

Test #2



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Form 1 Massachusetts Resident Income Tax Return 2014

FIRST NAME: P M.I.: LAST NAME: APPLEBON 1. YOUR SOCIAL SECURITY NUMBER: 400001000
 SPOUSE'S FIRST NAME: DR EST OF PE M.I.: LAST NAME: APPLEBON 2. SPOUSE'S SOCIAL SECURITY NUMBER: 400001100
 ADDRESS: 1 YAWKEY WAY APT 1 CITY/TOWN/POST OFFICE/FOREIGN COUNTRY: BOSTON STATE ZIP + 4: 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 2013

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

1 FILING STATUS Single Married filing joint return (both must sign return) Fill in if noncustodial parent
 Married filing separate return (enter spouse's Social Security number in the appropriate space above) Fill in if filing Schedule TDS (see instructions)
 Head of household (see instructions) You are a custodial parent who 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 880000
 b. Number of dependents. (Do not include yourself or your spouse.) Enter number 4 x \$1,000 = 2b 400000
 You must enclose Schedule DI.
 c. Age 65 or over before 2015: You Spouse Enter number 1 x \$ 700 = 2c 70000
 d. Blindness: You Spouse Enter number 1 x \$2,200 = 2d 220000
 e. 1. Medical/Dental 69500 2. Adoption 60500 1 + 2 = 2e 130000
 From U.S. Schedule A, line 4 See instructions
 f. TOTAL EXEMPTIONS. Add lines 2a through 2e. Enter here and on line 18 2f 1700000

INCOME
 3 Wages, salaries, tips and other employee compensation (from all Forms W-2) 3 1000000
 4 Taxable pensions and annuities (see instructions) 4 30000
 5 a. 21700 - b. 20000 a - b (not less than 0) = 5 1700
 Massachusetts bank interest Exemption amount. If married filing jointly, enter \$200; otherwise, enter \$100
 6 Business/profession or farm income/loss (enclose Massachusetts Sch. C or U.S. Sch. 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 16000
 b. Massachusetts state lottery winnings 8b 92300
 9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0") 9 100000
 10 TOTAL 5.2% 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: [Signature] Date: 2/2/15 Print paid preparer's name: Joe Smith Preparer's SSN or PTIN: 410 001 000
 Spouse's signature (if filing jointly): [Signature] Date: 1/1/15 Paid preparer's phone: (617) 100 9999 Paid preparer's EIN: 321 459 876
 May DOR discuss this return with the preparer? Yes No Paid preparer's signature: [Signature] Date: 2/2/15
 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).

400001000



DRAFT

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 140000
- 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 158100
- 12 Child under age 13, or disabled dependent/spouse care expenses (from worksheet) ▶ 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, 2014, 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 360000
- 14 Rental deduction. **Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately). See instructions.**
 Total rent paid in 2014: a. ▶ 00 ÷ 2 = ▶ 14 00
- 15 Other deductions from Schedule Y, line 17 (**enclose** Schedule Y) ▶ 15 41900
- 16 **TOTAL DEDUCTIONS.** Add lines 11 through 15 ▶ 16 700000
- 17 **5.2% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"** 17 6540000
- 18 Total exemption amount (from line 2, item f) 18 1700000
- 19 **5.2% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than "0."**
 If line 17 is less than line 18, see instructions 19 4840000
- 20 **INTEREST AND DIVIDEND INCOME** from Schedule B, line 38. **Not less than "0."**
 (**enclose** Schedule B) ▶ 20 131300
- 21 **TOTAL TAXABLE 5.2% INCOME.** Add lines 19 and 20 21 4971300
- 22 **TAX ON 5.2% INCOME** (from tax table). If line 21 is more than \$24,000, multiply by .052.
Note: If choosing the optional 5.85% tax rate, multiply line 21 and the amount in Schedule D, line 21 by .0585. See instructions; fill in oval. ▶ 22 258500
- 23 **12% INCOME** from Schedule B, line 39. **Not less than "0"** (**enclose** Schedule B):
 a. ▶ 3700 × .12 = 23 400
- 24 **TAX ON LONG-TERM CAPITAL GAINS** (from Schedule D, line 22). **Not less than "0."** **Enclose** Schedule D. If filing Sched. D-IS, Installment Sales, fill in oval and **enclose** Schedule D-IS ▶ ▶ 24 10400
 If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval (see instructions) ▶
- 25 Credit recapture amount (**enclose** Schedule H-2). See instructions.
 ▶ BC EOA LIH HR ▶ 25 4600
- 26 Additional tax on installment sale (see instructions) ▶ 26 3100
- 27 If you qualify for **No Tax Status**, fill in oval and enter "0" on line 28 (from worksheet) ▶
- 28 **TOTAL INCOME TAX.** Add lines 22 through 26 28 277000

CREDITS

- 29 Limited Income Credit (from worksheet) ▶ 29 00
- 30 Other credits from Schedule Z, line 14 (**enclose** Schedule Z) ▶ 30 48800
- 31 **INCOME TAX AFTER CREDITS.** Subtract total of lines 29 and 30 from line 28. **Not less than "0"** ... 31 228200



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

P

APPLE

BON DRAFT

400001000

32 Voluntary fund contributions:

a. Endangered Wildlife Conservation ▶ 32a	<input type="text" value="1000"/>	d. Massachusetts U.S. Olympic ▶ 32d	<input type="text" value="1300"/>
b. Organ Transplant ▶ 32b	<input type="text" value="1100"/>	e. Mass. Military Family Relief ▶ 32e	<input type="text" value="1400"/>
c. Massachusetts AIDS ▶ 32c	<input type="text" value="1200"/>	f. Homeless Animal Prevention And Care ▶ 32f	<input type="text" value="500"/>
Total. Add lines 32a through 32f..... 32			<input type="text" value="6500"/>

33 Use tax due on Internet, mail order and other out-of-state purchases (from worksheet) ▶ 33

34 Health Care penalty. **Not less than "0"** (from worksheet; be sure to **enclose** Schedule HC):

a. ▶ <input type="text" value="00"/>	+ b. ▶ <input type="text" value="00"/>	- c. ▶ <input type="text" value="2400"/>	... a + b - c = 34	<input type="text" value="000"/>
<small>You</small>	<small>Spouse</small>	<small>Federal healthcare penalty</small>		

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

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

37 2013 overpayment applied to your 2014 estimated tax (from 2013 Form 1, line 45 or Form 1-NR/PY, line 50; do not enter 2013 refund) ▶ 37

38 2014 Massachusetts estimated tax payments (**do not include amount in line 37**) ▶ 38

39 Payments made with extension ▶ 39

40 Earned Income Credit:

a. Number of qualifying children ▶ Amount from U.S. return ▶ × .15 = ▶ 40

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

42 Other refundable credits from Schedule RF, line 5 (**enclose** Schedule RF) ▶ 42

43 TOTAL. Add lines 36 through 42 43

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

45 Amount of overpayment you want **APPLIED to your 2015 ESTIMATED TAX** ▶ 45

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

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

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 ▶ Penalty ▶ M-2210 amount ▶

▶ Exception. Enclose Form M-2210



SOCIAL SECURITY NUMBER

400001000

Schedule DI Dependent Information. **Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.**

2014

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: BEN
 M.I.:
 LAST NAME: APPLEBON
 RELATIONSHIP TO TAXPAYER: SON
 IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

1. SOCIAL SECURITY NUMBER: 400001001
 DATE OF BIRTH: 01022007

2. FIRST NAME: BETH
 M.I.:
 LAST NAME: APPLEBON
 RELATIONSHIP TO TAXPAYER: DAUGHTER
 IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

2. SOCIAL SECURITY NUMBER: 400001002
 DATE OF BIRTH: 02031998

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

3. SOCIAL SECURITY NUMBER: 400001003
 DATE OF BIRTH: 02031998

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

4. SOCIAL SECURITY NUMBER: 400001004
 DATE OF BIRTH: 02031998

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:
 M M D D Y Y Y Y

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:
 M M D D Y Y Y Y

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:
 M M D D Y Y Y Y

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:
 W M D D Y Y Y Y

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:
 W M D D Y Y Y Y

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:
 W M D D Y Y Y Y



2014 Schedule INC XXXXXXXXXXXXXXXX

AREA RESERVED FOR 2-D BARCODE

PEACHES

APPLEBON

400001000

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGESINCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
99 9999911	785	4600	1400		W2
99 9999312	1280	5400		1581	W2
99 9999333		300			1099R
99 9999333		160			1099R
99 9999333		923			1099R
99 9999333		217			1099R
99 9999333		1285			1099R
99 9999333		28			1099R

TOTALS	2065	12913	1400	1581	
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Schedule E-1 Rental Real Estate and Royalty Income and (Loss)

2014

**Massachusetts
Department of
Revenue**

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

Name P APPLEBON Social Security number 400001000
 Type of real estate RENTAL Street address 10 EAST ST City/town Boston State MA Zip 021230010

Check one only: Rental real estate Royalty

Income or Loss from Rental Real Estate and Royalties

Income

1 Rents received 1 1000
 2 Royalties received 2

Expenses

3 Advertising 3 20
 4 Auto and travel 4 30
 5 Cleaning and maintenance 5 40
 6 Commissions 6 50
 7 Insurance 7 60
 8 Legal and other professional fees 8 70
 9 Management fees 9 80
 10 Mortgage interest paid to banks, etc. 10 90
 11 Other interest 11 100
 12 Repairs 12 110
 13 Supplies 13 120
 14 Taxes 14 130
 15 Utilities 15 140
 16 Other expenses. Enclose statement 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). See U.S. Schedule E, line 21. 20 -400

21 Deductible rental real estate (loss). Your rental real estate loss on line 20 may be limited. See U.S. Schedule E, line 22. 21 (-400)

22 Income. Enter positive amounts shown on line 20. Do not include any (losses). 22

23 Losses. Enter royalty losses from line 20 or rental real estate (losses) from line 21. 23 (-400)

24 Total rental real estate and royalty income or (loss). Combine lines 22 and 23. (Enter loss as negative amount.) 24 -400

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



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

2014

**Massachusetts
Department of
Revenue**

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

Name P APPLEBON Social Security number 400001000
 Name of entity FRED AND BARNEY Partnership Federal Identification number 012210345

Check one only: S corporation Partnership

Income or Loss from Partnerships and S Corporations

1	Passive loss allowed. (Enter as positive amount.)	1	500
2	Passive income (from U.S. Schedule K-1)	2	100
3	Non-passive loss (from U.S. Schedule K-1). (Enter as positive amount.)	3	200
4	Section 179 expense deduction (from U.S. Form 4562). (Enter as positive amount.)	4	300
5	Non-passive income (from U.S. Schedule K-1)	5	300
6	Combine lines 2 and 5	6	400
7	Combine lines 1, 3 and 4	7	(-1000)
8	Partnership or S corporation income or (loss). Combine lines 6 and 7. (Enter loss as negative amount.)	8	-600
9	Interest (other than from Massachusetts banks) and dividends if included in line 8	9	
10	Interest from Massachusetts banks if included in line 8	10	
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.)	11	-600
12	Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year unallowed loss from a passive activity (if that loss was not reported on U.S. Form 8582) or unreimbursed partnership expenses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13	Check if any amount of this investment not at risk <input type="checkbox"/>		



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

2014
**Massachusetts
Department of
Revenue**

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

Name P APPLEBON	Social Security number 406001000
Name of entity APPLE FARMS	Federal Identification number 011022034

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 5.2% 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	-649000
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Schedule E Reconciliation Total Supplemental Income and (Loss)

2014

**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 APPIEBOW Social Security number 4 0000 1000

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



400001000

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.)	500
26 Passive income	100
27 Non-passive loss. (Enter as positive amount.)	200
28 Section 179 expense deduction. (Enter as positive amount.)	300
29 Non-passive income	300
30 Combine lines 26 and 29	400
31 Combine lines 25, 27 and 28	(-1000)
32 Partnership and S corporation income or loss. Combine lines 30 and 31	-600
33 Interest (other than from Massachusetts banks) and dividends if included in line 32	
34 Interest from Massachusetts banks if included in line 32	
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.)	-600
36 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.

37 Passive deduction or (loss) allowed. (Enter as positive amount.)	
38 Passive income	
39 Non-passive deduction or (loss). (Enter as positive amount.)	
40 Non-passive other income	
41 Add lines 38 and 40	
42 Add lines 37 and 39	()
43 Estate and trust income or (loss). Combine lines 41 and 42. (Enter loss as negative amount.)	
44 Estate or non-grantor-type trust income taxed on Massachusetts Form 2, if included in line 43	
45 Grantor-type trust and non-Massachusetts estate and trust income. Subtract line 44 from line 43	
46 Interest (other than from Massachusetts banks) and dividends if included in line 45	
47 Adjustments to 5.2% income	
48 Subtotal. Combine lines 46 and 47	
49 Income or (loss) from grantor-type trusts and non-Massachusetts estates and trusts. Subtract line 48 from 45. (Enter loss as negative amount.)	

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).

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

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.

54 Net farm rental income or (loss). (Enter loss as negative amount.)	-649000
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Summary

55 Income or (loss). Combine lines 24, 35, 49, 53 and 54. (Enter loss as negative amount.)	-650000
56 Massachusetts differences. Enclose statement.	-290000
57 Abandoned building renovation deduction.	
58 Total income or (loss). Combine lines 55, 56 and 57. (Enter loss as negative amount.) Enter here and in Form 1, line 7 or Form 1-NR/PY, line 9	-940000



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

P [] APP LEON

4 0 0 0 0 1 0 0 0

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. 2014

Table with 5 rows for Schedule X Other Income. Line 1: Alimony received (16700). Line 2: Taxable IRA/Keogh and Roth IRA conversion distributions (00). Line 3: Other gambling winnings (3300). Line 4: Fees and other 5.2% income (80000). Line 5: Total other 5.2% income (100000).

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

Table with 17 rows for Schedule Y Other Deductions. Line 1: Allowable employee business expenses (500). Line 2: Penalty on early savings withdrawal (600). Line 3: Alimony paid (16600). Line 4: Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty (900). Line 5: Moving expenses (4400). Line 6: Medical savings account deduction (1300). Line 7: Self-employed health insurance deduction (00). Line 8: Health savings accounts deduction (00). Line 9: Certain qualified deductions from U.S. Form 1040 (700). Line 10: Student loan interest deduction (800). Line 11: College Tuition Deduction (2200). Line 12: Undergraduate student loan interest deduction (00). Line 13: Deductible amount of qualified contributory pension income (8000). Line 14: Claim of right deduction (900). Line 15: Commuter deduction (2300). Line 16: Human organ donation deduction (2700). Line 17: Total other deductions (41900).



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

P [] [] APPLEBON

400001000

Schedule B Interest, Dividends and Certain Capital Gains and Losses

2014

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 5.2% 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	150200
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	2800
3	Other interest and dividends not included above (enclose statement) 3	00
4	Total interest and dividends. Add lines 1, 2 and 3 4	153000
5	Total interest from Massachusetts banks (from Form 1, line 5a or Form 1-NR/PY, line 7a) 5	21700
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	131300
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	131300

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 through 5, col. h) 10	3700
11	Long-term capital gains on collectibles and pre-1996 installment sales (from Massachusetts Schedule D, line 12) 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	3700
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	3700
16	Short-term capital losses (included in U.S. Schedule D, lines 1 through 5, col. h) 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 2013 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	3700
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

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

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



SOCIAL SECURITY NUMBER

400-00-1000

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 2015. 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	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							1313	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							1313	00
32	Long-term losses applied against interest and dividends (from worksheet)	32								00
33	Adjusted interest and dividends. Subtract line 32 from line 31	33							1313	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							1350	00
36	Excess exemptions (from worksheet), 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							1350	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							1313	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 2015. Enter amount from line 23. If line 23 was not completed, enter "0"	40								00

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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

R APPLEBOW

400-001000

Schedule HC Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY. **2014**

1 a. Date of birth ▶ 01101953 b. Spouse's date of birth ▶ 01111943 c. Family size ▶ 6 (see instructions)

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 74817.00

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, 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 2014, you turned 18, you were a part-year resident or a taxpayer was deceased.
If you filled in "Full-year MCC" or "Part-year MCC", 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 2014, 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 or Commonwealth Care, 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. You Spouse
 - 4b MassHealth, Commonwealth Care or ConnectorCare. Fill in oval(s) and go to line 5. You Spouse
 - 4c Medicare (including a replacement or supplemental plan). Fill in oval(s) and go to line 5. You Spouse
 - 4d U.S. Military (including Veterans Administration and Tri-Care). Fill in oval(s) and go to line 5. You Spouse
 - 4e Other government program (enter the program name(s) only in lines 4f and/or 4g below). 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)
TUFTS
FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SUBSCRIBER NUMBER (from Form MA 1099-HC)
022-012345 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) SUBSCRIBER NUMBER (from Form MA 1099-HC)
022-054321 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) SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)
022-504123 2002040501

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) SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)
022-023444 9777621

5 If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth or Commonwealth Care, 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 2014, 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" 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

APPLESON

SOCIAL SECURITY NUMBER

400-001000

Schedule HC Uninsured for All or Part of 2014

Do NOT complete if you are not subject to a penalty.

6 Was your income in 2014 at or below 150% of the federal poverty level (see worksheet)? ▶ 6 Yes No

If you answer **Yes**, **YOU ARE NOT SUBJECT TO A PENALTY IN 2014. 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 2014, 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 2014. 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 2014, 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:	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPOUSE:	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 2014. **YOU ARE NOT SUBJECT TO A PENALTY IN 2014. SKIP THE REMAINDER OF THIS SCHEDULE AND COMPLETE YOUR TAX RETURN.**

Schedule HC Religious Exemption and Certificate of Exemption

Do NOT complete if you are not subject to a penalty.

8 a. **RELIGIOUS EXEMPTION.** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? ▶ 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 2014 tax year? ▶ 8b You: Yes No
Spouse: Yes No

If you answer **No** to line 8b, **YOU ARE NOT SUBJECT TO A PENALTY IN 2014. 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 2014 tax year? ▶ 9 You: Yes No
Spouse: Yes No

Note: If you received a Certificate of Exemption from the Federal shared responsibility requirement in 2014, issued by the Federal Health Insurance Marketplace, do not enter that information in line 9.

If you answer **Yes**, enter the certificate number below, **YOU ARE NOT SUBJECT TO A PENALTY IN 2014. 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 MASSACHUSETTS CERTIFICATE NUMBER

SPOUSE'S MASSACHUSETTS CERTIFICATE NUMBER

33320139

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.

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FIRST NAME

P

M.I.

LAST NAME

APPLEBOW

SOCIAL SECURITY NUMBER

400001000

Schedule HC Affordability as Determined By State Guidelines

Do NOT complete if you are not subject to a penalty.

NOTE: This section will require the use of worksheets and tables. You **must** complete the worksheet(s) to determine if health insurance was affordable to you during the 2014 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? **▶ 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 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? **▶ 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 to calculate your penalty amount.

- 12** Were you able to purchase affordable private health insurance that met the minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12? **▶ 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 to calculate your penalty amount.

Schedule HC 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 met the minimum creditable coverage requirements in 2014 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.

Note: You may also be subject to a separate federal penalty if you were uninsured. Visit irs.gov for more information on the federal requirements.

If you are subject to a federal penalty, you must enter that amount on Form 1, line 34c or Form 1-NR/PY, line 39c.

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.



DRAFT

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, 2015 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. **2014**

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

- 1** Living quarters status during 2014: 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, 2014. If over \$691,000, you do not qualify for this credit. See instructions **2** 69000000

INCOME CALCULATION

- 3** Massachusetts adjusted gross income (from line 20 of Schedule CB, line 3 worksheet on reverse) **3** 7469200
- 4** Total Social Security benefits (see instructions) **4** 40000
- 5** Pensions/annuities/IRA/Keogh distributions not taxed on your Massachusetts tax return **5** 800
- 6** Miscellaneous income, including cash public assistance **6** 10000
- 7** Massachusetts total income. Add lines 3 through 6 **7** 7520000
- 8** Exemptions from income (from Form 1, lines 2b through 2d or Form 1-NR/PY, lines 4b through 4d) **8** 690000
- 9** Qualifying income. Subtract line 8 from line 7. **9** 6830000
 You do **not** qualify for the Circuit Breaker Credit if you are filing as "Single," and line 9 is greater than \$56,000; or you are filing as "Head of household," and line 9 is greater than \$70,000; or you are filing as "Married filing jointly," and line 9 is greater than \$84,000.

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 2014 for your principal residence (see instructions) **10** 903000
- 11** Adjustments to real estate taxes (from line 4 of Schedule CB, line 11 worksheet on reverse) **11** 10000
- 12** Subtract line 11 from line 10 **12** 693000
- 13** Enter 50% (.50) of water and sewer use charges paid in 2014. **13** 83000
- 14** Add lines 12 and 13 **14** 776000
- 15** Income threshold. Multiply line 9 by 10% (.10) **15** 683000
- 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** 93000
- 17** Enter the lesser of line 16 or \$1,050 here and on Form 1, line 41 or Form 1-NR/PY, line 46. **17** 93000
- 18** Enter total amount of rent paid for your principal residence in 2014 : a. 00 ÷ 4 = **18** 00
 Landlord's name and address _____
- 19** Income threshold. Multiply line 9 by 10% (.10) **19** 00
- 20** Subtract line 19 from line 18. If line 19 is equal to or greater than line 18, you do not qualify for this credit **20** 00
- 21** Enter the lesser of line 20 or \$1,050 here and on Form 1, line 41 or Form 1-NR/PY, line 46. **21** 00



FIRST NAME

P

M.I. LAST NAME

APPLEBOW

SOCIAL SECURITY NUMBER

400001000

Schedule Z Other Credits. Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.**2014****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** Employer Wellness Program credit
 Certificate number ▶ ▶ 9
- 10** Add lines 1 through 9. 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 11 through 13, if applicable. Full-year residents, also complete lines 11 through 14 10

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

- 11** Income tax paid to another state or jurisdiction (from worksheet). Not less than "0" ▶ 11
- Enter two-letter state or jurisdictional postal code. . . ▶ ▶ ▶
- 12** Solar and wind energy (you **must** enclose Schedule EC). Not less than "0" ▶ 12

PART 3. TOTALS

- 13** Add lines 11 and 12. Not less than "0". Part-year residents, enter the result here and on Form 1-NR/PY, line 35 13
- 14** Full-year residents only. Add lines 10 and 13. Not less than "0". Enter the result here and on Form 1, line 30 14

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** Refundable community investment tax credit
 Not less than "0". Certificate number ▶ ▶ 4
- 5** Total refundable credits. Add lines 1 through 4. Not less than "0". Enter result here and on Form 1, line 42 or Form 1-NR/PY, line 47 5



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2014
Massachusetts
Department of
Revenue

Schedule EC Solar and Wind Energy Credit

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

Address of principal residence in Massachusetts (do not enter PO box): 1 YAWKEY WAY City/Town: BOSTON State: MA Zip: 02123 0131

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 2014 . Enclose a statement describing the nature of the expenditures.	1	2794
2	Enter any U.S. HUD grant or rebate for such expenditures	2	
3	Net 2014 expenditures. Subtract line 2 from line 1. Not less than "0"	3	2794
4	Enter 15% of line 3	4	419
5a	Maximum allowable credit for principal residence	5a	\$1,000
5b	Total prior years credit taken by taxpayer for this principal residence	5b	
5c	Subtract line 5b from line 5a. Not less than "0"	5c	1000
6	2014 Massachusetts Energy Credit. Enter line 4 or line 5c, whichever is less	6	419
7a	Enter 2011 unused Massachusetts Energy Credit (from 2013 Schedule EC, line 12, col. c)	7a	
7b	Enter 2012 unused Massachusetts Energy Credit (from 2013 Schedule EC, line 12, col. c)	7b	
7c	Enter 2013 unused Massachusetts Energy Credit (from 2013 Schedule EC, line 12, col. c)	7c	
8	Massachusetts Energy Credit available this year. Add lines 6, 7a, 7b and 7c.	8	419

Computation of Energy Credit allowable on return

9	Total tax from Form 1, line 28 or Form 1-NR/PY, line 32 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
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

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
2012	(2013 Sch. EC, line 12, col. c) \$	\$	\$	2015
2013	(2013 Sch. EC, line 12, col. c) \$	\$	\$	2015-2016
2014	(2014 Sch. EC, line 6) \$ <u>419</u>	\$ <u>419</u>	\$	2015-2017
12	Totals \$ <u>419</u>	\$ <u>419</u>	\$	



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

2014

Massachusetts
Department of
Revenue

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

P APPLEBON

Social Security number(s)

4001 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 0131	7600770	06/01/2014	2	1	1

2 Total amounts qualifying for interim control deleading. Add all amounts in col. f. 2 1

Part 2. Full Compliance Deleading.

 Attach letter(s) of compliance.

3 a. Address(es) of Massachusetts unit(s) deleading. 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 2007 through 2013 Sch. LP, Part 1, col. f
10 East ST Boston ma 02123 0010	7601713	07/01/2014	3	3	1

4 Total amounts qualifying for full compliance deleading. Add all amounts in col. f. 4 1

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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	5	2
6	Enter unused credits from prior year (from 2013 Schedule LP, line 11, col. c)	6	13
7	Massachusetts Lead Paint Credit available this year. Add lines 5 and 6	7	15
8	Total tax from return (Form 1, line 28; Form 1-NR/PY, line 32; 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	8	2770
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	9	15

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
2008	(2013 Sch. LP, line 11, col. c) \$	\$	\$	2015
2009	(2013 Sch. LP, line 11, col. c) \$	\$	\$	2015-2016
2010	(2013 Sch. LP, line 11, col. c) \$	\$	\$	2015-2017
2011	(2013 Sch. LP, line 11, col. c) \$	\$	\$	2015-2018
2012	(2013 Sch. LP, line 11, col. c) \$	\$	\$	2015-2019
2013	(2013 Sch. LP, line 11, col. c) \$ 13	\$ 13	\$	2015-2020
2014	(2014 Sch. LP, line 5) \$ 2	\$ 2	\$	2015-2021
11	Totals \$ 15	\$ 15	\$	

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 deleading 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 SC
Septic Credit
Credit for Repairing or Replacing
a Failed Cesspool or Septic System**

2014

**Massachusetts
Department of
Revenue**

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

Social Security number(s)

P APPLEBON

400001000

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

1 YAWKEY WAY

City/Town

State

Zip

Boston MA 02123 0131

Part 1. General Information

1a Date certificate of compliance or verification letter issued: 06/01/2014 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
 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
 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 2014.

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 2013.

	b Date paid	c Actual cost
<u>SAND</u>	<u>05/20/2014</u>	<u>20</u>
<u>PIPE</u>	<u>05/20/2014</u>	<u>40</u>

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

6 Maximum amount available for computation of the credit. Enter the smaller of line 5 or \$15,000 **6** 60

7 Amount of actual costs available for the credit. Multiply line 6 by .40 (40%) **7** 24



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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 2014, enter the smaller of line 7 or \$1,500. If claiming a carryover credit, enter the smaller of 2013 Schedule SC, line 15, col. C or \$1,500.	8	24
9	Adjusted Septic Credit. Multiply line 8 by the percentage in line 2. Enter the result in line 9.	9	24
10	Interest subsidy received, if any (from Part 5, line 36)	10	
11	Adjusted Septic Credit available for 2014. Subtract line 10 from line 9	11	24
12	Total tax from Form 1, line 28 or Form 1-NR/PY, line 32 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
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

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 (2014 Sch. SC, line 13)	c. Unused credit available Subtract col. b. from col. a	
		\$		Amount	For
14 2010	(2013 Sch. SC, line 15, col. c)	\$	\$	\$	2015
2011	(2013 Sch. SC, line 15, col. c)	\$	\$	\$	2015-2016
2012	(2013 Sch. SC, line 15, col. c)	\$	\$	\$	2015-2017
2013	(2013 Sch. SC, line 15, col. c)	\$	\$	\$	2015-2018
2014	(2014 Schedule SC, line 7)	\$	\$ 24	\$	2015-2019
15 Totals		\$	\$ 24	\$	

Part 5. Computation of Interest Subsidy

If Certificate of Compliance or verification letter was issued in 2014, only complete lines 31 through 36. If claiming a carryover credit, complete all applicable lines.

16	Total amount of loan or betterment outstanding during 2009	16	
17	Number of days the loan or betterment was issued during 2009	17	
18	Amount in line 16 x (number of days in line 17 + 365) x 5.25%	18	
19	Total amount of loan or betterment outstanding during 2010	19	
20	Number of days the loan or betterment was issued during 2010	20	
21	Amount in line 19 x (number of days in line 20 + 365) x 5%	21	
22	Total amount of loan or betterment outstanding during 2011	22	
23	Number of days the loan or betterment was issued for during 2011	23	
24	Amount in line 22 x (number of days in line 23 + 365) x 4.5%	24	
25	Total amount of loan or betterment outstanding during 2012	25	
26	Number of days the loan or betterment was issued for during 2012	26	
27	Amount in line 25 x (number of days in line 26 + 365) x 4%	27	
28	Total amount of loan or betterment outstanding during 2013	28	
29	Number of days the loan or betterment was issued for during 2013	29	
30	Amount in line 28 x (number of days in line 29 + 365) x 4%	30	
31	Total amount of loan or betterment outstanding during 2014	31	150
32	Number of days the loan or betterment was issued for during 2014	32	204
33	Amount in line 31 x (number of days in line 32 + 365) x 4%	33	3
34	Total interest at market rate. Add lines 18, 21, 24, 27, 30 and 33.	34	3
35	Total interest actually paid on the loan or betterment. If Certificate of Compliance or verification letter was issued in 2014, enter the amount of interest paid in 2014. If claiming a carryover credit, enter the total interest paid during all periods listed above.	35	3
36	Amount of interest subsidy. Subtract line 35 from line 34. Enter result here and in Part 3, line 10	36	



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Carryover to Future Years

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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
2005	(2013 Sch. EOAC, line 17, col. c)			2015
2006	(2013 Sch. EOAC, line 17, col. c)			2015-2016
2007	(2013 Sch. EOAC, line 17, col. c)			2015-2017
2008	(2013 Sch. EOAC, line 17, col. c)			2015-2018
2009	(2013 Sch. EOAC, line 17, col. c)			2015-2019
2010	(2013 Sch. EOAC, line 17, col. c)			2015-2020
2011	(2013 Sch. EOAC, line 17, col. c)			2015-2021
2012	(2013 Sch. EOAC, line 17, col. c)			2015-2022
2013	(2013 Sch. EOAC, line 17, col. c)			2015-2023
2014	(2014 Sch. EOAC, line 9) <u>5</u>	<u>5</u>		2015-2024
17 Totals	<u>5</u>	<u>5</u>		