

AREA RESERVED
FOR 2-D BARCODE

2016 Form 1

XXXXXXXXXXXXXX

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2016 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

FIRSTNAMEXXXXXXXXX I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
COSTREETADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXXX

Fill in if: ☒ Original return ☒ Amended return ☒ Amended return due to federal change

Apt. no. XXXXXXXXXXXXXXXX

State Election Campaign Fund:

☒ \$1 You ☒ \$1 Spouse TOTAL ☒

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

☒ You ☒ Spouse

Taxpayer deceased

▶ ☒ You ☒ Spouse

Fill in if under age 18

▶ ☒ You ☒ Spouse

▶ ☒ Name/address changed since 2015

▶ ☒ Fill in if noncustodial parent

▶ ☒ Fill in if filing Schedule TDS

a. Total federal income ▶ -XXXXXXXXXXXXX

b. Federal adjusted gross income ▶ -XXXXXXXXXXXXX

1. Filing status (select one only): ▶

☒ Single

☒ Married filing jointly

☒ Married filing separate return

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

2. Exemptions

a. Personal exemptions

b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ XX

c. Age 65 or over before 2017 ☒ You + ☒ Spouse = ▶ ☒

d. Blindness ☒ You + ☒ Spouse = ▶ ☒

e. 1. Medical/dental ▶ XXXXXXXX 2. Adoption ▶ XXXXXXXX

f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18

2a XXXX

× \$1,000 = 2b XXXXXXXXXXXXXXXX

× \$700 = 2c XXXX

× \$2,200 = 2d XXXX

1 + 2 = 2e XXXXXXXXXXXXXXXX

▶ 2f XXXXXXXXXXXXXXXX

▶ 3 XXXXXXXXXXXXXXXX

▶ 4 XXXXXXXXXXXXXXXX

= 5 XXXXXXXXXXXXXXXX

▶ 6 -XXXXXXXXXXXXXXXXX

▶ 7 -XXXXXXXXXXXXXXXXX

▶ 8a XXXXXXXX

▶ 8b XXXXXXXXXXXXXXXX

▶ 9 XXXXXXXXXXXXXXXX

3. Wages, salaries, tips

4. Taxable pensions and annuities

5. Mass. bank interest: a. ▶ XXXXXXXXXXXXXXXX – b. exemption XXX

6. Business/profession or farm income or loss

7. Rental, royalty and REMIC, partnership, S corp., trust income/loss

8a. Unemployment

8b. Mass. lottery winnings

9. Other income from Schedule X, line 5

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

XXXXXXXXXX

Spouse's signature

Date

XXXXXXXXXX

May the Department of Revenue discuss this return with the preparer shown here? ▶ ☒ Yes

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

Print paid preparer's name

Date

Check if self-employed

Paid preparer's SSN

FIRSTNAMEXXXXXXXXX I LASTNAMEXXXXXXXXXXXXX

XXXXXXXXXX

☒

XXXXXXXXXXXXXX

Paid preparer's signature

Paid preparer's phone

Paid preparer's EIN

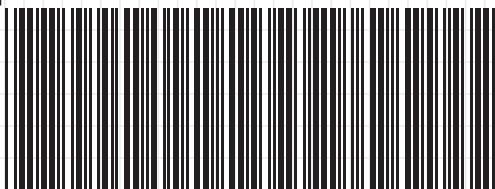
XXXXXXXXXXXXXX

XXXXXXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX



2016 Form 1, pg. 2

XXXXXXXXXXXXXX

Massachusetts Resident Income Tax Return

SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE

10. TOTAL 5.1% INCOME

11a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement

11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement

12. Child under age 13, or disabled dependent/spouse care expenses

13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/16, 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

16. Total deductions. Add lines 11 through 15

17. 5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"

18. Exemption amount

19. 5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"

20. INTEREST AND DIVIDEND INCOME

21. TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20

22. TAX ON 5.1% 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

23. 12% INCOME. Not less than "0."

a. ▶

XXXXXXXXXXXXXX

× .12 = 23

24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS ▶

X

Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶

X

25. Credit recapture amount (from Credit Recapture Schedule)

26. Additional tax on installment sale

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

29. Limited Income Credit

30. Income tax paid to another state or jurisdiction

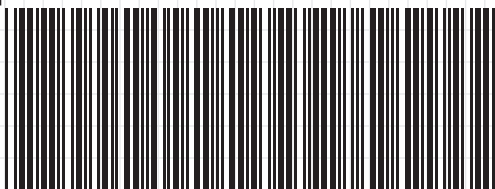
31. Other credits from Credit Manager Schedule

32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**2016 Form 1, pg. 3**

XXXXXXXXXXXXXX

Massachusetts Resident Income Tax Return

SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE**33. Voluntary Contributions**

a. Endangered Wildlife Conservation

b. Organ Transplant Fund

c. Massachusetts AIDS Fund

d. Massachusetts U.S. Olympic Fund

e. Massachusetts Military Family Relief Fund

f. Homeless Animal Prevention and Care

Total. Add lines 33a through 33f

34. Use tax due on Internet, mail order and other out-of-state purchases**35.** Health care penalty a. You ▶ XXXX + b. Spouse ▶ XXXX – c. Fed. health care penalty ▶ XXXXX**36. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 32 through 35**37.** Massachusetts income tax withheld**38.** 2015 overpayment applied to your 2016 estimated tax**39.** 2016 Massachusetts estimated tax payments**40.** Payments made with extension**41.** Earned Income Credit. a. Number of qualifying children ▶ X Amount from U.S. return ▶ XXXX × .23 =**42.** Senior Circuit Breaker Credit**43.** Other Refundable Credits**44. TOTAL.** Add lines 37 through 43**45. Overpayment.** Subtract line 36 from line 44**46.** Amount of overpayment you want applied to your 2017 estimated tax**47. Refund.** Subtract line 46 from line 45. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204**Direct deposit of refund.** Type of account ▶ X checking

X savings

RTN # ▶ XXXXXXXXXX account # ▶ XXXXXXXXXXXXXXXXXX

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

Interest ▶ XXXXXXXXXX Penalty ▶ XXXXXXXXXX M-2210 amt. ▶ XXXXXXXXXX

X EX enclose
Form M-2210

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX