



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC. FILL OUT IN BLACK INK.

FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO MASS.GOV/DOR FOR MORE INFORMATION.

Massachusetts Department of Revenue Form 1 Massachusetts Resident Income Tax Return

2017

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, CITY/TOWN, STATE, ZIP, FOREIGN PROVINCE/STATE/COUNTRY, FOREIGN COUNTRY (OR COUNTRY CODE), FOREIGN POSTAL CODE

Fill in if (see instructions): Original return, Amended return, Amended return due to federal change, State Election Campaign Fund, Fill in if veteran of U.S. armed services, Fill in appropriate oval(s) if taxpayer(s) is deceased, Fill in if under age 18, Fill in if name or address has changed since 2016

a Total federal income, b Total federal adjusted gross income

1 FILING STATUS. Fill in one only. Single, Married filing joint return, Married filing separate return, Head of household, You are a custodial parent who has released claim to exemption for child(ren), Fill in if noncustodial parent, Fill in if filing Schedule TDS

2 EXEMPTIONS. a. Personal exemptions, b. Number of dependents, c. Age 65 or over before 2018, d. Blindness, e. Medical/dental, f. Adoption, g. TOTAL EXEMPTIONS

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

Be sure to include state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding.)



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Input fields for taxpayer name and middle initial/last name.

Input fields for taxpayer's social security number.

INCOME

Income section (lines 3-10) including wages, pensions, interest, business income, rental, unemployment, and other income.

DEDUCTIONS

Deductions section (lines 11-16) including retirement contributions, child care expenses, dependent care, rental, and other deductions.

Summary section (lines 17-21) for 5.1% income after deductions, exemptions, interest, and total taxable income.



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

Grid for taxpayer name and middle initial/last name

Grid for taxpayer social security number

22 TAX ON 5.1% INCOME (from tax table). If line 21 is more than \$24,000, multiply by .051. Note: If choosing the optional 5.85% tax rate, fill in oval and see instructions .22

Grid for line 22

23 12% INCOME (from Schedule B, line 39). Not less than "0." Enclose Schedule B. a. .23

Grid for line 23

24 TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 22). Not less than "0." Enclose Schedule D. If filing Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS. If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval and see instructions. .24

Grid for line 24

25 Credit recapture amount. Enclose Credit Recapture Schedule. See instructions. .25

Grid for line 25

26 Additional tax on installment sales. See instructions .26

Grid for line 26

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

Grid for line 27

28 TOTAL INCOME TAX. Add lines 22 through 26 .28

Grid for line 28

CREDITS

29 Limited Income Credit (from worksheet) .29

Grid for line 29

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

Grid for line 30

31 Other credits (from Credit Manager Schedule). .31

Grid for line 31

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

Grid for line 32

33 Voluntary fund contributions.

a. Endangered Wildlife Conservation .33a

Grid for line 33a

b. Organ Transplant .33b

Grid for line 33b

c. Massachusetts AIDS. .33c

Grid for line 33c

d. Massachusetts U.S. Olympic .33d

Grid for line 33d

e. Massachusetts Military Family Relief .33e

Grid for line 33e

f. Homeless Animal Prevention And Care. .33f

Grid for line 33f

Total. Add lines 33a through 33f .33

Grid for line 33 total

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

Grid for line 34

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

a. You b. Spouse c. Federal healthcare penalty

Grid for line 35a

Grid for line 35b

Grid for line 35c

Total a + b - c = 35

Grid for line 35 total

36 INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 32 through 35 .36

Grid for line 36



TAXPAYER'S FIRST NAME M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

MASSACHUSETTS WITHHOLDING, PAYMENTS AND REFUNDABLE CREDITS

37 Massachusetts income tax withheld. Enclose all Massachusetts Forms W-2, W-2G, 2-G, PWH-WA, LOA and certain 1099s, if applicable .37

38 2016 overpayment applied to your 2017 estimated tax (from 2016 Form 1, line 46 or Form 1-NR/PY, line 50. Do not enter 2016 refund .38

39 2017 Massachusetts estimated tax payments. Do not include line 38 amount .39

40 Payments made with extension .40

41 Payment with original return. Use only if amending a return .41

42 Earned Income Credit. a. Number of qualifying children [] Amount from U.S. return [] x .23 = 42 []

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 []

43 Senior Circuit Breaker Credit. Enclose Schedule CB .43

44 Other refundable credits (from Credit Manager Schedule) .44

45 TOTAL. Add lines 37 through 44 .45

46 OVERPAYMENT. If line 36 is smaller than line 45, subtract line 36 from line 45. If line 36 is larger than line 45, go to line 49. If line 36 and line 45 are equal, enter "0" in line 48 .46

47 Amount of overpayment you want APPLIED to your 2018 ESTIMATED TAX .47

48 THIS IS YOUR REFUND. Subtract line 47 from line 46. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204 .48

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 []

49 TAX DUE. Subtract line 45 from line 36. Pay in full online at mass.gov/masstaxconnect .49

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.

Add to total in line 49, if applicable:

Interest [] Penalty [] M-2210 amount [] Exception. Enclose Form M-2210. []

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 [] May DOR discuss this return with the preparer? [] Yes [] No I do not want my preparer to file my return electronically []