AREA RESERVED
FOR 2-D BARCODE

# 2017 Form 1

XXXXXXXXXXXXX

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2017 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

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

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 2016

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 2018 X You + X Spouse = | X | × $700 = **2c** | | XXXX |
| d. Blindness X You + X Spouse = | X | × $2,200 = **2d** | | XXXX |
| e. Medical/dental | | | **2e** | XXXXXXXXXXX |
| f. Adoption | | | **2f** | XXXXXXXXXXX |
| g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18 | | | **2g** | 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

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**

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| | | | | |
|---|---|---|---|---|
| **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 income/loss a. –XXXXXXXXXXX | + b. Farming income/loss –XXXXXXXXXXX | = **6** | –XXXXXXXXXX |
| **7.** | Rental, royalty and REMIC, partnership, S corp., trust income/loss | | **7** | –XXXXXXXXXX |
| **8a.** | Unemployment | | **8a** | XXXXXX |
| **8b.** | Mass. lottery winnings | | **8b** | XXXXXXXXXX |
| **9.** | Other income from Schedule X, line 5 | | **9** | XXXXXXXXXX |
| **10.** | **TOTAL 5.1% INCOME** | | **10** | –XXXXXXXXXX |
| **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 12/31/17, 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 19 | | **15** | XXXXXXXXXX |
| **16.** | **Total deductions.** Add lines 11 through 15 | | **16** | XXXXXXXXXX |
| **17.** | **5.1% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"** | | **17** | XXXXXXXXXX |
| **18.** | Exemption amount | | **18** | XXXXXXXXXX |
| **19.** | **5.1% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than "0"** | | **19** | XXXXXXXXXX |
| **20.** | **INTEREST AND DIVIDEND INCOME** | | **20** | XXXXXXXXXX |
| **21.** | **TOTAL TAXABLE 5.1% INCOME.** Add lines 19 and 20 | | **21** | XXXXXXXXXX |

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

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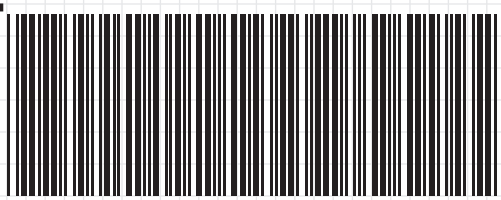
| **22.** | **TAX ON 5.1% INCOME**. **Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 X | | | **22** | XXXXXXXXXXX |
| **23.** | **12% INCOME.** Not less than "0." a. XXXXXXXXXXX | | × .12 = | **23** | XXXXXXXXXXX |
| **24.** | **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 due 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 |
| **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 |

XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX



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|---|---|---|---|
| **37.** | Massachusetts income tax withheld | **37** | XXXXXXXXXXX |
| **38.** | 2016 overpayment applied to your 2017 estimated tax | **38** | XXXXXXXXXXX |
| **39.** | 2017 Massachusetts estimated tax payments | **39** | XXXXXXXXXXX |
| **40.** | Payments made with extension | **40** | XXXXXXXXXXX |
| **41.** | Payments made with original return | **41** | XXXXXXXXXXX |
| **42.** | Earned Income Credit. a. Number of qualifying children X Amount from U.S. return XXXX × .23 = | **42** | XXXX |
| | **Note:** You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception X | | |
| **43.** | Senior Circuit Breaker Credit | **43** | XXXX |
| **44.** | Other Refundable Credits | **44** | XXXXXXXXXXX |
| **45.** | **TOTAL.** Add lines 37 through 44 | **45** | XXXXXXXXXXX |
| **46.** | **Overpayment.** Subtract line 36 from line 45 | **46** | XXXXXXXXXXX |
| **47.** | Amount of overpayment you want **applied to your 2018 estimated tax** | **47** | XXXXXXXXXXX |
| **48.** | **Refund.** Subtract line 47 from line 46. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204 | **48** | XXXXXXXXXXX |

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

RTN # XXXXXXXXX account # XXXXXXXXXXXXXXXX

| | | | |
|---|---|---|---|
| **49.** | **Tax due. Pay online at www.mass.gov/dor/payonline.** Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 | **49** | XXXXXXXXXXX |
| | Interest XXXXXXXX Penalty XXXXXXXX M-2210 amt. XXXXXXXX | | X EX enclose Form M-2210 |

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 | Date | Check if self-employed | Paid preparer's SSN/PTIN |
|---|---|---|---|
| FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXX | XXXXXXXX | X | XXXXXXXXXX |

| Paid preparer's signature | Paid preparer's phone | Paid preparer's EIN |
|---|---|---|
| | XXXXXXXXXXX | XXXXXXXXXX |

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