Free Massachusetts Income Tax Return Filing Program for Full-year Residents

Overview

You can file your income tax return for free through MassTaxConnect if you:

- Were a Massachusetts (MA) full-year resident
- Previously filed a MA return and
- The schedules needed to complete your return are supported (see list below).

Your tax return must be e-filed through MassTaxConnect. A paper or printed version of the return will not be accepted. Follow the instructions below to save a copy of your completed return.

Getting Started

To file a personal income tax return through MassTaxConnect:

- 1. Choose Sign Up on the MassTaxConnect homepage
- 2. Select Create My Logon, if youhaven't already created a logon, and follow the prompts
- 3. Select the option to sign up as an individual and the account type is personal income tax.

What Will you need:

- You will need to provide either a Social Security number or ITIN.
- You will need to provide one of the following tax amounts from one of your last three tax returns (Form 1 or Form 1-NRPY).
- These tax amounts can be found on the lines that read:
 - o INCOME TAX AFTER CREDITS or
 - THIS IS YOUR REFUND

Note: A zero-return amount cannot be used for authentication

This program can be used by taxpayers who need only to file a state income tax return to receive a Circuit Breaker credit or Child and Family Tax Credit.

Before starting, review the <u>Form 1 Instructions</u> for personal income tax return for recent tax law changes, common errors, keywords and their definitions, and calculations for reporting amounts.

Schedules Supported by MassTaxConnect

These Form 1 schedules are supported by the MassTaxConnect income tax return filing program

Long-Term Capital Gains and Losses Excluding Collectibles and pre-1996 installment sales

for tax year prior to 2024. Starting with the 2024 tax year, all schedules are supported.

Available Schedules

The following schedules/forms are available using the MassTaxConnect application:

- Schedule B
- Interest, Dividends and Certain Capital Gains and Losses Schedule C Massachusetts Profit or Loss from Business Circuit Breaker Credit
- Schedule CB
- Schedule D
- Schedule DI
- Dependent Information Reconciliation Total Supplemental Income and (Loss) Rental Real Estate and Royalty Income and (Loss) Schedule E
- Schedule E-1
- Partnership and S Corporation Income and (Loss) Schedule E-2
- Schedule E-3
- Schedule HC
- Schedule OJC
- Schedule X
- Schedule Y
- Schedule 4% Surtax
- Form M-2210
- Estate, Trust, REMIC and Farm Income and (Loss) Health Care Information Income Tax Due to Other Jurisdictions Other Income Other Deductions 4% Surtax Underpayment of Massachusetts Estimated Income Tax

Prepare to File Your Return

To file your return, you will need the following information:

- Social Security ٠
- Filling status
- Federal income •
- Exemptions •
- Income and deductions •
- State withholding information from all Forms W-2 and 1099 •
- If applicable, your completed US Form 1040/1040EZ •

File Your Return

The format is divided into sections. You must complete all the required fields before moving to the next section. The Save Draft option at the end of each section allows you to save your draft and return to it later. After signing up, you will see your Personal Income Tax panel.

Choose File Now to file your return.

MTC TEST ***-*-9248 200 ARLINGTON ST CHELSEA MA 02150-2307		Welcome, MTC Test You last lagged in on Monday, Feb 3, 2025 1:25:37 PM Manage My Profile
Summary Action Center Settings More		
Filter		
Personal Income Tax MTC TEST 200 ARLINGTON ST CHELSEA MA 02150-2307	2024 Return ^{Annual} Due 15-Apr-2025	> File Now
	Account	Make a Payment View Returns

Select Yes or No if you were a **full year resident** in 2024. Choose your **filling status** at bottom (e.g., Single, Head of Household, Married Filling Joint). Choose **Next**.

Dec-2024 Total Due		
ional Income Tax 10512232-002		
10512232-002		
sonal Income Tax Form 1		
0		
Eligibility		
Linguniny		
Who is Eligible?		
ull-year resident taxpayers are eligible to file an income tax return on MassTaxConnect.		
Not Eligible?		
f you are required to file a Massachusetts Nonresident or Part-Year Resident Income Tax Return (Form 1–NR/PY), you can still file securely and quickly of the commercial software products approved by the Department of Revenue.	by choosing to file electr	onically with one
Do not file this form as an extension. Massachusetts does not require you to file an extension form. To make an extension payment please view instruc MassTaxConnect.	ctions at Making Payment	s in
What You Need		
lefore you begin your 2024 Personal Income Tax Form 1 return it would be helpful to gather your personal and income information ahead of time to I	help you through this pro	cess.
nformation about your income		
Income from jobs: forms W-2 for you and your spouse Unemployment income: forms 1099-G		
Income from pensions, retirement or annuities: Forms 1099-R		
Other Information		
 Estimated tax payments made during the year, prior year refund applied to current year, and any amount paid with an extension to file Direct deposit information—bank routing and account numbers 		
 Health insurance information from MA 1099-HC or your insurance card 		
Driver's license information		
Filing Questions		
Answer the following questions about your 2024 individual income tax return.		
Vere you a full year resident in 2024?	Yes	No
Did you previously file your 2024 federal return through the IRS Direct File program? 🔞	Yes	No
Vhat is your federal filing status? *	Required	
four state filing status is 🛞 *	Required	
Cancel Save Draft	< Previous	Next

If you need to update your name, select **Update My Name**. Enter your Date of Birth. You may update your address by choosing **Update My Address**. When you are done reviewing your name and address on the **Demographics** panel, choose **Next**.

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Eligibility	Demographics						
Primary Taxpayer Info	ormation						
Please review your full legal name	e and make sure it is correct.	The tax return you're filing will be und	er this name and associated	D. If you need to update you	r name please do :	so now.	
First Name		Middle Initial		Last Name			
мтс				TEST			
Date of Birth		SSN					
Required		***_**-9248					
Update My Name							
Address Information This is the address the Massachus	setts Department of Revenue	has for you. If this address isn't correc	t, you may update it now.				
	ARLINGTON ST CHELSEA M						
-	Address Verified						
Up	date My Address						
	-						
Cancel Save Draft					< Previous	Next	>

Enter your identity (ID) information on the ID Verification panel and choose Next.

		.00			
-Dec-2024 rsonal Income Tax	Total D	Due			
-10512232-002					
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		0			
Eligibility	Demographics	ID Verification			
Englouitty	Demographics	ID ventication			
Primary Taxpayer's ID I	nformation				
		essing of your return. When entering	your ID number, please remember	to include all letters or numb	bers that are part of
		essing of your return. When entering	your ID number, please remember	to include all letters or num	bers that are part of
Please fill in your identity (ID) inform		essing of your return. When entering	your ID number, please remember	to include all letters or numb	bers that are part of
Please fill in your identity (ID) inform that ID.		essing of your return. When entering	your ID number, please remember	to include all letters or numl	bers that are part of
Please fill in your identity (ID) inform that ID. Cell Phone Number			your ID number, please remember	to include all letters or num	bers that are part of
Please fill in your identity (ID) inform that ID.	nation below to help with the proce			to include all letters or numl	
Please fill in your identity (ID) infore that ID. Cell Phone Number	nation below to help with the proce	umber	ID State		
Please fill in your identity (ID) inform that ID. Cell Phone Number	ID Nu	umber			
Please fill in your identity (ID) infore that ID. Cell Phone Number	nation below to help with the proce	umber	ID State		
Please fill in your identity (ID) infore that ID. Cell Phone Number	ID Nu	umber	ID State		
Please fill in your identity (ID) infore that ID. Cell Phone Number	ID Nu	umber	ID State		
Please fill in your identity (ID) infore that ID. Cell Phone Number	ID Nu	umber	ID State		

Answer Yes or No to all questions and choose Next.

Personal Income Tax Form 1 1-Dec-2024 Iersonal Income Tax ITT-10512232-002 ITT TEST	\$0.00 Total Due		
ersonal Income Tax Form 1			
Eligibility Demo	graphics ID Verification Tell Us About Yourself		
Tell Us About Yourself			
Did you at any time during 2024 received (as a re disposed of a digital asset (or a financial interest i	ward, award, or payment for property or services) or sold, exchanged, gifted, or otherwise * n a digital asset)?	Yes	No
Are you a veteran of U.S. armed services who serv	ed in Operation Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula?	Yes	No
Do you want to contribute \$1 towards the state e	ection campaign fund (this contribution will not change your tax or reduce your refund)? *	Yes	No
Is the primary taxpayer deceased? *		Yes	No
Do you have a child who doesn't live with you? (n	pncustodial parent) *	Yes	No
Are you a custodial parent who has released your	claim to one or more dependent exemptions? *	Yes	No
Cancel Save Draft		< Previo	us Next >

Choose Yes or No if you have a Dependent and choose Next.

Personal Income Tax Form 1 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	\$0.00 Total Due			
Personal Income Tax Form 1	Demographics	ID Verification	Tell Us About Yourself	Dependents
Dependents Do you have any dependents? *				Yes No
Cancel Save Draft				< Previous Next >

Choose Add a Dependent if you have Dependents.

Personal Income Tax Form * 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	1 \$0. Total D			
Personal Income Tax Form 1				
Eligibility	Demographics	ID Verification	Tell Us About Yourself	Dependents
Dependents				
Do you have any dependents?				Yes No
Dependent Information				
Please add all of your qualifying depen + Add a Dependent	dents.			
Cancel Save Draft				< Previous Next >

Enter all requested information for the Dependent. If you have more than one dependent, choose Add a Dependent.

When all are added, choose Next.

				č			
	Eligibility	Demographics	ID Verification	Tell Us Abo	ut Yourself	Dependents	
Dep	endents						
Do yo	u have any dependents?					Yes	No
-							
Dep	endent Informatio	on					
	endent Informatio						
	add all of your qualifying d						
Please	add all of your qualifying de						
Please	add all of your qualifying d Dependent First Name *		Last Name *		Relationship *		
Please	add all of your qualifying d Dependent First Name * <i>Required</i>		Required		Relationship * Required		, -
Please	add all of your qualifying d Dependent First Name *						-
Please	add all of your qualifying d Dependent First Name * <i>Required</i>		Required			~	-
Please	add all of your qualifying d Dependent First Name * Required Dependent SSN * Required		Required	8		~	-
Please	add all of your qualifying d Dependent First Name * Required Dependent SSN *		Required			~	-

Answer all Yes or No questions and choose Next.

Personal Inco 31-Dec-2024 Personal Income Tay PIT-10512232-002 MTC TEST	ome Tax Form 1	\$0.00 Total Due					
Personal Incom	e Tax Form 1	•					
ibility	Demographics	ID Verification	Tell Us About Yourself	Dependents	Exempt	ion Questions	
Exemption	Questions			-			
Are you, the prim	nary taxpayer, blind?				Yes	No	
Did you itemize o	deductions on your U.S. Form 1040 a	and pay medical, dental and othe	r expenses paid during the taxable year?	*	Yes	No	
Did you pay fees	to a licensed adoption agency to a	dopt a child?			Yes	No	
Cancel	Save Draft				< Previou	s Next >	J

Review Exemptions and choose Next.

Personal Inco 31-Dec-2024 Personal Income Tax	ome Tax Form 1	\$0.00 Total Due			
PIT-10512232-002 MTC TEST					
Personal Income	e Tax Form 1				
graphics	ID Verification	Tell Us About Yourself	Dependents	Exemption Questions	Review Exemptions
Review Exe	mptions				
Let's review your	exemptions before moving on.				
Personal exemption	ons (2)				4,400
Total exemption	15				4,400
Cancel	Save Draft				< Previous Next >

Personal In 31-Dec-2024 Personal Income PIT-10512232-00 MTC TEST		\$0.00 Total Due				
Personal Inco	ome Tax Form 1					
ification	Tell Us About Yourself	Dependents	Exemption Questions	Review Exemptions	Incom	e Questions
Income C	Questions					
We will now d	letermine your total income and income	sources.				
Total federal i	ncome (Enter the amount from U.S. Forn	n 1040, Line 9)				50,000
Federal adjust	ted gross income (Enter the amount fron	n U.S. Form 1040, line 11)				50,000
Do you have s	state taxable wages, tips, etc? (Reported	on US Form W-2)			Yes	No
Did you receiv	ve unemployment compensation during	the last year? (Reported on U.S	5. Form 1099-G)		Yes	No
Do you have a	any taxable pensions or annuities? (Repo	rted on U.S. Form 1099-R)			Yes	No
Did you receiv	ve any lottery or gambling winnings repo	orted on U.S. Form W-2G?			Yes	No
Did you receiv	ve any Massachusetts state lottery winni	ngs not reported on U.S. Form	W-2G?		Yes	No
Do you have i	income reported on U.S. Form 1099-MIS	C?			Yes	No
Do you have i lower-tier ent	income reported on Form 2G, Schedule 2 ity(ies)?	K-1, 3K-1, or, SK-1 with Massa	chusetts withholding or credit for amou	unts withheld by	Yes	No
Did you receiv	ve interest credited to deposit accounts i	n Massachusetts banks?			Yes	No
Cancel	Save Draft				< Previou	is Next >

Choose Add a W-2.

Personal Incon 1-Dec-2024 ersonal Income Tax IT-10512232-002 ITC TEST	ne Tax Form 1	\$0.00 Total Due			
Personal Income	Tax Form 1	Exemption Questions	Review Exemptions	Income Questions	2 Wages
Enter W-2s You indicated you P		ase add each W-2 received. You will nee Employer Name (Box c)		oorted on your W-2. Vages, Tips, Etc. (Box 16)	State Income Tax (Box 17)
+ Add a W-2	-				
					+ Add a W-2

Enter all requested information and choose Add. If you have more than one W-2 employee, repeat the process for each and choose Next.

W-2		
W-2 Employee Information Employee SSN ***-**-9248 Employee Name MTC TEST Corrected	W-2 Employer Information Employer Identification Number (EIN) (Box b) Required Employer Name (Box c) Required State (Box 15) MASSACHUSETTS Employer's State ID Number (Box 15) Required	W-2 Wage Information Wages. tips. other compensation (Box 1) 0 Federal Income Tax Withheld (Box 2) 0 Social Security Tax Withheld (Box 4) 0 Medicare Tax Withheld (Box 5) 0 State Wages, Tips, Exc. (Box 16) 0 State Income Tax (Box 17) 0

Review your Massachusetts Income Tax Withheld information and choose Next.

Personal Inc 31-Dec-2024 Personal Income Ta PIT-10512232-002 MTC TEST	ome Tax Form 1	\$270.00 Refund			
Personal Incom	ne Tax Form 1				
andents	Exemption Questions	Review Exemptions	Income Questions	Wages	Massachusetts Income Tax Withheld
Let's review you 1099-G, 1099-R			rou provided. You can enter additiona	I Massachusetts income tax i	withheld that was not reported on the 2,800
	x withheld from other 1099 forms				0
Income tax with	held from form(s) 1099				0
Income tax with	held from form(s) W-2G, MA 2G and	K-1s			0
Total Massachu	isetts income tax withheld				2,800
Cancel	Save Draft				< Previous Next >

Choose Add Attachment to attach a copy of each W-2 and choose Next.

Personal Inco 1-Dec-2024 ersonal Income Tax IT-10512232-002 ITC TEST ersonal Income		\$270.00 Refund			
		0			
Questions	Review Exemptions	Income Questions	Wages	Massachusetts Income Tax Withheld	Upload Your Income Schedule(s)
The following atta megabytes. Attachment		I (DOC, DOCX), Image (JPEG, JPG, PNG,	TIF), Pdf (PDF), Text (TXT),	and Excel (XLS, XLSX). Please note, a file c	annot be larger than 5
Туре	Name	Description		Size	
There are no atta		_			
Cancel	Save Draft				< Previous Next >

Personal Inco 81-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	ome Tax Form 1	\$270.00 Refund				
ersonal Incom	e Tax Form 1					
) ——	⊘	⊘	⊘	⊘		-0
emptions	Income Questions	Wages	Massachusetts Income Tax Withheld	Upload Your Income Schedule(s)	Addit	ional Income
,	ncome or loss from rental real estate,		etts? (Reported on Massachusetts Sche rations, estates, trusts, REMICS? (Repor		Yes	No
	ncome or loss from: Taxable Alimony or Excess Business Loss Adjustment? (d Roth IRA Conversion Distributions, C edule X)	Other Gambling	Yes	No
Did you receive in	ncome or loss from operating a farm	as an individual or cooperative?	(Reported on U.S. Schedule F) *		Yes	No
Are you reporting	g Foreign Corporation Income of U.S.	Shareholder? (Reported on Ma	ssachusetts Schedule FCI) *		Yes	No
Cancel	Save Draft				< Previo	us Next

Confirm the information in the Review Income panel and choose Next.

Personal Inco 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	me Tax Form 1	\$270.00 Refund			
Personal Income	Tax Form 1				
>	⊘	⊘		⊘	0
Questions	Wages	Massachusetts Income Tax Withheld	Upload Your Income Schedule(s)	Additional Income	Review Income
Review Inco	ome				
Let's review your i	ncome before we move on.				
Wages, salaries, tij	ps and other employee comp	ensation			55,000
Total income					55,000
Total exemptions					4,400
Income after exe	mptions				50,600
Cancel	Save Draft				< Previous Next >

Personal Inco 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	ome Tax Form 1	\$270.00 Refund				
Personal Incom	e Tax Form 1					
ages	Massachusetts Income Tax Withheld	Upload Your Income Schedule(s)	Additional Income	Review Income	Deductio	on Questions
Deduction	Questions					
Tell us about you	r deductions. You can learn more ab	out eligible deductions at Mass.go	ν.			
Did you pay rent	in 2024?				Yes	No
Did you pay com	muting fees not reimbursed by your	employer in the last year? *			Yes	No
Did you pay colle	ge tuition towards a qualifying two	or four-year college? *			Yes	No
Do you have othe	er deductions to report? (Reported o	n Massachusetts Schedule Y) *			Yes	No
Did you receive a	ny Tier I or Tier II Railroad Retiremer	nt Benefits? (Reported on Form W-3	2, box 14) *		Yes	No
Did you make pa	yments to any U.S. or Massachusetts	; retirement funds? (Reported on Fo	* prm W-2, box 14)		Yes	No
	nployed and paid employment tax di		• •		Yes	No
Cancel	Save Draft				< Previous	Next >

Enter amount you paid to Social Security, Medicare, Railroad, U.S., or Massachusetts retirement programs

(Reported on U.S. Form W-2). Review Total Deductions and choose Next.

l1-Dec-2024 Personal Income Tax PIT-10512232-002 VITC TEST	me Tax Form 1	\$420.00 _{Refund}			
Personal Incom	e Tax Form 1				
<u> </u>	⊘	Ø	Ø	⊘	o
ts Income Tax	Upload Your Income Schedule(s)	Additional Income	Review Income	Deduction Questions	Total Deductions
		ad, U.S. or Massachusetts retirement	programs (Reported on U.S. For	m W-2). This amount	
Amount you paid	to Social Security, Medicare, Railro 100.	ad, U.S. or Massachusetts retirement	programs (Reported on U.S. For	m W-2). This amount	3,000
Amount you paid cannot exceed 2,0	to Social Security, Medicare, Railro 1000. duction ②	ad, U.S. or Massachusetts retirement	: programs (Reported on U.S. For	m W-2). This amount	

Personal Inco 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	ome Tax Form 1	\$420.00 Refund				
Personal Incom	e Tax Form 1					
our Income dule(s)	Additional Income	Review Income	Deduction Questions	Total Deductions		ends and Capital sses Questions
Did you receive i	ividends and Capital Ga income or loss from: interest income gain/loss? (Reported on Massachus	not from state banks, dividend in	DDS Icome, or short-term capital gains/los	ses including long-	Yes	No
Do you have any	long term capital gains or losses? (F	Reported on Massachusetts Sched	lule D or D-IS) *		Yes	No
Cancel	Save Draft				< Previous	Next >

Answer all Yes or No questions and choose Next.

ersonal Incom -Dec-2024 rsonal Income Tax T-10512232-002 TC TEST ersonal Income Ta		\$420.00 Refund			
)		ø			(}
Income	Review Income	Deduction Questions	Total Deductions	Interest, Dividends and Capital Gains and Losses Questions	Credit Recapture Question
Credit Recapt Some Massachusetts reduction.		red" if you no longer meet the condition	ons, like selling an asset early. I	f recaptured is required, you must recalc	ulate the credit and report the

Confirm the Total income tax and choose Next.

Personal In 31-Dec-2024 Personal Income PIT-10512232-00 MTC TEST		\$420.00 Refund				
Personal Inco	me Tax Form 1					
>	⊘					
v Income	Deduction Questions	Total Deductions	Interest, Dividends and Capital Gains and Losses Questions	Credit Recapture Question		ixemptions and ctions
Income A Total taxable in	fter Exemptions and Ded	luctions				47,600
Do you want to	o pay a 5.85% tax rate?				Yes	No
Tax on 5% Inco	ome					2,380
Additional tax	on installment sale					0
Total income	tax					2,380
Cancel	Save Draft				< Previous	Next >

Indicate the period that you were enrolled in a **Minimum Creditable Coverage (MCC)** health insurance plan and choose **Next**.

Personal Inco 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	ome Tax Form 1	\$420.00 Refund				
Personal Incom	e Tax Form 1	•	•		•	
Questions	Total Deductions	Interest, Dividends and Capital Gains and Losses Questions	Credit Recapture Question	Income After Exemptions and Deductions	Health Care	
	ut Your Health Insur				T	
-		Minimum Creditable Coverage (MCC). in a Minimum Creditable Coverage (MC	C) health insurance plan(s) *	Required		~
Cancel	Save Draft			<	Previous Ne	xt ≻

Choose the Health Care Plan(s) that you were enrolled in for 2024. Check all that apply and choose Next.

Personal Income Tax Form 1 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	\$420.00 Refund				
Personal Income Tax Form 1					
9		⊘		 _	
eductions Interest, Dividends and Capital Credit Gains and Losses Questions	Recapture Question Ir	come After Exemptions and Deductions	Health Care	Health Care Pl	lans
Primary Taxpayer Health Care Plans Indicate the health insurance plan(s) that met the Minimum Cro Private insurance, including ConnectorCare MassHealth or Commonwealth Care Medicare (including a replacement or supplemental plan) U.S. military (including Veteran's Administration and Tri-Ca Other program		uirements in which you were enrolled	in 2024. Check all that apply.		
Cancel Save Draft				< Previous	Next >

Choose Add Health Care Information.

Personal Income Tax 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	Form 1	\$420.00 Refund					
Personal Income Tax Forr	n 1						
2	-⊘	⊘	⊘	⊘		>	
ends and Capital Credit Re isses Questions	capture Question	Income After Exemptions and Deductions	Health Care	Health Care Plans	1099-HC I	nformation	
Your Health Insural Enter your health care inform + Add Health Care Informa	ation for each private ins	surance company or other governmen	t program used in 2024. Inforr	nation can be found on Form 1099-H	łC.		
Cancel Save Dra	ft				< Previous	Next	>

Enter the requested information that can be found on Form 1099-HC and choose Next.

Personal Income Tax Form 1 1-Dec-2024 ersonal Income Tax IT-10512232-002 MTC TEST	\$420.00 Refund				
rsonal Income Tax Form 1	•	•			
ds and Capital Credit Recapture Question	Income After Exemptions and Deductions	Health Care	Health Care Plans	1099-HC Ir	formation
X 1099-HC Information Name of private insurance company, admini Required	-				
Subscriber Number. If you were not issued f Required	orm MA 1099-HC, enter the Identification nur	nber from your health insurance o	card.		
+ Add Health Care Information					
Cancel Save Draft				< Previous	Next

Answer Yes or No if you paid income tax in another state and choose Next.

Personal Inco 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	me Tax Form 1	\$420.00 Refund				
Personal Income	Tax Form 1					
>	⊘	⊘	⊘	⊘		
oture Question	Income After Exemptions and Deductions	Health Care	Health Care Plans	1099-HC Information		ue to Another liction
	Due to Another Jurisdicti	on			Yes	No
					165	NO
Cancel	Save Draft				< Previous	Next >

Answer Yes or No if you have Other Non-Refundable credits

	me Tax				
PIT-10512232 MTC TEST	2-002				
Personal Ir	ncome Tax Form 1				
> —			⊘		0
Exemptions a uctions	nd Health Care	Health Care Plans	1099-HC Information	Income Tax Due to Anothe Jurisdiction	r Credit Manager Sche Other Non-Refundable
				Sunsaction	other Nor-Keldhoable
Cradit	Manager Schedule Oth	er Non-Refundable Cred	dite		
	-				
		are not typical credits. Some of them ssachusetts issued schedules 2K-1, 3K			
	Investor Credit				
 Brown 	nfields Credit				
	nunity Investment Credit erry Bog Credit				
	ied Housing Credit ility Employment Credit				
Econo	omic Development Incentive Program	m (EDIP) Credit			
	omic Opportunity Area Credit ncentive Credit				
	and Fisheries Credit ric Rehabilitation Credit				
Lead	Paint Credit cience Credits				
 Low-I 	ncome Housing Credits				
	al Device Credit nal Guard Hiring Credit				
Offsh Septic	ore Wind Credits				
 Solar 	& Wind Energy Credit				
	ng Tax Credit t Storefront Credit				
	ool Credit an's Hire Credit				
			*	F	
Do you ha	ve any of the listed CMS non-refund	dable credits you would like to claim	on this return?		Yes No
Connert	Cours Doroft				C Deviews
Cancel	Save Draft				< Previous N
		Other Refunde	bla credits		< Previous N
		e Other Refunda	ble credits		< Previous N
er Yes o			ble credits		< Previous N
er Yes of Personal Inc	or No if you have	e Other Refunda \$420.00 Refund	ble credits		< Previous N
er Yes of Personal Inc 1-Dec-2024 ersonal Income	or No if you have come Tax Form 1	\$420.00	ble credits		< Previous N
er Yes of Personal Inc	or No if you have come Tax Form 1	\$420.00	ble credits		< Previous N
rer Yes of Personal Inc 1-Dec-2024 ersonal Income 1 IT-10512232-000 ATC TEST	or No if you have come Tax Form 1	\$420.00	ble credits		< Previous N
rer Yes of Personal Inc 1-Dec-2024 ersonal Income 1 IT-10512232-000 ATC TEST	or No if you have come Tax Form 1	\$420.00	ble credits		< Previous N
Personal Inco 1-Dec-2024 ersonal Income 1 IT-10512232-002 ATC TEST	or No if you have come Tax Form 1 ^{Tax} 2 <u>me Tax Form 1</u>	\$420.00 Refund	⊘		
rer Yes of Personal Inc 1-Dec-2024 ersonal Income 1 IT-10512232-000 ATC TEST	or No if you have come Tax Form 1	\$420.00	ble credits	Credit Manager Schedule Other Non-Refundable Credits	< Previous N Credit Manager Schedul Other Refundable Credit
Personal Inco 1-Dec-2024 ersonal Income 1 IT-10512232-002 ATC TEST	or No if you have come Tax Form 1 ^{Tax} 2 <u>me Tax Form 1</u>	\$420.00 Refund	Income Tax Due to Another	-	2 Credit Manager Schedul
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Personal Inco Personal Incore 1 1-Dec-2024 ersonal Incore 1 (T-10512232-002 MTC TEST Personal Incore Personal Incore	or No if you have come Tax Form 1 Tax 2 me Tax Form 1 reaction of the second of	\$420.00 Refund 1099-HC Information Refundable Credits at typical credits. Some of them requiusetts issued schedules 2K-1, 3K-1, at	Income Tax Due to Another Jurisdiction	Other Non-Refundable Credits	Credit Manager Schedul Other Refundable Credit venue or another Massachuset

Answer Yes or No if you want to contribute towards any voluntary funds and choose Next.

Voluntary Funds Contr	C Information	Income Tax Due to Another Jurisdiction	Credit Manager Schedule Other Non-Refundable Credits	Credit Manager Schedule Other Refundable Credits	Voluntary Funds C	ontribution
Voluntary Funds Contr You may contribute any amount you refund. • Endangered Wildlife Conserva • Organ Transplant					● = Voluntary Funds C	ontribution
Voluntary Funds Contr You may contribute any amount you refund. • Endangered Wildlife Conserva • Organ Transplant					Voluntary Funds C	Contribution
You may contribute any amount yo refund. • Endangered Wildlife Conserva • Organ Transplant	ntribution					
U.S. Olympic Military Family Relief Homeless Animal Prevention Do you want to contribute towards	ervation Funds atitis		e amounts are added to your tax. They	increase the amount of your payr	ment or reduce the amo	ount of your

Review the withholding and payments in the Tax Calculation panel and choose Next.

Personal In 31-Dec-2024 Personal Income PIT-10512232-00 MTC TEST		\$420.00 Refund				
Personal Inco	me Tax Form 1					
Information	Income Tax Due to Another Jurisdiction	Credit Manager Schedule Other Non-Refundable Credits	Credit Manager Schedule Other Refundable Credits	Voluntary Funds Contribution	Tax Calcu	lation
Tax Calcu	lation					
Your withhold	ing and payments have been calcula	ted. Please review and make any nece	ssary updates to your payment an	nounts.		
Use tax due or	n Internet, mail order and other out-	of-state purchases 💿				0
Income tax aff	er credits, contributions, use tax and	health care penalty				2,380
Massachusetts	income tax withheld (From W-2s, 1	099s, and other sources)				2,800
Previous year	overpayment applied to your 2024 e	stimated tax				0
2024 state est	imated tax payments					0
Payments mad	de with extension					0
Total payment	s and credits					2,800
Overpayment						420
Refund amou	int					420
Tax Due						0
Cancel	Save Draft				< Previous	Next >

Answer Yes or No to both questions and choose Next.

Personal Inc 31-Dec-2024 Personal Income T PIT-10512232-002 MTC TEST		\$420.00 Refund				
Personal Incor	ne Tax Form 1					
Due to Another diction	Credit Manager Schedule Other Non-Refundable Credits	Credit Manager Schedule Other Refundable Credits	Voluntary Funds Contribution	Tax Calculation		fund
Refund						
Would you like	to apply some of your refund towards	next year's estimated tax? This v	vill reduce your refund *		Yes	No
Would you like	your refund issued as a direct deposit	? *			Yes	No
Cancel	Save Draft				< Previous	Next >

Answer Yes or No to the question and choose Next.

Personal Income Tax Fo 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	rm 1	\$420.00 Refund				
Personal Income Tax Form 1						
2			⊘		0	
	ger Schedule Voluntai dable Credits	y Funds Contribution	Tax Calculation	Refund	Taxpayer Disclose Quest	
Taxpayer Disclosure S	tatement Question					
A taxpayer disclosure statement s addressed.	hould be used to explain inco	nsistent information provide	ed within this return. You will be	prompted to add a disclosure :	statement for each issue	being
Would you like to complete a Tax	payer Disclosure Statement?	*			Yes	No
Cancel Save Draft					< Previous	Next >

Confirm the information in the **Review Return** panel and choose **Submit**.

Personal Income Tax Form 1 31-Dec-2024 Personal Income Tax PIT-10512232-002 MTC TEST	\$420.00 Refund			
Personal Income Tax Form 1				
Iger Schedule Voluntary Funds Contribution	Tax Calculation	Refund	Taxpayer Disclosure Statement Question	Review Return
Review Return				
Review this information is accurate and then submit your ret	urn. If you notice something w	as entered incorrectly, corr	ect it before submitting the return.	
Total taxable income at 5%				47,600
Total income tax				2,380
Health care penalty				0
Income tax after credits, contributions, use tax and health ca	re penalty			2,380
Total payments and credits				2,800
Overpayment				420
Refund amount				420
Tax Due				0
Declaration I declare under the penalties of perjury that I examined	the information that I am subn	nitting and it is, to the best	of my knowledge and belief, true and co	omplete.
Cancel Save Draft				< Previous Submit

Personal Income Tax Form 1 - Confirmation
 Return Confirmation Number: 0-489-447-424 Submitted Date and Time: 2/3/2025 2:53:57 PM Taxpayer Name: MTC TEST SSN: ****-**9248 Credit: \$420.00 Return Period: 12/31/2024
Your return has been filed successfully. You will receive an email shortly containing this confirmation number and other details. Please print this page and save the confirmation number above for your records. Please <i>do not</i> mail in a paper return.
View Your Submission
You can view details about your submission any time by logging into your MassTaxConnect account, selecting the More tab, and clicking the Search Submissions link under the Submissions section. Submissions in a status of <i>Submitted</i> can be viewed and deleted by clicking the corresponding hyperlinks. Depending on the submission type, you may also have an <i>Edit</i> hyperlink which allows you to make changes to the submission.
Print Your Tax Return Once your return is processed, you can print a copy of your tax return at any time by logging into your MassTaxConnect account, selecting the View Returns link next to your Personal Income Tax account, select the View/Amend next to the period you wish to print then select Save a Copy of Return. Please note, it may take up to 24 hours to process the return.
Contact Us If you need further assistance, please contact the Department of Revenue at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089. Business hours are Monday through Friday, 9:00 a.m. to 4:00 p.m.
Feedback
How satisfied were you with this process?
$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Comments
Submit Feedback
OK Print Confirmation

To check on the status of your return, choose the **Summary** tab.

MTC TEST ***-**-9248 200 ARLINGTON ST CHELSEA MA 02150-2307			Welcome, MTC Test You last lagged in on Monday, Feb 3, 2025 1:25:37 PM Manage My Profile 9
Summary Action Center S	ettings More		
Filter			
Personal Income Tax MTC TEST 200 ARLINGTON ST CHELSEA MA 02150-2307	Annual Status	Return mitted	View Submission
	Annual Balance	unt 2232-002 0.00)	Make a Payment View Returns

You also will receive an automatic email notification that your return was submitted.

This is an automated email and is unable to receive replies.

Your submission information is below. Please note that your submission may take several days to complete.

Confirmation Summary

- Submission: Personal Income Tax Form 1
- Confirmation Number: 0-489-447-424
- Submission Date and Time: 2/3/2025 2:53:57 PM
- Legal Name: MTC TEST
- Account ID: PIT-10512232-002
- Filing Period: 31-Dec-2024

You can view details about your submission at any time by logging into your MassTaxConnect account, selecting the More... tab, then the Search Submissions hyperlink.