Fill out in black ink.
For a faster refund, file your return electronically at mass.gov/dor.
You must also complete and enclose Schedule HC.

Massachusetts Department of Revenue **2025**

Form 1 Massachusetts Resident Income Tax Return

TAXPAYER'S FIRST NAME | MI | LAST NAME | TAXPAYER'S SOCIAL SECURITY NUMBER

SPOUSE'S FIRST NAME | MI | 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/COUNTY | FOREIGN COUNTRY (OR COUNTRY CODE) | FOREIGN POSTAL CODE

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

☐ **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 oval(s) if taxpayer(s) is deceased. ☐ Taxpayer (date of death) MMDDYYYY ☐ Spouse (date of death) MMDDYYYY

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 you are a custodial parent who has released claim to exemption for child(ren). . . . . ☐

Fill in if the following applies: ☐ Filing Schedule TDS ☐ Filing Schedule FCI ☐ Reporting digital assets (see instructions)

a Total federal income (from U.S. Form 1040, line 9) ▼ IF A LOSS, MARK AN X IN BOX ☐ 0 0

b Total federal adjusted gross income (from U.S. Form 1040, line 11a) ▼ IF A LOSS, MARK AN X IN BOX ☐ 0 0

1 FILING STATUS. Fill in only **one** filing status (See instructions)

☐ Fill in if **not** using same filing status on the federal return

☐ Single
☐ Married filing jointly
☐ Married filing separately ☐ Fill in if joint filing exemption for spouses with Massachusetts gross income under $8,000 ☐ NRA
☐ Head of household

2 EXEMPTIONS

a. Personal exemptions. Single/Married filing separately **($4,400)**, Head of household **($6,800)**, Married filing jointly **($8,800)** 2a 0 0

b. Number of dependents (**do not** include yourself or your spouse). **Enclose Schedule DI** . . . . . Total × $1,000 = 2b 0 0

c. Age 65 or over before 2026 ☐ You ☐ Spouse . . . . . Total × $ 700 = 2c 0 0

d. Blindness ☐ You ☐ Spouse . . . . . Total × $2,200 = 2d 0 0

e. Medical/dental (from U.S. Schedule A, line 4) 2e 0 0

f. Adoption. See instructions 2f 0 0

g. **TOTAL EXEMPTIONS.** Add lines 2a through 2f. Enter here and on line 18. . . . . 2g 0 0

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, 62-WH, 3K-1, SK-1, PWH or LOA) that show Massachusetts withholding.

TAXPAYER'S FIRST NAME | MI | LAST NAME | TAXPAYER'S SOCIAL SECURITY NUMBER

INCOME

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) . . . . . .3 — 0 0

4 Taxable pensions and annuities. Attach any Form(s) 1099-R with Massachusetts withholding. See instructions. . . . . .4 — 0 0

5 Massachusetts bank interest . . . . . 5 — 0 0

6 a. Business/profession income or loss. **Enclose** Schedule C . . . . . .6a — 0 0

b. Farming income or loss. **Enclose** U.S. Schedule F. . . . . 6b — 0 0

7 If you are reporting rental, royalty, REMIC, partnership, S corporation, or trust income or loss, see instructions . . . 7 — 0 0

8 a. Unemployment compensation. See instructions. . . . . .8a — 0 0

b. Massachusetts state lottery winnings. . . . . .8b — 0 0

9 Other income from Schedule X, line 7. **Enclose** Schedule X; not less than 0 . . . . . .9 — 0 0

10 **TOTAL 5.0% INCOME.** Add lines 3 through 9. Be sure to subtract any losses in lines 6 or 7 . . . . . 10 — 0 0

DEDUCTIONS

11 a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. **Not more than $2,000** . . . . . 11a — 0 0

b. Amount spouse paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. **Not more than $2,000**. . . . . 11b — 0 0

12 **Reserved for future use.** . . . . . .12 — 0 0 0 0 0 0 0

13 **Reserved for future use.** . . . . . 13 — 0 0 0 0 0 0 0

14 Rental deduction. See instructions.

a. Enter the total qualified rent paid in 2025 in the box then divide by 2. . . . . 0 0 ÷ 2 = 14 — 0 0

15 Other deductions from Schedule Y, line 19. **Enclose** Schedule Y . . . . . .15 — 0 0

16 **TOTAL DEDUCTIONS.** Add lines 11 through 15 . . . . . .16 — 0 0

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

18 Total exemption amount (from line 2g). . . . . .18 — 0 0

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 — 0 0

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

21 **TOTAL TAXABLE 5.0% INCOME.** Add lines 19 and 20 . . . . . .21 — 0 0

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 — 0 0

23 **INCOME FROM SCHEDULE B** (see instructions). **Not less than 0. Enclose** Schedule B.

a. 8.5% income 0 0 . . . . . × .085 = 23a — 0 0

b. 12% income 0 0 . . . . . × .12 = 23b — 0 0

TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b. . . . . .23 — 0 0

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24 **TAX ON LONG-TERM CAPITAL GAINS** (from Schedule D, line 22). **Not less than 0. Enclose** Schedule D. 00
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

25 Credit recapture amount. **Enclose** Schedule CRS. See instructions ..... .25 00

26 Additional tax on installment sales. See instructions ..... .26 00

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

28 **TOTAL TAX**

a. Income tax. Add lines 22 through 26 ..... 28a 00

b. 4% Surtax (from Schedule 4% Surtax, line 7). See instructions 28b 00

Total tax. Add lines 28a and 28b ..... .28 00

CREDITS

29 Limited Income Credit (from worksheet) ..... .29 00

30 Income tax due to another state or jurisdiction (from worksheet). **Not less than 0. Enclose** Schedule OJC ..... .30 00

31 Other credits (from Schedule CMS) ..... .31 00

32 **INCOME TAX AFTER CREDITS.** Subtract total of lines 29 through 31 from line 28. **Not less than 0** ..... .32 00

33 Voluntary fund contributions

a. Endangered Wildlife Conservation 33a 00

b. Organ Transplant 33b 00

c. Massachusetts Public Health HIV and Hepatitis Fund 33c 00

d. Massachusetts U.S. Olympic 33d 00

e. Massachusetts Military Family Relief 33e 00

f. Homeless Animal Prevention And Care ..... .33f 00

Total. Add lines 33a through 33f ..... .33 00

34 Use tax due on Internet, mail order and other out-of-state purchases (from worksheet) ..... .34 00

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

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

36 **AMENDED RETURN ONLY.** Overpayment from original return. **Not less than 0.** See instructions ..... .36 00

37 **INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX** and **HC PENALTY.** Add lines 32 through 36 ..... .37 00

MASSACHUSETTS WITHHOLDING, PAYMENTS AND REFUNDABLE CREDITS

38 Massachusetts income tax withheld from:

a. Form(s) W-2. ..... .38a 00

b. Form(s) 1099. Enclose Schedule 62-WH. See instructions ..... .38b 00

c. Other forms. Enclose Schedule 62-WH. See instructions ..... .38c 00

Total. Add lines 38a through 38c ..... .38 00

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39 2024 overpayment applied to your 2025 estimated tax (from 2024 Form 1, line 52 or Form 1-NR/PY, line 56.) **Do not enter 2024 refund** 39 0 0

40 2025 Massachusetts estimated tax payments. **Do not include line 39 amount** 40 0 0

41 Payments made with extension 41 0 0

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

43 **EARNED INCOME CREDIT**.
a. Number of qualifying children ☐ b. Amount from U.S. return 0 0 **(See instructions)** 43b × ____ = 43 0 0
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 0 0

45 **Reserved for future use.** 45 0 0 0 0 0 0

46 Child and Family Tax Credit. Enter number of dependents: a. ☐☐ x _____(**See instructions**) = ... 46 0 0

47 Other refundable credits (from Schedule CMS) 47 0 0

48 **TOTAL REFUNDABLE CREDITS.** Add lines 43 through 47. . . . . .48 0 0

49 Excess Paid Family Leave withholding. See instructions 49 0 0

50 Nonresident withholding on sales of Massachusetts real estate (from Schedule 62-WH) 50 0 0

51 **TOTAL.** Add lines 38 through 42 and lines 48 through 50 . . . . . .51 0 0

52 **OVERPAYMENT.** If line 37 is **smaller** than line 51, subtract line 37 from line 51. If line 37 is **larger** than line 51, go to line 55. If line 37 and line 51 are equal, enter 0 in line 54. . . . . .52 0 0

53 Amount of overpayment you want **APPLIED to your 2026 ESTIMATED TAX**. 53 0 0

54 **THIS IS YOUR REFUND.** Subtract line 53 from line 52.
Mail to: **Massachusetts DOR, PO Box 7000, Boston, MA 02204**. . . . . .54 REFUND 0 0
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

55 **TAX DUE.** Subtract line 51 from line 37. **Pay in full online at** mass.gov/masstaxconnect 55 0 0
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.