





TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for name and address information

Grid for social security number

**INCOME**

Income section with lines 3-10 and grid boxes

**DEDUCTIONS**

Deductions section with lines 11-23 and grid boxes





TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

39 2023 overpayment applied to your 2024 estimated tax (from 2023 Form 1, line 52 or Form 1-NR/PY, line 56.) Do not enter 2023 refund .39

00

40 2024 Massachusetts estimated tax payments. Do not include line 39 amount .40

00

41 Payments made with extension .41

00

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

00

43 EARNED INCOME CREDIT.

a. Number of qualifying children b. Amount from U.S. return (See instructions) 43b x = 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

00

45 Reserved for future use. .45

000000

46 Child and Family Tax Credit. Enter number of dependents: a. x (See instructions) = .46

00

47 Other refundable credits (from Schedule CMS) .47

00

48 TOTAL REFUNDABLE CREDITS. Add lines 43 through 47. .48

00

49 Excess Paid Family Leave withholding. See instructions .49

00

50 TOTAL. Add lines 38 through 42 and lines 48 and 49 .50

00

51 OVERPAYMENT. If line 37 is smaller than line 50, subtract line 37 from line 50. If line 37 is larger than line 50, go to line 54. If line 37 and line 50 are equal, enter 0 in line 53. .51

00

52 Amount of overpayment you want APPLIED to your 2025 ESTIMATED TAX. .52

00

53 THIS IS YOUR REFUND. Subtract line 52 from line 51.

Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204. .53

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

54 TAX DUE. Subtract line 50 from line 37. Pay in full online at mass.gov/masstaxconnect .54

00

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 00

Penalty 00

M-2210 amount 00

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.