

2020 Schedule R/NR XXXXXXXXXXXXXX

 Resident/Nonresident Worksheet

AREA RESERVED FOR 2-D BARCODE

aı	t 1. Income adjust										
	Total income	Massachusetts	Massachusetts	Massachusetts	Total Massachusetts						
	as modified Col. a	resident period Col. b Income from col. a	nonresident period Col. c Income from col. a	nonresident period Col. d Income from col. c	taxable income Col. e						
							4 ND/DV	for this period	for this period	from Mass. sources	add col's. b and d
							m 1-NR/PY				
5.	Wages, salaries, tips and other e				VVVVVVVVVVVVVV						
	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX						
6.	Taxable pensions and annuities										
	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX						
7.	Massachusetts bank interest										
	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX						
8a.											
	-XXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXX	-XXXXXXXXXXXXX						
8b.	Farming income/loss										
	-XXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXXX						
9.		hip, S corporation, trust incom-	e/loss								
	-XXXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXX						
0a.	Unemployment compensation										
	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX						
0b.	Massachusetts state lottery winn	ings									
	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX						
11.											
	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX						
24.											
- 11	XXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX						
27	Certain capital gains		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000,000,000	7,0,0,0,0,0,0,0,0						
21.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXX						
ch	edule D. Long-term capita	al going/lagges oveluding colle	atibles								
CII	-XXXXXXXXXXXXXXXX		YYYYYYYYYYY								
	Total —XXXXXXXXXXXXX	YYYYYYVVVVV	yyyyyyvvvvv	yyyyyyvvvvv	yyyyyvvvvvv						
Ш											
-											
	XXXXXXXXXX	XXXXXXXXXXXXXX	(X XXXXXXXX	(XXXXXXXXXXXXXXX	XXXXXXXX						



AREA RESERVED

13	X	XXXXXXXXXX		FOR 2-D BARCODE
14 15	50	OCIALSECNO		
6		J CIRL J L CRO		
7				
18	Ш			
19		t 2. Deduction and		
20	Se			to income reported on Form 1-NR/PY.
21		Massachusetts resident period	Massachusetts nonresident period	Total
2223		Col. a	Col. b	Col. c
24			005	add col's. a and b
	or	m 1-NR/PY		
26 27	15a.	Amount you paid to Social Securi	ty, Medicare, RR, U.S. or Mass	sachusetts retirement. Col. c cannot exceed \$2,000.
28	15b.			lassachusetts retirement. Col. c cannot exceed \$2,000.
29		XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
30	\ _ la	a ali alia M		
		edule Y		
32	2.	Penalty on early savings withdraw	XXXXXXXXXXXXX	XXXXXXXXXXX
33	4	Amounts excludible under MGL c		
35	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXXX
36	5.	Moving expenses		
37		XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
38	7.	Self-employed health insurance d	leduction	
39		XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
40	9.			o your employer, reforestation amortization, repayment of supplemental unemployment
41				ses of fee-basis state or local government officials, deductible expenses related to income ss expenses of National Guard and Reserve members, and attorney's fees and court cost
42 43		involving certain unlawful discrimi		
14		XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXX
45	13.			another state or political subdivision
46		XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX
47	14.			
48		XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
19	17.	Certain gambling losses deductio	n XXXXXXXXXXXXX	XXXXXXXXXXX
50				
51				
53				
54				
55				
56				
57				
58	Н			
59				
60 61		XXXXXXXXXX	XXXXXXXXXXXXX	x xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
52		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
33				

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80



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AREA RESERVED FOR 2-D BARCODE

ection I		d exemption adj			
	Total before	Massachusetts	Massachusetts	Massachusetts	Total before
	adjustments	resident period	nonresident period	nonresident period	adjustments
	Col. a	Col. b	Col. c	Col. d multiply col. c by	Col. e
		see instructions	from col. a	Form 1-NR/PY, line 14g	add col's. b and
m 1	-NR/PY				
	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	from item C of the worksheet in	XXXXXXXXXX
				20, or disabled dependents. Ent	er in col. a \$3,600 for or
	ndent or \$7,200 for two or m	nore. Only if not claiming an a	amount in line 16	XXXXXXXXXXX	XXXXXXXXXX
		mount from Form 1-NR/PY, line			
	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
	-1- \				
	ule Y				
Allmo	ony paid XXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
	cal savings account				
	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
	th savings account	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
		volving certain unlawful discrir			
	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
	uctions for student loan intere				
	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
	ergraduate student loan inter XXXXXXXXXXXXXX	est deduction. Enter in col. a tr	ne amount of such interest paid	XXXXXXXXXXXX	XXXXXXXXXX
	muter deduction				
	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX
		program deduction. See instru		VVVVVVVVVVV	XXXXXXXXXX
	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	