







TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Input fields for name and M.I.

Input fields for 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

Input fields for line 22

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

a. [00] x .12 = 23

Input fields for line 23

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

Input fields for line 24

25 Credit recapture amount. Enclose Schedule CRS. See instructions

Input fields for line 25

26 Additional tax on installment sales. See instructions

Input fields for line 26

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

Input fields for line 27

28 TOTAL INCOME TAX. Add lines 22 through 26

Input fields for line 28

CREDITS

29 Limited Income Credit (from worksheet)

Input fields for line 29

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

Input fields for line 30

31 Other credits (from Schedule CMS)

Input fields for line 31

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

Input fields for line 32

33 Voluntary fund contributions

a. Endangered Wildlife Conservation 33a

Input fields for 33a

b. Organ Transplant 33b

Input fields for 33b

c. Massachusetts Public Health HIV and Hepatitis Fund 33c

Input fields for 33c

d. Massachusetts U.S. Olympic 33d

Input fields for 33d

e. Massachusetts Military Family Relief 33e

Input fields for 33e

f. Homeless Animal Prevention And Care 33f

Input fields for 33f

Total. Add lines 33a through 33f 33

Input fields for 33

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

Input fields for line 34

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

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

Input fields for line 35

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

Input fields for line 36

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

Input fields for line 37



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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

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

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

41 Payments made with extension .41

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

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

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

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

47 Other refundable credits (from Schedule CMS) .47

48 Excess Paid Family Leave withholding. See instructions .48

49 TOTAL. Add lines 38 through 48 .49

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

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

52 THIS IS YOUR REFUND. Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204. Direct deposit of refund. See instructions. Routing number Account number Type of account (select one): Checking Savings

53 TAX DUE. Subtract line 49 from line 37. Pay in full online at mass.gov/masstaxconnect 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 Penalty M-2210 amount 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