 9 | Commissions and fees | | | 00 |
| 10 | Depletion | | | 00 |
| 11 | Depreciation and Section 179 deduction | | | 00 |
| 12 | Employee benefit programs (other than in line 17) | | | 00 |
| 13 | Insurance (other than health) | | | 00 |
| 14 | Interest: | | | |
| | a. mortgage interest paid to financial institutions | 00 | | |
| | b. other interest | 00 | a + b = 14 | 00 |
| 15 | Legal and professional services | | | 00 |
| 16 | Office expense | | | 100000 |
| 17 | Pension and profit-sharing plans | | | 00 |

DRAFT AS OF AUGUST 3, 2012 (SUBJECT TO CHANGE)



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

BUDDY

LIGHT

400002000

You, or your spouse if married filing jointly, must be at least 65 years of age before January 1, 2013 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.

2012

ADDRESS OF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX)

CITY/TOWN/POST OFFICE/FOREIGN COUNTRY

STATE ZIP + 4

2 PACKY PL

BOSTON

MA 02123 4046

- 1 Living quarters status during 2012: Homeowner. Multi-use or multi-family property (see instructions) Yes No
 Note: If you moved during the year, see reverse. 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)

2 Homeowners only, enter assessed value of principal residence as of January 1, 2012. If over \$705,000, you do not qualify for this credit. See instructions ... 2 00

INCOME CALCULATION

- 3 Massachusetts adjusted gross income (from line 20 of Schedule CB, line 3 worksheet on reverse) ... 3 2902100
- 4 Total Social Security benefits (see instructions) ... 4 00
- 5 Pensions/annuities/IRA/Keogh distributions not taxed on your Massachusetts tax return ... 5 00
- 6 Miscellaneous income, including cash public assistance ... 6 7800
- 7 Massachusetts total income. Add lines 3 through 6 ... 7 2909900
- 8 Exemptions from income (from Form 1, lines 2b through 2d or Form 1-NR/PY, lines 4b through 4d) ... 8 390000
- 9 Qualifying income. Subtract line 8 from line 7. ... 9 2519900
 You do **not** qualify for the Circuit Breaker Credit if you are filing as "Single," and line 9 is greater than \$53,000; or you are filing as "Head of household," and line 9 is greater than \$67,000; or you are filing as "Married filing jointly," and line 9 is greater than \$80,000.

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

- 10 Real estate taxes paid in calendar year 2012 for your principal residence (see instructions) ... 10 00
- 11 Adjustments to real estate taxes (from line 4 of Schedule CB, line 11 worksheet on reverse) ... 11 00
- 12 Subtract line 11 from line 10 ... 12 00
- 13 Enter 50% (.50) of water and sewer use charges paid in 2012 ... 13 00
- 14 Add lines 12 and 13 ... 14 00
- 15 Income threshold. Multiply line 9 by 10% (.10) ... 15 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 00
- 17 Enter the lesser of line 16 or \$1,000 here and on Form 1, line 41 or Form 1-NR/PY, line 46 ... 17 00
- 18 Enter total amount of rent paid for your principal residence in 2012: a. 1428000 ÷ 4 = ... 18 357000
 Landlord's name and address JOE LANDING 1 MAWST. BOSTON MA
- 19 Income threshold. Multiply line 9 by 10% (.10) ... 19 252000
- 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 105000
- 21 Enter the lesser of line 20 or \$1,000 here and on Form 1, line 41 or Form 1-NR/PY, line 46 ... 21 100000

WAS 980



SOCIAL SECURITY NUMBER

400002000

2012

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.

1. FIRST NAME: SONMY M.I.: [] LAST NAME: SHYNNÉ
 RELATIONSHIP TO TAXPAYER: SON IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

1. SOCIAL SECURITY NUMBER: 400002001
 DATE OF BIRTH: 01012000

2. FIRST NAME: DAUGHT M.I.: [] LAST NAME: COMM
 RELATIONSHIP TO TAXPAYER: DAUGHTER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

2. SOCIAL SECURITY NUMBER: 400002002
 DATE OF BIRTH: 02031993

3. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

3. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

4. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

4. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

5. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

5. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

6. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

6. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

7. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

7. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

8. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

8. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

9. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

9. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

10. FIRST NAME: [] M.I.: [] LAST NAME: []
 RELATIONSHIP TO TAXPAYER: [] IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
 Yes

10. SOCIAL SECURITY NUMBER: []
 DATE OF BIRTH: []

DRAFT AS OF
AUGUST 3, 2012
(SUBJECT TO CHANGE)



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

FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

Buddy

LIGHT

400002000

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

2012

1 a. Date of birth 10111941 b. Spouse's date of birth c. Family size 3

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) 2939900

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: [X] 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 2012, 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 2012, 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 [X] You [] Spouse
4d U.S. Military (including Veterans Administration and Tri-Care). Fill in oval(s) and go to line 5. 4d [X] You [] Spouse
4e Other government program (enter the program name(s) only in lines 4f and/or 4g below). 4e [] You [] Spouse

Note: Health Safety Net is not considered insurance or minimum creditable coverage.

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) (SUBJECT TO CHANGE)

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

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

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

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)

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

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

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

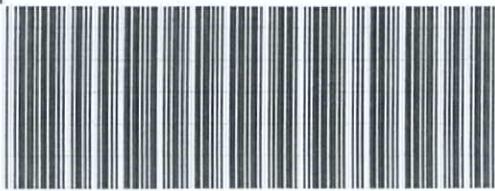
5 If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or Commonwealth Care Bridge, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

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 2012, 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.



2012 Schedule INC XXXXXXXXXXXXX

AREA RESERVED FOR 2-D BARCODE

BUDDY

LIGHT

400002000

Form W-2 and 1099 Information

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 99 9999111 | | 29000 | 700 | | W2 |
| 99 9999333 | | 98 | | | 1099R |
| 99 9999334 | | 199 | | | 1099R |
| TOTALS | | 29297 | 700 | | |

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX



2012

Massachusetts
Department of
Revenue

Refundable Film Credit Motion Picture Production Company

Motion picture production companies qualify to elect a refundable film credit if they have **not** transferred or carried forward a portion of the film credit for the production/certificate number to be refunded. **Transferees** of the film credit do **not** qualify for the refundable film credit. Transferees should claim their film credit on Schedule Z (Form 1 or Form 1-NR/PY); Form 2, line 48; Schedule U-IC (Form 355U); Schedule CR (Form 355 or 355S) Form M-990T, line 30; or Form M-990T-62, line 35.

Note: If an election to refund the film credit for a production/certificate number is made, the entire film credit remaining after reducing tax liability and other credits will be refunded at 90%. Partial refunds, transfers or carryovers are not allowed. However, the refund can be applied as an estimated payment for the subsequent tax year.

| For calendar year 2012 or taxable year beginning | and ending | | |
|---|--|---|---------------------|
| Taxpayer name BUDDY LIGHT | Federal Identification or Social Security number 400002000 | | |
| Mailing address 2 PACKY PL | City/Town Boston | State MA | Zip 02123 |
| Designated production company representative LARRY FINE | Telephone 800-182-2469 | E-mail address LARFIN@YOLKS.ORG | |
| Massachusetts start date 03-06-2012 | Massachusetts end date 08-16-2012 | | |

a. Did any amount of this credit(s) originate from a pass-through entity? Yes No

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

1 Amount of film credit (from Application for Payroll/Production Credit). Certificate number **2120 F 01013** 1 **1153.00**

Note: If you are the beneficiary of a trust, enter the amount from Schedule 2K-1, line 23, col. d.

2 Tax after credits (from Form 1, line 31; Form 1-NR/PY, line 36; Form 2, line 53; Form 355, line 8; Form 355S, line 11; Form 355U, line 27; Form M-990T, line 36; or Form M-990T-62, line 38) **1143.00** 2

If line 2 is greater than or equal to line 1, you do not have a refundable film credit. Enter the line 1 amount on Schedule Z, line 7 (Form 1 or Form 1-NR/PY); Form 2, line 47; Schedule 3K-1, line 5g; Schedule U-IC (Form 355U) Schedule CR (Form 355 or 355S); Form M-990T, line 30; or Form M-990T-62, line 35. Skip the remainder of this schedule. If line 1 is greater than line 2, go to line 3.

3 Subtract line 2 from line 1. **10.00** 3

4 Multiply line 3 by .9 (90%) **9.00** 4

5 Refundable film credit. Add lines 2 and 4. Enter here and on Schedule RF, line 1 (Form 1 or Form 1-NR/PY); Form 2, line 59; Form 3, Schedule 3K-1, line 5i; Form 355U, Schedule U-RF, line 1; Form 355 or Form 355S, Schedule RF, line 1; Form M-990T, line 43; or Form M-990T-62, line 43. You **must** enclose Schedule RFC 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. **1152.00** 5

I declare under the pains and penalties of perjury that to the best of my knowledge, the information contained herein is accurate and complete.

Signature **Buddy Light**

Date **01/02/2012**

DRAFT AS OF
AUGUST 14, 2012
(SUBJECT TO CHANGE)



FIRST NAME

BUDDY

M.I. LAST NAME

LIGHT

SOCIAL SECURITY NUMBER

400002000

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.

2012

| | | |
|---|--|-------|
| 1 | Alimony received (from U.S. return) (full- and part-year residents only; see instructions) ▶ 1 | 60000 |
| 2 | Taxable IRA/Keogh and Roth IRA conversion distributions (from worksheet) ▶ 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. | 00 |
| 4 | Fees and other 5.25% income. Not less than "0" ▶ 4 | 10200 |
| 5 | Total other 5.25% 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 | 70200 |

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). (Non-residents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ▶ 1 | 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 | 1500 |
| 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 | 10300 |
| 4 | Amounts excludable 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 <input type="checkbox"/> Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F <input type="checkbox"/> Income exempt under U.S. tax treaty | 00 |
| 5 | Moving expenses ▶ 5 | 00 |
| 6 | Medical savings account deduction ▶ 6 | 10100 |
| 7 | Self-employed health insurance deduction (see instructions) ▶ 7 | 00 |
| 8 | Health savings accounts deduction ▶ 8 | 00 |
| 9 | <input type="checkbox"/> Certain qualified deductions from U.S. Form 1040 (see instructions) <input type="checkbox"/> Certain business expenses from U.S. Form 1040 (see instructions) ▶ 9 | 00 |
| 10 | Student loan interest deduction (from U.S. Form 1040 or 1040A; only if not claiming the same expenses in line 12) ▶ 10 | 6000 |
| 11 | College Tuition Deduction (from worksheet) ▶ 11 | 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 | 00 |
| 14 | Claim of right deduction ▶ 14 | 00 |
| 15 | Commuter deduction (from worksheet) ▶ 15 | 00 |
| 16 | Human organ donation deduction (full-year residents only; see instructions) ▶ 16 | 2100 |
| 17 | Total other deductions. Add lines 1 through 16. Enter here and on Form 1, line 15 or Form 1-NR/PY, line 19 ▶ 17 | 30000 |



FIRST NAME

BUDDY

M.I. LAST NAME

LIGHT

SOCIAL SECURITY NUMBER

400002000

Note: If claiming other credits on Form 1, line 30 or Form 1-NR/PY, lines 34 or 35, 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.

2012

PART 1. CREDITS

- 1 Lead Paint (you must enclose Schedule LP). Not less than "0" ▶ 1
 - a. Total number of units in line(s) 1a and 3a of Schedule LP. ▶ 1a
- 2 Economic Opportunity Area (you must enclose Schedule EOAC). Not less than "0"
 Economic Development Incentive Program
Certificate number ▶ 2
- 3 Septic (you must enclose Schedule SC). Not less than "0" ▶ 3
- 4 Brownfields. Not less than "0"
Certificate number ▶ 4
- 5 Low-Income Housing. Not less than "0"
Building identification number ▶ 5
- 6 Historic Rehabilitation. Not less than "0"
Certificate number ▶ 6
- 7 Film Incentive. Not less than "0"
Certificate number ▶ 7
- 8 Medical Device. Not less than "0"
Certificate number ▶ 8
- 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 34. Part-year residents, also complete lines 10 through 12, if applicable. Full-year residents, also complete lines 10 through 13 9

DRAFT AS OF APRIL 18, 2012 (SUBJECT TO CHANGE)

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

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

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 35. 12
- 13 Full-year residents only. Add lines 9 and 12. Not less than "0". Enter the result here and on Form 1, line 30 13

Schedule RF Other Refundable Credits

- 1 Refundable film credit (you must enclose Schedule RFC). Not less than "0" ▶ 1
- 2 Refundable dairy credit (see instructions)
Not less than "0". Certificate number ▶ 2
- 3 Refundable conservation land tax credit
Not less than "0". Certificate number ▶ 3
- 4 Total refundable credits. Add lines 1 through 3. Not less than "0". Enter result here and on Form 1, line 42 or Form 1-NR/PY, line 47 4