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2019 Form 1-NR/PY

XXXXXXXXXXXXXX

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2019 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

FIRSTNAMEXXXXXXXXX I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXX FPCXXXX

Fill in if: Original return Amended return Amended return due to federal change

State Election Campaign Fund:

Apt. no. XXXXXXXXXXXXXXXX
 \$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle
or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one: Nonresident

Filing as both nonresident and part-year resident

Name/address changed since 2018

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income

-XXXXXXXXXXXXXX

b. Federal adjusted gross income

-XXXXXXXXXXXXXX

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From XXXXXXXX To XXXXXXXX

3. Total days as Massachusetts resident XXX ÷ 365 = .XXXX 3

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

TAXPAYEREMAILADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX
TELEPHONE#

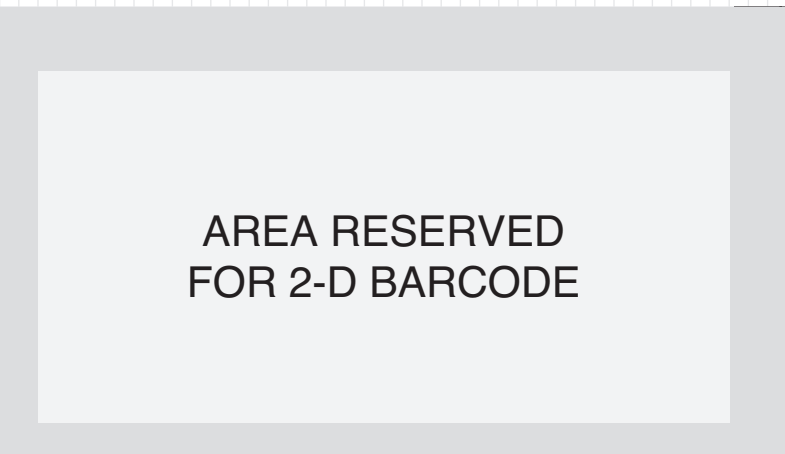
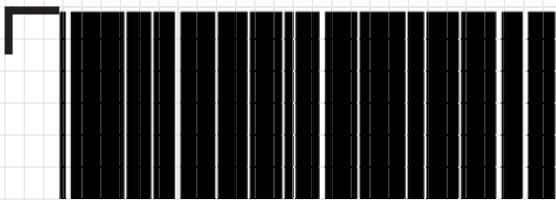
PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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XXXXXXXXXXXXXX

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

SOCIALSECNO

4. Exemptions:

- a. Personal exemptions 4a XXXXXXXXXXXXXXXX
- b. Number of dependents. (Do not include yourself or your spouse.) Enter number **XX** × \$1,000 = 4b XXXXXXXXXXXXXXXX
- c. Age 65 or over before 2020 **X** You + **X** Spouse = × \$700 = 4c XXXX
- d. Blindness **X** You + **X** Spouse = × \$2,200 = 4d XXXX
- e. Medical/dental 4e XXXXXXXXXXXXXXXX
- f. Adoption 4f XXXXXXXXXXXXXXXX
- g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a 4g XXXXXXXXXXXXXXXX

5. Wages, salaries, tips 5 XXXXXXXXXXXXXXXX

6. Taxable pensions and annuities 6 XXXXXXXXXXXXXXXX

7. Mass. bank interest: a. **XXXXXXXXXXXXXX** – b. exemption **XXX** = 7 XXXXXXXXXXXXXXXX

8. Business/profession income/loss a. **-XXXXXXXXXXXXXX** + b. Farming income/loss **-XXXXXXXXXXXXXX** = 8 -XXXXXXXXXXXXXX

9. Rental, royalty and REMIC, partnership, S corp., trust income/loss 9 -XXXXXXXXXXXXXX

10a. Unemployment 10a XXXXXXXX

10b. Mass. lottery winnings 10b XXXXXXXXXXXXXXXX

11. Other income 11 XXXXXXXXXXXXXXXX

12. TOTAL 5.05% INCOME 12 -XXXXXXXXXXXXXX

13. NONRESIDENT APPORTIONMENT WORKSHEET. You **cannot** apportion Mass. wages as shown on Form W-2. Do **not** use this worksheet if you know the

exact amount of your Mass. source income. **Only** use when income from employment/business is earned both inside and outside Mass. **and** the exact

Mass. amount is not known. Basis: **X** working days **X** miles **X** sales **X** other: **XXXXXXXXXXXXXX**

Working days (or other basis) outside Massachusetts 13a XXXXXXXXXXXXXXXX

Working days (or other basis) inside Massachusetts 13b XXXXXXXXXXXXXXXX

Total working days 13c XXXXXXXXXXXXXXXX

Nonworking days (holidays, weekends, etc.) 13d XXXXXXXXXXXXXXXX

Massachusetts ratio 13e . XXXX

Total income being apportioned. You **cannot** apportion Massachusetts wages as shown on Form W-2 13f XXXXXXXXXXXXXXXX

Massachusetts income 13g XXXXXXXXXXXXXXXX

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

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XXXXXXXXXXXXXX

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

AREA RESERVED
FOR 2-D BARCODE

FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.05% income	14a	XXXXXXXXXXXXXX
b. Interest income	14b	XXX
c. Total capital gain income	14c	XXXXXXXXXXXXXX
d. Total income this return	14d	XXXXXXXXXXXXXX
e. Non-Massachusetts source income. Not less than "0"	14e	XXXXXXXXXXXXXX
f. Total income	14f	XXXXXXXXXXXXXX
g. Deduction and exemption ratio	14g	X . XXXX

15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement

15a XXXX

15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement

15b XXXX

16. Child under age 13, or disabled dependent/spouse care expenses

16 XXXXX

17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/19, or disabled dependent(s)

Not more than two. a. X × \$3,600 = b. XXXX Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g

17 XXXX

18. Rental deduction. a. XXXXX
Nonresidents, fill in if during 2109 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future X

+ 2 = 18 XXXX

19. Other deductions from Schedule Y, line 19

19 XXXXXXXXXXXXX

20. Total deductions. Add lines 15 through 19

20 XXXXXXXXXXXXX

21. 5.05% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. **Not less than "0"**

21 XXXXXXXXXXXXX

22. Exemption amount. a. XXXXXXXXXXXXX

22 XXXXXXXXXXXXX

23. 5.05% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. **Not less than "0"**

23 XXXXXXXXXXXXX

24. INTEREST AND DIVIDEND INCOME

24 XXXXXXXXXXXXX

25. TOTAL TAXABLE 5.05% INCOME. Add lines 23 and 24

25 XXXXXXXXXXXXX

26. TAX ON 5.05% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 X

26 XXXXXXXXXXXXX

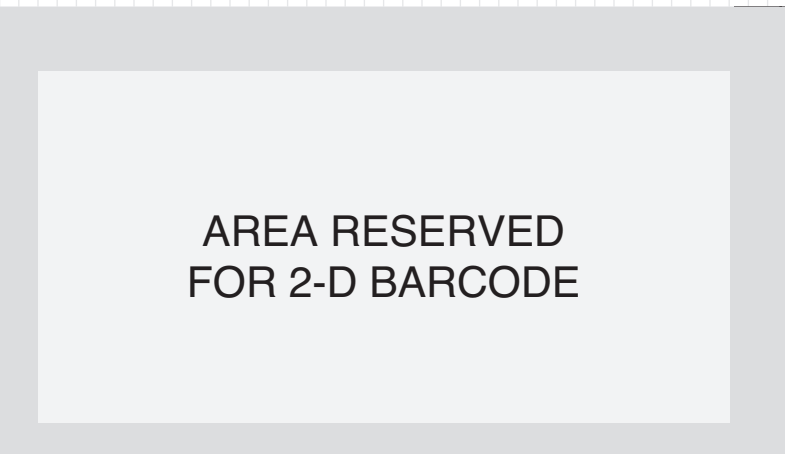
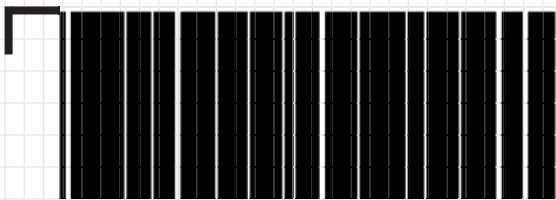
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XXXXXXXXXXXXXX

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE

27.	12% INCOME. Not less than "0."	a.	XXXXXXXXXXXXXX		× .12 = 27	XXXXXXXXXXXXXX
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			X	28	XXXXXXXXXXXXXX
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			X		
29.	Credit recapture amount (from Credit Recapture Schedule)				29	XXXXXXXXXXXXXX
30.	Additional tax on installment sale				30	XXXXXXXXXXXXXX
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			X		
32.	TOTAL INCOME TAX. Add lines 26 through 30				32	XXXXXXXXXXXXXX
33.	Limited Income Credit				33	XXXXXXXXXXXXXX
34.	Income tax due to another state or jurisdiction				34	XXXXXXXXXXXXXX
35.	Other credits (from Credit Manager Schedule)				35	XXXXXXXXXXXXXX
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"				36	XXXXXXXXXXXXXX
37.	Voluntary Contributions					
	a. Endangered Wildlife Conservation				37a	XXXXXXXXXXXXXX
	b. Organ Transplant Fund				37b	XXXXXXXXXXXXXX
	c. Massachusetts Public Health HIV and Hepatitis Fund				37c	XXXXXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund				37d	XXXXXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund				37e	XXXXXXXXXXXXXX
	f. Homeless Animal Prevention and Care				37f	XXXXXXXXXXXXXX
	Total. Add lines 37a through 37f				37	XXXXXXXXXXXXXX
38.	Use tax due on Internet, mail order and other out-of-state purchases				38	XXXXXXXXXXXXXX
39.	Health care penalty a. You XXXX + b. Spouse XXXX				39	XXXXXXXXXXXXXX
40.	Amended return only. Overpayment from original return				40	XXXXXXXXXXXXXX
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40				41	XXXXXXXXXXXXXX

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