





TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for name and M.I. Last Name

Grid for Social Security Number

INCOME

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) . . . . . 3

Grid for line 3 with 00

4 Taxable pensions and annuities. Attach any Form(s) 1099-R with Massachusetts withholding. See instructions. . . . . 4

Grid for line 4 with 00

Massachusetts bank interest Exemption amount. If married filing jointly, enter \$200; otherwise enter \$100.

5 a. 00 b. 00 a - b (not less than 0) = 5

Grid for line 5 with 00

6 a. Business/profession income or loss. Enclose Schedule C . . . . . 6a

Grid for line 6a with X and 00

b. Farming income or loss. Enclose U.S. Schedule F . . . . . 6b

Grid for line 6b with X and 00

7 If you are reporting rental, royalty, REMIC, partnership, S corporation, or trust income or loss, see instructions . . . 7

Grid for line 7 with X and 00

8 a. Unemployment compensation. See instructions. . . . . 8a

Grid for line 8a with 00

b. Massachusetts state lottery winnings . . . . . 8b

Grid for line 8b with 00

9 Other income from Schedule X, line 6. Enclose Schedule X; not less than 0 . . . . . 9

Grid for line 9 with 00

10 TOTAL 5.0% INCOME. Add lines 3 through 9. Be sure to subtract any losses in lines 6 or 7 . . . . . 10

Grid for line 10 with X and 00

DEDUCTIONS

11 a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. Not more than \$2,000 . . . . . 11a

Grid for line 11a with 00

b. Amount spouse paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. Not more than \$2,000. . . . . 11b

Grid for line 11b with 00

12 Reserved for future use. See line 45 for new Child under age 13, or disabled dependent/spouse credit. . . . . 12

Grid for line 12 with 00000000

13 Reserved for future use. See line 46 for new Dependent member(s) of household under age 12, or dependent(s) age 65 or over (not you or your spouse) as of December 31, 2021 credit . . . . . 13

Grid for line 13 with 00000000

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

a. Enter the total qualified rent paid in 2021 in the box then divide by 2. . . . . + 2 = 14

Grid for line 14a with 00

15 Other deductions from Schedule Y, line 19. Enclose Schedule Y . . . . . 15

Grid for line 15 with 00

16 TOTAL DEDUCTIONS. Add lines 11 through 15 . . . . . 16

Grid for line 16 with 00

17 5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than 0 . . . . . 17

Grid for line 17 with 00

18 Total exemption amount (from line 2g) . . . . . 18

Grid for line 18 with 00

19 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than 0. If line 17 is less than line 18, see instructions. . . . . 19

Grid for line 19 with 00

20 INTEREST AND DIVIDEND INCOME (from Schedule B, line 38). Not less than 0. Enclose Schedule B . . . . . 20

Grid for line 20 with 00

21 TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20 . . . . . 21

Grid for line 21 with 00



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for Taxpayer's First Name, M.I., and Last Name

Grid for Taxpayer's Social Security Number

22 TAX ON 5.0% INCOME (from tax table). If line 21 is more than \$24,000, multiply by .05. Note: If choosing the optional 5.85% tax rate, fill in oval and see instructions .22

Grid for line 22 with 00 in the last two columns

23 12% INCOME (from Schedule B, line 39). Not less than 0. Enclose Schedule B.

a. 00 . . . . . x .12 = 23

Grid for line 23 with 00 in the last two columns

24 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 .24 If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval and see instructions

Grid for line 24 with 00 in the last two columns

25 Credit recapture amount. Enclose Schedule CRS. See instructions .25

Grid for line 25 with 00 in the last two columns

26 Additional tax on installment sales. See instructions .26

Grid for line 26 with 00 in the last two columns

27 If you qualify for No Tax Status, fill in oval and enter 0 in line 28 (from worksheet)

Grid for line 27 with 00 in the last two columns

28 TOTAL INCOME TAX. Add lines 22 through 26 .28

CREDITS

29 Limited Income Credit (from worksheet) .29

Grid for line 29 with 00 in the last two columns

30 Income tax due to another state or jurisdiction (from worksheet). Not less than 0. Enclose Schedule OJC .30

Grid for line 30 with 00 in the last two columns

31 Other credits (from Schedule CMS) .31

Grid for line 31 with 00 in the last two columns

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

Grid for line 32 with 00 in the last two columns

33 Voluntary fund contributions

a. Endangered Wildlife Conservation . . . . . 33a

Grid for line 33a with 00 in the last two columns

b. Organ Transplant . . . . . 33b

Grid for line 33b with 00 in the last two columns

c. Massachusetts Public Health HIV and Hepatitis Fund . . . . . 33c

Grid for line 33c with 00 in the last two columns

d. Massachusetts U.S. Olympic . . . . . 33d

Grid for line 33d with 00 in the last two columns

e. Massachusetts Military Family Relief . . . . . 33e

Grid for line 33e with 00 in the last two columns

f. Homeless Animal Prevention And Care . . . . . 33f

Grid for line 33f with 00 in the last two columns

Total. Add lines 33a through 33f . . . . . 33

Grid for line 33 with 00 in the last two columns

34 Use tax due on Internet, mail order and other out-of-state purchases (from worksheet) . . . . . 34

Grid for line 34 with 00 in the last two columns

35 Health Care penalty. Not less than 0 (from worksheet). Enclose Schedule HC.

a. You 00 b. Spouse 00 Total . . . . . a + b = 35

Grid for line 35 with 00 in the last two columns

36 AMENDED RETURN ONLY. Overpayment from original return. Not less than 0. See instructions .36

Grid for line 36 with 00 in the last two columns

37 INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 32 through 36 . . . . 37

Grid for line 37 with 00 in the last two columns



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for taxpayer name and SSN

Grid for taxpayer SSN

MASSACHUSETTS WITHHOLDING, PAYMENTS AND REFUNDABLE CREDITS

38 Massachusetts income tax withheld. Be sure to enclose any forms or schedules (W-2, W-2G, 2G, 1099, 3K-1, SK-1, PWH-WA or LOA) that show Massachusetts withholding. .38

Grid for line 38 amount

39 2020 overpayment applied to your 2021 estimated tax (from 2020 Form 1, line 49 or Form 1-NR/PY, line 53). Do not enter 2020 refund. .39

Grid for line 39 amount

40 2021 Massachusetts estimated tax payments. Do not include line 39 amount .40

Grid for line 40 amount

41 Payments made with extension .41

Grid for line 41 amount

42 AMENDED RETURN ONLY. Payments made with original return. Not less than 0. See instructions. .42

Grid for line 42 amount

43 EARNED INCOME CREDIT. a. Number of qualifying children b. Amount from U.S. return 43b x .30 = 43

Grid for line 43 amounts

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.

44 Senior Circuit Breaker Credit. Enclose Schedule CB .44

Grid for line 44 amount

45 Child under age 13, or disabled dependent/spouse credit (from worksheet) .45

Grid for line 45 amount

46 Dependent member(s) of household under age 12, or dependent(s) age 65 or over (not you or your spouse) as of December 31, 2021 credit. a. Not more than two x \$180 = .46

Grid for line 46 amount

47 Other refundable credits (from Schedule CMS) .47

Grid for line 47 amount

48 Excess Paid Family Leave withholding. See instructions .48

Grid for line 48 amount

49 TOTAL. Add lines 38 through 48 .49

Grid for line 49 amount

50 OVERPAYMENT. If line 37 is smaller than line 49, subtract line 37 from line 49. If line 37 is larger than line 49, go to line 53. If line 37 and line 49 are equal, enter 0 in line 52. .50

Grid for line 50 amount

51 Amount of overpayment you want APPLIED to your 2022 ESTIMATED TAX. .51

Grid for line 51 amount

52 THIS IS YOUR REFUND. Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204. .52

Grid for line 52 amount

Direct deposit of refund. See instructions. Type of account (select one): Checking Savings

Grid for routing and account numbers

53 TAX DUE. Subtract line 49 from line 37. Pay in full online at mass.gov/masstaxconnect .53

Grid for line 53 amount

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: Exception. Enclose Form M-2210.

Grid for interest, penalty, and M-2210 amounts

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.