**Massachusetts Department of Revenue**

**Form 1-NR/PY Massachusetts Nonresident/Part-Year Tax Return**

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<tr>
<th>TAXPAYER'S FIRST NAME</th>
<th>M.I.</th>
<th>LAST NAME</th>
<th>TAXPAYER'S SOCIAL SECURITY NUMBER</th>
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<th>M.I.</th>
<th>LAST NAME</th>
<th>SPOUSE'S SOCIAL SECURITY NUMBER</th>
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**MAILING ADDRESS** (no. & street, apt./suite/postal box). If you have a foreign address, also complete line below.

- **CITY/TOWN**
- **STATE**
- **ZIP**

**FOREIGN PROVINCE/STATE/COUNTY**

**FOREIGN COUNTRY (OR COUNTRY CODE)**

**FOREIGN POSTAL CODE**

Fill in if (see instructions):

- **Original return**
- **Amended return**
- **Amended return due to federal change**

State Election Campaign Fund (this contribution will not change your tax or reduce your refund)

- $1 Taxpayer
- $1 Spouse
- Total $

Fill in if veteran of U.S. armed services who served in Operation Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula.

- Taxpayer
- Spouse

Fill in if name has changed since 2019.

- Taxpayer
- Spouse

Fill in if filing Schedule TDS. See instructions.

- Taxpayer
- Spouse

Fill in if noncustodial parent.

- Taxpayer
- Spouse

Fill in if (see instructions):

- Nonresident
- Part-year resident
- Filing as both nonresident and part-year resident
- Nonresident composite return

IF A LOSS, MARK AN X IN BOX

- Total federal income (from U.S. Form 1040, line 9; 1040NR, line 9; or 1040NR-EZ, line 7).
- Total federal adjusted gross income (from U.S. Form 1040, line 11; 1040NR, line 11; or 1040NR-EZ, line 10).

1 **FILING STATUS.** Fill in one only.

- Single
- Married filing joint return (both must sign return)
- Married filing separate return (must enter spouse's name and Social Security number in the appropriate areas above)
- Head of household (see instructions)
- You are a custodial parent who has released claim to exemption for child(ren)

2 **PART-YEAR RESIDENTS ONLY**

Dates as Massachusetts resident from \( \text{MM/DD/YYYY} \) to \( \text{MM/DD/YYYY} \)

3 Total days as Massachusetts resident. \( \text{\ldots} \odot + 365 = 3 \)

**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**
- **SPOUSE’S SIGNATURE**
- **DATE**

**TAXPAYER’S E-MAIL ADDRESS**

**TAXPAYER’S PHONE**

**Be sure to enclose any forms or schedules (W-2, W-2G, 1099, 3K-1, SK-1, PWH or LOA) that show Massachusetts withholding.**
EXEMPTIONS

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.

b. Number of dependents (do not include yourself or your spouse). Must enclose Schedule DI. Total

c. Age 65 or over before 2021

d. Blindness

e. Medical/dental (from U.S. Schedule A, line 4)

f. Adoption. See instructions

g. TOTAL EXEMPTIONS. Add lines 4a through 4f. Enter here and on line 22a

INCOME. Nonresidents: Report in lines 5 through 11 Massachusetts source income only. Use line 13 if appropriate. Part-year residents: Report in lines 5 through 11 income earned and/or received while a resident. Do not use lines 13 or 14. If filing both as a nonresident and part-year resident, complete and enclose Schedule R/NR, Resident/Nonresident Worksheet, before proceeding any further.

Note: Determining Massachusetts source income may be impacted by the COVID-19 pandemic. See instructions.

5 Wages, salaries, tips and other employee compensation (from all Forms W-2)

6 Taxable pensions and annuities. See instructions

7a. Massachusetts bank interest

7b. Business/profession income/loss (see instr.)

7c. Farming income/loss (see instr.)

8a. a. Working days

8b. b. Miles

8c. a + b

9 Other income from Schedule X, line 5. Enclose Schedule X, not less than 0

10 a. Unemployment compensation. See instructions

10b. Massachusetts state lottery winnings

11 Other income from Schedule X, line 5. Enclose Schedule X, not less than 0

12 TOTAL 5.0% INCOME. Add lines 5 through 11. Be sure to subtract any losses in lines 8 or 9

13 NONRESIDENT APPORTIONMENT WORKSHEET. Do not use this worksheet if you know the exact amount of your Massachusetts source income. Use only when income from employment/business is earned both inside and outside Massachusetts and the exact Massachusetts amount is not known. See instructions for information on the impact of COVID-19 pandemic on nonresident apportionment.

Basis: Working days Miles Sales Other

13a a. Working days (or other basis) outside Massachusetts. See instructions

13b b. Working days (or other basis) inside Massachusetts. See instructions

13c c. Total working days. Add lines 13a and 13b

13d d. Nonworking days (holidays, weekends, etc.)

13e e. Massachusetts ratio. Divide line 13b by line 13c

13f f. Total income being apportioned

13g g. Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate lines above
14 **NONRESIDENT DEDUCTION & EXEMPTION RATIO.** Nonresident taxpayers must complete this item to determine the ratio for apportioning the deductions in lines 16 and 17; certain Schedule Y deductions (see instructions); and the exemptions in line 22a.

   a. Total 5.0% income (from line 12). **Not less than 0** .......................................................... 14a
   b. Interest income. Smaller of line 7a or 7b ................................................................. 14b
   c. Total capital gain income, if any (total of Schedule B, Part 1, line 7; Schedule B, Part 2, line 13c; Schedule D, line 13). **Not less than 0** .......................................................... 14c
   d. Total income this return. Add lines 14a through 14c .................................................. 14d
   e. Non-Massachusetts source income. **Not less than 0.** See instructions ........................ 14e
   f. Total income. Add lines 14d and line 14e. See instructions .................................................. 14f
   g. Deduction and exemption ratio. Divide line 14d by line 14f ........................................ 14g

**DEDUCTIONS.** Amounts entered in line 15 must be related to Massachusetts income reported on this return.

15
   a. Amount **you** paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. **Not more than $2,000** ........ 15a
   b. Amount **spouse** paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. **Not more than $2,000** ........ 15b

16
   Number of dependent member(s) of household under age 12, or dependent(s) age 65 or over (not you or your spouse) as of December 31, 2020, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 16).

   a. **Not more than two** × $3,600 = b. **Part-year residents:** Multiply line 17b by line 3. **Nonresidents:** Multiply line 17b by line 14g .......................................................... 17

18 Rental deduction. **Total rental deduction cannot exceed $3,000 ($1,500 if married filing separately).** See instructions.

   a. Enter the total qualified Massachusetts rent paid in 2020 in the box then divide by 2 ........ 18
   b. **Nonresidents:** Fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future. If filled in, you qualify for this deduction. If not filled in, you do not qualify for this deduction.

19 Other deductions from Schedule Y, line 19. **Enclose** Schedule Y ................................................. 19

20 **TOTAL DEDUCTIONS.** Add lines 15 through 19 ................................................................. 20

21 **5.0% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than 0** .......................................................... 21

22 a. Total exemption amount (from line 4g) ................................................................. 22
   b. **Part-year residents:** Multiply line 22a by line 3. **Nonresidents:** Multiply line 22a by line 14g .......................................................... 22

23 **5.0% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than 0.** If line 21 is less than line 22, see instructions .......................................................... 23

24 **INTEREST AND DIVIDEND INCOME** from Schedule B, line 38. **Not less than 0.** **Enclose** Schedule B ................................................. 24

25 **TOTAL TAXABLE 5.0% INCOME.** Add lines 23 and 24 ......................................................... 25

26 **TAX ON 5.0% INCOME** (from tax table). If line 25 is more than $24,000, multiply by .05.

   **Note:** If choosing the optional 5.85% tax rate, fill in oval and see instructions .......................... 26
27 **12% INCOME** (from Schedule B, line 39). **Not less than 0. Enclose Schedule B.**
   a. 0.00 \( \times 0.12 = 27 \)

28 **TAX ON LONG-TERM CAPITAL GAINS** (from Schedule D, line 22). **Not less than 0. Enclose Schedule D.**
   If filing Schedule D-IS, Installment Sales, fill in oval and **enclose Schedule D-IS**
   If excess exemptions were used in calculating lines 24, 27 or 28, fill in oval and see instructions

29 Credit recapture amount. **Enclose** Schedule CRS. See instructions

30 Additional tax on installment sales. See instructions

31 If you qualify for **No Tax Status**, fill in oval and enter 0 in line 32. **Enclose** Schedule NTS-L-NR/PY.

32 **TOTAL INCOME TAX.** Add lines 26 through 30

| **CREDITS** |
|-----------------
| **Limited Income Credit. Enclose Schedule NTS-L-NR/PY.** |
| **Income tax due to another state or jurisdiction** (part-year residents only; from worksheet). **Enclose** Schedule OJC |
| **Other credits (from Schedule CMS)** |

35 **INCOME TAX AFTER CREDITS.** Subtract total of lines 33 through 35 from line 32. **Not less than 0**

37 Voluntary fund contributions.
   a. **Endangered Wildlife Conservation**
   b. **Organ Transplant**
   c. **Massachusetts Public Health HIV and Hepatitis Fund**
   d. **Massachusetts U.S. Olympic**
   e. **Massachusetts Military Family Relief.**
   f. **Homeless Animal Prevention And Care.**
   Total. Add lines 37a through 37f

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

39 **Health Care penalty for certain part-year residents. Not less than 0** (from worksheet). **Enclose** Schedule HC.
   a. **You**
   b. **Spouse**
   Total \( a + b = 39 \)

40 **AMENDED RETURN ONLY.** Overpayment from original return. **Not less than 0.** See instructions

41 **INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY.** Add lines 36 through 40

MASSACHUSETTS WITHHOLDING, PAYMENTS AND REFUNDABLE CREDITS

42 Massachusetts income tax withheld. Be sure to enclose any forms or schedules (W-2, W-2G, 2G, 1099, 3K-1, 5K-1, 
PWH-WA or LOA) that show Massachusetts withholding. .................................................. 42

43 2019 overpayment applied to your 2020 estimated tax (from 2019 Form 1, line 49 or Form 1-NR/PY, line 53. 
Do not enter 2019 refund ........................................................................................................ 43

44 2020 Massachusetts estimated tax payments. Do not include line 43 amount ......................... 44

45 Payments made with extension .......................................................................................... 45

46 AMENDED RETURN ONLY. Payments made with original return. Not less than 0. See instructions. 46

47 EARNED INCOME CREDIT. a. Number of qualifying children

b. Amount from U.S. return 0 0 \times 0.3 = 0 0

Part-year residents: Multiply line 47c by line 3. Nonresidents do not qualify. See instructions .................. 47

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 oval if you qualify for this exception

48 Senior Circuit Breaker Credit (part-year residents only). Enclose Schedule CB ............................. 48

49 Other refundable credits (from Schedule CMS) .................................................................... 49

50 Excess Paid Family Leave Withholding. See instructions ......................................................... 50

51 TOTAL. Add lines 42 through 50 ......................................................................................... 51

52 OVERPAYMENT. If line 41 is smaller than line 51, subtract line 41 from line 51. If line 41 is larger than line 51, go to line 55. If line 41 and line 51 are equal, enter 0 in line 54. ....................................... 52

53 Amount of overpayment you want APPLIED to your 2021 ESTIMATED TAX ......................... 53

54 THIS IS YOUR REFUND. Subtract line 53 from line 52. 
Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204 .................................................. 54

Direct deposit of refund. See instructions. 
Routing number (first two digits must be 01 to 12 or 21 to 32) Account number

Type of account (select one): Checking Savings

55 TAX DUE. Subtract line 51 from line 41. Pay in full online at mass.gov/masstaxconnect .................. 55

Or pay by mail. Make check payable to Commonwealth of Massachusetts. Write Social Security number(s) in memo section of check and be sure to sign check. Mail to: Massachusetts DOR, PO Box 7003, Boston, MA 02204.

These amounts will affect your refund or tax due:

Interest 0 0 Penalty 0 0 M-2210 amount 0 0

Exception. Enclose Form M-2210.

PRINT PAID PREPARER’S NAME PAID PREPARER’S SSN or PTIN PAID PREPARER’S PHONE DATE

PAID PREPARER’S SIGNATURE PAID PREPARER’S EIN

Fill in if self-employed DOR may discuss this return with the preparer I do not want my preparer to file my return electronically

BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULE HC (IF APPLICABLE). FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.