AREA RESERVED
FOR 2-D BARCODE

2016 Form 1

XXXXXXXXXXXXX

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

FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
COSTREETADDRESSXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXX

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

a. Total federal income ► –XXXXXXXXXXX ► X Name/address changed since 2015

b. Federal adjusted gross income ► –XXXXXXXXXXX ► X Fill in if noncustodial parent

► X Fill in if filing Schedule TDS

1. Filing status (select one only): ► X Single

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**	XXXXXXXXXXX
c. Age 65 or over before 2017 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**	XXXXXXXXXXX
f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18		► **2f**	XXXXXXXXXXX
3. Wages, salaries, tips		► **3**	XXXXXXXXXXX
4. Taxable pensions and annuities		► **4**	XXXXXXXXXXX
5. Mass. bank interest: a. ► XXXXXXXXXXX – b. exemption XXX		= **5**	XXXXXXXXXXX
6. Business/profession or farm income or loss		► **6**	–XXXXXXXXXXX
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss		► **7**	–XXXXXXXXXXX
8a. Unemployment		► **8a**	XXXXXX
8b. Mass. lottery winnings		► **8b**	XXXXXXXXXXX
9. Other income from Schedule X, line 5		► **9**	XXXXXXXXXXX

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 FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXX

Date XXXXXXXX Check if self-employed X Paid preparer's SSN ► XXXXXXXXXX

Paid preparer's signature

Paid preparer's phone XXXXXXXXXXX Paid preparer's EIN ► XXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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10.	**TOTAL 5.1% INCOME**		10	–XXXXXXXXXXX
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 12/31/16, 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		► 15	XXXXXXXXXXX
16.	**Total deductions.** Add lines 11 through 15		► 16	XXXXXXXXXXX
17.	**5.1% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"**		17	XXXXXXXXXXX
18.	Exemption amount		18	XXXXXXXXXXX
19.	**5.1% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than "0"**		19	XXXXXXXXXXX
20.	**INTEREST AND DIVIDEND INCOME**		► 20	XXXXXXXXXXX
21.	**TOTAL TAXABLE 5.1% INCOME.** Add lines 19 and 20		21	XXXXXXXXXXX
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		22	XXXXXXXXXXX
23.	**12% INCOME.** Not less than "0." a. ► XXXXXXXXXXX	× .12 =	23	XXXXXXXXXXX
24.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS ► X		► 24	XXXXXXXXXXX
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ► X			
25.	Credit recapture amount (from Credit Recapture Schedule)		► 25	XXXXXXXXXXX
26.	Additional tax on installment sale		► 26	XXXXXXXXXXX
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	XXXXXXXXXXX
29.	Limited Income Credit		► 29	XXXXXXXXXXX
30.	Income tax paid to another state or jurisdiction		► 30	XXXXXXXXXXX
31.	Other credits from Credit Manager Schedule		► 31	XXXXXXXXXXX
32.	**INCOME TAX AFTER CREDITS.** Subtract the total of lines 29 through 31 from line 28. **Not less than "0"**		32	XXXXXXXXXXX

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

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33.	**Voluntary Contributions**			
	a. Endangered Wildlife Conservation	► **33a**		XXXXXXXXXXX
	b. Organ Transplant Fund	► **33b**		XXXXXXXXXXX
	c. Massachusetts AIDS Fund	► **33c**		XXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund	► **33d**		XXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund	► **33e**		XXXXXXXXXXX
	f. Homeless Animal Prevention and Care	► **33f**		XXXXXXXXXXX
	Total. Add lines 33a through 33f	**33**		XXXXXXXXXXX
34.	Use tax due on Internet, mail order and other out-of-state purchases	► **34**		XXXXXXXXXXX
35.	Health care penalty a. You ► XXXX + b. Spouse ► XXXX – c. Fed. health care penalty ► XXXXX	**35**		XXXXX
36.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 32 through 35	**36**		XXXXXXXXXXX
37.	Massachusetts income tax withheld	► **37**		XXXXXXXXXXX
38.	2015 overpayment applied to your 2016 estimated tax	► **38**		XXXXXXXXXXX
39.	2016 Massachusetts estimated tax payments	► **39**		XXXXXXXXXXX
40.	Payments made with extension	► **40**		XXXXXXXXXXX
41.	Earned Income Credit. a. Number of qualifying children ► X Amount from U.S. return ► XXXX × .23 =	► **41**		XXXX
42.	Senior Circuit Breaker Credit	► **42**		XXXX
43.	Other Refundable Credits	► **43**		XXXXXXXXXXX
44.	**TOTAL.** Add lines 37 through 43	**44**		XXXXXXXXXXX
45.	**Overpayment.** Subtract line 36 from line 44	► **45**		XXXXXXXXXXX
46.	Amount of overpayment you want **applied to your 2017 estimated tax**	► **46**		XXXXXXXXXXX
47.	**Refund.** Subtract line 46 from line 45. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	► **47**		XXXXXXXXXXX

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

RTN # ► XXXXXXXXX account # ► XXXXXXXXXXXXXXXX

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

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