

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.

2021

Massachusetts Department of Revenue

Form 1 Massachusetts Resident Income Tax Return

TAXPAYER'S FIRST NAME M.I. LAST NAME TAXPAYER'S SOCIAL SECUL	RITY NUMBER
SPOUSE'S FIRST NAME M.I. LAST NAME SPOUSE'S SOCIAL SECURI	TY 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 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	r Spouse
Fill in appropriate oval(s) if taxpayer(s) is deceased. See instructions	'
Fill in if under age 18. See instructions	'
Fill in if name has changed since 2020	·
Fill in if filing the following schedule(s). See instructions: Schedule TDS Schedule FCI	
Fill in if you received, sold, sent, exchanged, or otherwise acquired any financial interest in any virtual currency during 2020.	
a Total federal income (from U.S. Form 1040, line 9) Total federal adjusted gross income (from U.S. Form 1040, line 11)	
1 FILING STATUS. Fill in one only.	
Single Married filing joint return (both must sign return) Married filing separate return (must enter spouse's name and Social Security number in the appropriate areas above)	child(ren)
2 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	00
b. Number of dependents (do not include yourself or your spouse). Enclose Schedule DI Total ×\$1,000 = 2b	00
	0 0
c. Age 65 or over before 2022	
d. Blindness — You — Spouse	
e. Medical/dental (from U.S. Schedule A, line 4)	
f. Adoption. See instructions	
g. TOTAL EXEMPTIONS. Add lines 2a through 2f. Enter here and on line 18	
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correctly signature.	ect and complete.
TAXPAYER'S E-MAIL ADDRESS TAXPAYER'S PHONE	/ /



2021 FORM 1, PAGE 2

TAXPA	YER'S FIRST NAME M.I.	LAST NAME		TAXPAYER'S	SOCIAL S	ECURITY	' NUMBI	ĒR		
	INCOME									
3	INCOME Wages, salaries, tips and other employee com	pensation (from all Forms W-2)							0	0
4	Taxable pensions and annuities. Attach any Fo	orm(s) 1099-R with Massachusetts withholding. See instructi	ons 4						0	0
	Massachusetts bank interest	Exemption amount. If married filing jointly, enter \$200; oth	erwise enter \$100							
5	a. 00	b. 0 0 a – b (not	less than 0) = 5						0	0
6	a. Business/profession income or loss. Enclo	se Schedule C	6a						0	0
	b. Farming income or loss. Enclose U.S. Sch	nedule F	6b						0	0
7	If you are reporting rental, royalty, REMIC, par	tnership, S corporation, or trust income or loss, see instructi	ions 7						0	0
8	a. Unemployment compensation. See instructi	ions	8a						0	0
	b. Massachusetts state lottery winnings		8b						0	0
9	Other income from Schedule X, line 6. Enclos	se 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		are, Railroad, U.S. or Massachusetts retirement. Not more t	han \$2,000	1 ⁻	1a				0	0
	b. Amount spouse paid to Social Security, Med	dicare, Railroad, U.S. or Massachusetts retirement. Not mo	re than \$2,000.	11	lb				0	0
12	Reserved for future use. See line 45 for ne	ew Child under age 13, or disabled dependent/spouse credit		12	0	0	0 0	0	0	0
13		ew Dependent member(s) of household under age 12, or dep	endent(s)	1	13	0	0 0	0	0	0
	age 65 or over (not you or your spouse) as of	December 31, 2021 credit								
14	Rental deduction. Total rental deduction canno	ot exceed \$3,000 (\$1,500 if married filing separately). See in:	structions.							
	a. Enter the total qualified rent paid in 2021 in	the box then divide by 2	0	• 2 = 1	14				0	0
15	Other deductions from Schedule Y, line 19. En	nclose Schedule Y							0	0
16	TOTAL DEDUCTIONS. Add lines 11 through	n 15	16						0	0
17	5.0% INCOME AFTER DEDUCTIONS. Sui	btract 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. Sui	btract line 18 from line 17. Not less than 0. If line 17 is les	SS						n	n
	•								0	
	,	n Schedule B, line 38). Not less than 0. Enclose Schedule							0	
21	TOTAL TAXABLE 5.0% INCOME. Add line	s 19 and 20							0	U



2021 FORM 1, PAGE 3

TAXPA	YER'S FIRST NAME M.I. LAST NAME	TAXPAYER'S SOCIAL S	ECURITY NUM	BER
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			00
23	12% INCOME (from Schedule B, line 39). Not less than 0. Enclose Schedule B.			
	a.			0 0
24	TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 22). Not less than 0. Enclose Schedule D. If filling Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS			00
25	Credit recapture amount. Enclose Schedule CRS. See instructions			0 0
26	Additional tax on installment sales. See instructions			0 0
27	If you qualify for No Tax Status , fill in oval and enter 0 in line 28 (from worksheet)			
28	TOTAL INCOME TAX. Add lines 22 through 26			0 0
29	CREDITS Limited Income Credit (from worksheet)			00
30	Income tax due to another state or jurisdiction (from worksheet). Not less than 0. Enclose Schedule OJC 30			0 0
31	Other credits (from Schedule CMS)			0 0
32	INCOME TAX AFTER CREDITS. Subtract total of lines 29 through 31 from line 28. Not less than 0			0 0
33	Voluntary fund contributions			
	a. Endangered Wildlife Conservation	33a		0 0
	b. Organ Transplant	33b		0 0
	c. Massachusetts Public Health HIV and Hepatitis Fund	33c		0 0
	d. Massachusetts U.S. Olympic	33d		0 0
	e. Massachusetts Military Family Relief	33e		0 0
	f. Homeless Animal Prevention And Care.			0 0
	Total. Add lines 33a through 33f	33		0 0
34	Use tax due on Internet, mail order and other out-of-state purchases (from worksheet)	34		0 0
35	Health Care penalty. Not less than 0 (from worksheet). Enclose Schedule HC.			
	a. You b. Spouse Total	a + b = 35		0 0
36	AMENDED RETURN ONLY. Overpayment from original return. Not less than 0. See instructions			0 0
37	INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 32 through 36 37			0 0



2021 FORM 1, PAGE 4

'AXPA	ER'S FIRST NAME M.I. LAST NAME		1	TAXPAYER'S SOCIAL SECURITY NUM	1BER
	MASSACHUSETTS WITHHOLDING, PAYMEN	TS AND REFUNDABLE CREDITS			
88	Massachusetts income tax withheld. Be sure to enclose any for PWH-WA or LOA) that show Massachusetts withholding	ms or schedules (W-2, W-2G, 2G, 1099, 3K-1, SK-1,	20		0 0
00	,		30		
	2020 overpayment applied to your 2021 estimated tax (from 20 Do not enter 2020 refund		39		00
0	2021 Massachusetts estimated tax payments. Do not include	line 39 amount	40		0 0
1	Payments made with extension		41		0 0
2	AMENDED RETURN ONLY. Payments made with original re	turn. Not less than 0. See instructions	42		0 0
	EARNED INCOME CREDIT. a. Number of qualifying children Note: You cannot claim the Earned Income Credit if your filing you qualify for this exception.		43b : for an excep		00
14	Senior Circuit Breaker Credit. Enclose Schedule CB			44	00
15	Child under age 13, or disabled dependent/spouse credit (from	worksheet)		45	00
16	Dependent member(s) of household under age 12, or depende age 65 or over (not you or your spouse) as of December 31, 20	nt(s) 121 credit. a. Not more than two x \$180 =		46	00
!7	Other refundable credits (from Schedule CMS)		47		00
8	Excess Paid Family Leave withholding. See instructions		48		0 0
9	TOTAL. Add lines 38 through 48		49		0 0
i0	OVERPAYMENT. If line 37 is smaller than line 49, subtract go to line 53. If line 37 and line 49 are equal, enter 0 in line 52	line 37 from line 49. If line 37 is larger than line 49,	50		00
i 1	Amount of overpayment you want APPLIED to your 2022 Es	STIMATED TAX	51		0 0
2	THIS IS YOUR REFUND. Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 7000, Boston, Ma Direct deposit of refund. See instructions. Routing number (first two digits must be 01 to 12 or 21 to 32)			CCOUNT (select one):	O O Checking Savings
:3	TAX DUE. Subtract line 49 from line 37. Pay in full online	ot mass nou/masstovannaet	52		0 0
	Or pay by mail. Make check payable to Commonwealth of N check. Mail to: Massachusetts DOR, PO Box 7003, Bos	lassachusetts. Write Social Security number(s)		ection of check and be s	ure to sign
	These amounts will affect your refund or tax due:	Exception. Enclose	Form M-2	210.	
	Interest 0 0 Penalty	0 0 M-2210 amount		0 0	
RINT	PAID PREPARER'S NAME	PAID PREPARER'S SSN or PTIN PAID PREPARER'S P	PHONE	DATE	
		/ /			