



Fill out in black ink.
For a faster refund, file your return electronically at mass.gov/dor.
Part-year residents may need to also complete and enclose Schedule HC.

2023

Massachusetts Department of Revenue

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

TAXPAYER'S FIRST NAME	M.I.	LAST NAME	TAXPAYER'S SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME	M.I.	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
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/COUNTRY		FOREIGN COUNTRY (OR COUNTRY CODE)	FOREIGN POSTAL CODE

Fill in if (see instructions): ☐ Amended return ☐ Other jurisdiction change (enter date of change)

☐ Federal amendment ☐ Amended return due to IRS BBA Partnership Audit

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 appropriate oval(s) if taxpayer(s) is deceased. See instructions ☐ Taxpayer ☐ Spouse

Fill in if under age 18. See instructions ☐ Taxpayer ☐ Spouse

Fill in if name has changed. See instructions ☐ Taxpayer ☐ Spouse

Fill in if noncustodial parent. ☐

Fill in if filing the following schedule(s). See instructions: ☐ Schedule TDS ☐ Schedule FCI

Fill in if at any time during 2023 you received (as a reward, award, or payment for property or services) or sold, exchanged, gifted, or otherwise disposed of a digital asset (or a financial interest in a digital asset). See instructions ☐

Fill in one only. See instructions:

☐ Nonresident ☐ Part-year resident ☐ Filing as **both** nonresident and part-year resident ☐ Nonresident composite return
(See instructions)

a Total federal income (from U.S. Form 1040, line 9; 1040NR, line 9) a ☒

b Total federal adjusted gross income (from U.S. Form 1040, line 11; 1040NR, line 11) b ☒

1 FILING STATUS. Fill in one only.

☐ Single

☐ Married filing joint return (both must sign return)

☐ Married filing separate return (enter spouse's name and Social Security number in the appropriate areas above) ☐ NRA (See instructions)

☐ 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 to

3 Total days as Massachusetts resident ÷ 365 =

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.



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

4 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** 4a

b. Number of dependents (**do not** include yourself or your spouse). **Must enclose Schedule DI.** Total × \$1,000 = 4b

c. Age 65 or over before 2024 ☐ You ☐ Spouse Total × \$ 700 = 4c

d. Blindness ☐ You ☐ Spouse Total × \$2,200 = 4d

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

f. Adoption. See instructions 4f

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

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

6 Taxable pensions and annuities. See instructions 6

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

7 a. b. a - b (not less than 0) = 7

Business/profession income/loss (see instr.) Farming income/loss (see instr.)

8 a. ☒ b. ☒ a + b = 8

9 If you are reporting rental, royalty, REMIC, partnership, S corporation, or trust income or loss, see instructions ... 9

10 a. Unemployment compensation. See instructions. 10a

b. Massachusetts state lottery winnings. 10b

11 Other income from Schedule X, line 7. **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.

Basis: ☐ Working days ☐ Miles ☐ Sales ☐ Other _____

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

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



TAXPAYER'S SOCIAL SECURITY NUMBER

TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b. 27



M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

							0	0
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							0	0
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[illegible]

Total. Add lines 42a through 42c 42



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

43 2022 overpayment applied to your 2023 estimated tax (from 2022 Form 1, line 52 or Form 1-NR/PY, line 56.)
Do not enter 2022 refund.43

44 2023 Massachusetts estimated tax payments. **Do not include line 43 amount.**44

45 Payments made with extension45

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** (See instructions) $47b \times \text{---} = c$

Part-year residents: Multiply line 47c by line 3. Nonresidents **do not** qualify.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 CB48

49 **Reserved for future use.**49

50 Child and Family Tax Credit. **Part-year residents only.** (only if single, head of household or married filing joint return).

Enter number of dependents a. $\times \text{---}$ (See instructions) = b. **0 0** Multiply line 50b by line 3 = 50 **0 0**

51 Other refundable credits (from Schedule CMS)51

52 **TOTAL REFUNDABLE CREDITS.** Add lines 47 through 51.52

53 Excess Paid Family Leave Withholding. See instructions.53

54 **TOTAL.** Add lines 42 through 46 and lines 52 and 5354

55 **OVERPAYMENT.** If line 41 is **smaller** than line 54, subtract line 41 from line 54. If line 41 is **larger** than line 54, go to line 58. If line 41 and line 54 are equal, enter 0 in line 57.55

56 Amount of overpayment you want **APPLIED to your 2024 ESTIMATED TAX.**56

57 **THIS IS YOUR REFUND.** Subtract line 56 from line 55.

Mail to: **Massachusetts DOR, PO Box 7000, Boston, MA 02204.**57

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

58 **TAX DUE.** Subtract line 54 from line 41. **Pay in full online at mass.gov/masstaxconnect**58

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.

Interest

0 0

Penalty

0 0

M-2210 amount

0 0

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.