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

2015 Form 1 XXXXXXXXXXXX

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2015 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

AREA RESERVED FOR 2-D BARCODE

FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
COSTREETADDRESSXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
Apt. no. XXXXXXXXXXXXX

State Election Campaign Fund: X $1 You X $1 Spouse TOTAL ► X

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

Taxpayer deceased ► X You X Spouse

Fill in if under age 18 ► X You ► X Spouse

► X Name/address changed since 2014

Federal adjusted gross income ► –XXXXXXXXXXXX ► X Fill in if noncustodial parent

1. Filing status (select one only): ► X Single ► X Fill in if filing Schedule TDS

X Married filing jointly

X Married filing separate return

X Head of household ► X You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions		**2a**	XXXX
b. Number of dependents. (Do not include yourself or your spouse.) Enter number ►	XX	× $1,000 = **2b**	XXXXXXXXXXXX
c. Age 65 or over before 2016 X You + X Spouse = ►	X	× $700 = **2c**	XXXX
d. Blindness X You + X Spouse = ►	X	× $2,200 = **2d**	XXXX
e. 1. Medical/dental ► XXXXXXX 2. Adoption ► XXXXXXXX		1 + 2 = **2e**	XXXXXXXXXXXX
f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18		► **2f**	XXXXXXXXXXXX
3. Wages, salaries, tips		► **3**	XXXXXXXXXXXX
4. Taxable pensions and annuities		► **4**	XXXXXXXXXXXX
5. Mass. bank interest: a. ► XXXXXXXXXXXX – b. exemption XXX		= **5**	XXXXXXXXXXXX
6. Business/profession or farm income or loss		► **6**	–XXXXXXXXXXXX
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss		► **7**	–XXXXXXXXXXXX
8a. Unemployment		► **8a**	XXXXXXX
8b. Mass. lottery winnings		► **8b**	XXXXXXXXXXXX
9. Other income from Schedule X, line 5		► **9**	XXXXXXXXXXXX
10. TOTAL 5.15% INCOME		**10**	–XXXXXXXXXXXX

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date XXXXXXXX Spouse's signature Date XXXXXXXX

May the Department of Revenue discuss this return with the preparer shown here? ► X Yes

I do not want preparer to file my return electronically ► X (this may delay your refund)

Print paid preparer's name FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX Date XXXXXXXX Check if self-employed X Paid preparer's SSN ► XXXXXXXXXXX

Paid preparer's signature Paid preparer's phone XXXXXXXXXXXX Paid preparer's EIN ► XXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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Massachusetts Resident Income Tax Return

SOCIALSECNO

11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	► **11a**	XXXX
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	► **11b**	XXXX
12.	Child under age 13, or disabled dependent/spouse care expenses	► **12**	XXXXX
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/15, or disabled dependent(s) **Not more than two.** a. ► X	× $3,600 = ► **13**	XXXX
14.	Rental deduction. a. ► XXXXX	÷ 2 = ► **14**	XXXX
15.	Other deductions from Schedule Y, line 18	► **15**	XXXXXXXXXXXX
16.	**Total deductions.** Add lines 11 through 15	► **16**	XXXXXXXXXXXX
17.	**5.15% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"**	**17**	XXXXXXXXXXXX
18.	Exemption amount	**18**	XXXXXXXXXXXX
19.	**5.15% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than "0"**	**19**	XXXXXXXXXXXX
20.	**INTEREST AND DIVIDEND INCOME**	► **20**	XXXXXXXXXXXX
21.	**TOTAL TAXABLE 5.15% INCOME.** Add lines 19 and 20	**21**	XXXXXXXXXXXX
22.	**TAX ON 5.15% INCOME**. **Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ► X	**22**	XXXXXXXXXXXX
23.	**12% INCOME.** Not less than "0." a. ► XXXXXXXXXXXX	× .12 = **23**	XXXXXXXXXXXX
24.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS ► X	► **24**	XXXXXXXXXXXX
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ► X		
25.	Credit recapture amount ► X BC X EOA X LIH X HR	► **25**	XXXXXXXXXXXX
26.	Additional tax on installment sale	► **26**	XXXXXXXXXXXX
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28 ► X		
28.	**TOTAL INCOME TAX.** Add lines 22 through 26	**28**	XXXXXXXXXXXX
29.	Limited Income Credit	► **29**	XXXXXXXXXXXX
30.	Other credits from Schedule Z, line 15	► **30**	XXXXXXXXXXXX
31.	**INCOME TAX AFTER CREDITS.** Subtract the total of lines 29 and 30 from line 28. **Not less than "0"**	**31**	XXXXXXXXXXXX

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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Massachusetts Resident Income Tax Return

SOCIALSECNO

32.	**Voluntary Contributions**		
	a. Endangered Wildlife Conservation	► **32a**	XXXXXXXXXXXX
	b. Organ Transplant Fund	► **32b**	XXXXXXXXXXXX
	c. Massachusetts AIDS Fund	► **32c**	XXXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund	► **32d**	XXXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund	► **32e**	XXXXXXXXXXXX
	f. Homeless Animal Prevention and Care	► **32f**	XXXXXXXXXXXX
	Total. Add lines 32a through 32f	**32**	XXXXXXXXXXXX
33.	Use tax due on Internet, mail order and other out-of-state purchases	► **33**	XXXXXXXXXXXX
34.	Health care penalty a. You ► XXXX + b. Spouse ► XXXX – c. Fed. health care penalty ► XXXXX	**34**	XXXXX
35.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 31 through 34	**35**	XXXXXXXXXXXX
36.	Massachusetts income tax withheld	► **36**	XXXXXXXXXXXX
37.	2014 overpayment applied to your 2015 estimated tax	► **37**	XXXXXXXXXXXX
38.	2015 Massachusetts estimated tax payments	► **38**	XXXXXXXXXXXX
39.	Payments made with extension	► **39**	XXXXXXXXXXXX
40.	Earned Income Credit. a. Number of qualifying children ► X Amount from U.S. return ► XXXX × .15 =	► **40**	XXX
41.	Senior Circuit Breaker Credit	► **41**	XXXX
42.	Other Refundable Credits	► **42**	XXXXXXXXXXXX
43.	**TOTAL.** Add lines 36 through 42	**43**	XXXXXXXXXXXX
44.	**Overpayment.** Subtract line 35 from line 43	► **44**	XXXXXXXXXXXX
45.	Amount of overpayment you want **applied to your 2016 estimated tax**	► **45**	XXXXXXXXXXXX
46.	**Refund.** Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	► **46**	XXXXXXXXXXXX

Direct deposit of refund. Type of account ► X checking
X savings

RTN # ► XXXXXXXXX account # ► XXXXXXXXXXXXXXXXX

47.	**Tax due. Pay online at www.mass.gov/dor/payonline.** Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	► **47**	XXXXXXXXXXXX

Interest ► XXXXXXXX Penalty ► XXXXXXXX M-2210 amt. ► XXXXXXXX ► X EX enclose Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX