



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for taxpayer name and middle initial

Grid for taxpayer social security number

4 EXEMPTIONS

- a. Personal exemptions... 4a
b. Number of dependents... 4b
c. Age 65 or over before 2022... 4c
d. Blindness... 4d
e. Medical/dental... 4e
f. Adoption... 4f
g. TOTAL EXEMPTIONS... 4g

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.

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

- 5 Wages, salaries, tips and other employee compensation... 5
6 Taxable pensions and annuities... 6
7 a. Massachusetts bank interest... 7
b. Exemption amount... 7
8 a. Business/profession income/loss... 8
b. Farming income/loss... 8
9 If you are reporting rental, royalty, REMIC, partnership, S corporation, or trust income or loss, see instructions... 9
10 a. Unemployment compensation... 10a
b. Massachusetts state lottery winnings... 10b
11 Other income from Schedule X, line 6. Enclose Schedule X; not less than 0... 11
12 TOTAL 5.0% INCOME. Add lines 5 through 11. Be sure to subtract any losses in lines 8 or 9... 12
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
a. Working days (or other basis) outside Massachusetts... 13a
b. Working days (or other basis) inside Massachusetts... 13b
c. Total working days. Add lines 13a and 13b... 13c
d. Nonworking days (holidays, weekends, etc.)... 13d
e. Massachusetts ratio. Divide line 13b by line 13c... 13e
f. Total income being apportioned... 13f
g. Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate lines above... 13g



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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
b. Interest income. Smaller of line 7a or 7b
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
d. Total income this return. Add lines 14a through 14c
e. Non-Massachusetts source income. Not less than 0. See instructions
f. Total income. Add lines 14d and line 14e. See instructions
g. Deduction and exemption ratio. Divide line 14d by line 14f.

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
b. Amount spouse paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. Not more than \$2,000
16 Reserved for future use. See line 49 for new Child under age 13, or disabled dependent/spouse credit
17 Reserved for future use. See line 50 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

- 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 2021 in the box then divide by 2
Nonresidents: Fill in if during 2021 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

- 19 Other deductions from Schedule Y, line 19. Enclose Schedule Y
20 TOTAL DEDUCTIONS. Add lines 15 through 19

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

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

- 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.

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

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

- 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



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27 12% INCOME (from Schedule B, line 39). Not less than 0. Enclose Schedule B. a. 00 x .12 = 27

00

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.

00

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

00

30 Additional tax on installment sales. See instructions.

00

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

00

32 TOTAL INCOME TAX. Add lines 26 through 30.

00

CREDITS

33 Limited Income Credit. Enclose Schedule NTS-L-NR/PY.

00

34 Income tax due to another state or jurisdiction (part-year residents only; from worksheet). Enclose Schedule OJC.

00

35 Other credits (from Schedule CMS).

00

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

00

37 Voluntary fund contributions.

a. Endangered Wildlife Conservation 37a

00

b. Organ Transplant 37b

00

c. Massachusetts Public Health HIV and Hepatitis Fund 37c

00

d. Massachusetts U.S. Olympic 37d

00

e. Massachusetts Military Family Relief 37e

00

f. Homeless Animal Prevention And Care 37f

00

Total. Add lines 37a through 37f 37

00

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

00

39 Health Care penalty for certain part-year residents. Not less than 0 (from worksheet). Enclose Schedule HC.

a. You 00 b. Spouse 00 Total a + b = 39

00

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

00

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

00



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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, SK-1, PWH-WA or LOA) that show Massachusetts withholding. 43 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. 44 2021 Massachusetts estimated tax payments. Do not include line 43 amount. 45 Payments made with extension. 46 AMENDED RETURN ONLY. Payments made with original return. Not less than 0. See instructions. 47 EARNED INCOME CREDIT. a. Number of qualifying children b. Amount from U.S. return x .30 = c. Part-year residents: Multiply line 47c by line 3. Nonresidents do not qualify. See instructions. 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. 49 Child under age 13, or disabled dependent/spouse credit (from worksheet). 50 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. See instructions. (only if single, head of household or married filing joint return and not claiming line 49). a. Not more than two x \$180 = 51 Other refundable credits (from Schedule CMS). 52 Excess Paid Family Leave Withholding. See instructions. 53 TOTAL. Add lines 42 through 52. 54 OVERPAYMENT. If line 41 is smaller than line 53, subtract line 41 from line 53. If line 41 is larger than line 53, go to line 57. If line 41 and line 53 are equal, enter 0 in line 56. 55 Amount of overpayment you want APPLIED to your 2022 ESTIMATED TAX. 56 THIS IS YOUR REFUND. Subtract line 55 from line 54. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204. Direct deposit of refund. See instructions. Type of account (select one): Checking Savings Routing number (first two digits must be 01 to 12 or 21 to 32) Account number

57 TAX DUE. Subtract line 53 from line 41. 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