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2021 Form 1-NR/PY

XXXXXXXXXXXXXX

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2021 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXX ST ZIP+FOURX
FOREIGNSTATEXXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXXX FPCXXXXX APTNUMBXXXXXX

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL
 You Spouse
 You Spouse
 You Spouse

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Fill in if name change

Taxpayer deceased

Fill in if under age 18

Check one: Nonresident Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

Fill in if noncustodial parent
 Fill in if filing Schedule FCI
 Fill in if reporting crypto currency
 Fill in if filing Schedule TDS

a. Total federal income -XXXXXXXXXXXXXXXXX
b. Federal adjusted gross income -XXXXXXXXXXXXXXXXX

1. Filing status (select one only):

Single
 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

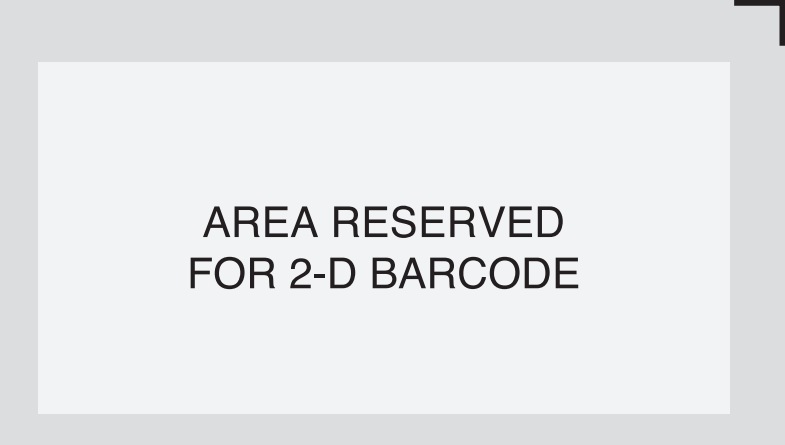
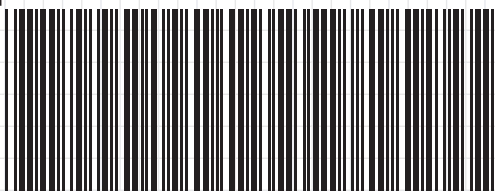
TAXPAYEREMAILADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TELEPHONE#

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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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 **4b** XXXXXXXXXXXXXXXX
- c. Age 65 or over before 2022 You + Spouse = **4c** XXXX
- d. Blindness You + Spouse = **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. XXXXXXXXXXXXXXXX - b. exemption XXX = **7** XXXXXXXXXXXXXXXX

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

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

10a. Unemployment **10a** XXXXXXXX

10b. Mass. lottery winnings **10b** XXXXXXXXXXXXXXXX

11. Other income **11** XXXXXXXXXXXXXXXX

12. TOTAL 5.0% INCOME **12** -XXXXXXXXXXXXX

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: working days miles sales other: XXXXXXXXXXXXXXXX

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

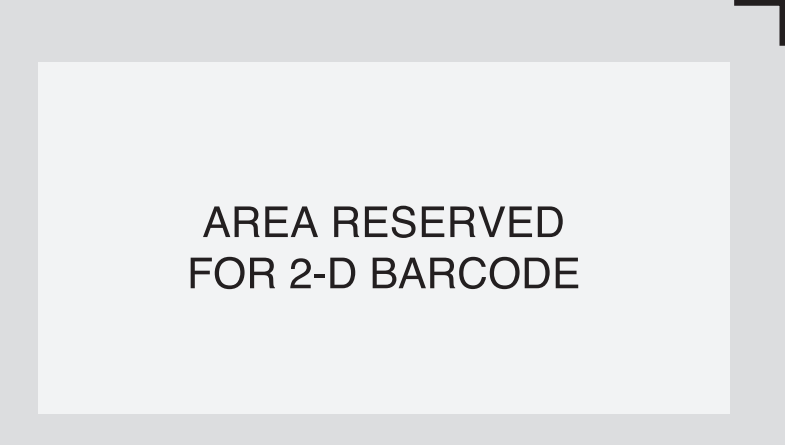
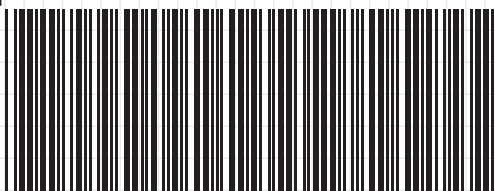
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2 **13f** XXXXXXXXXXXXXXXX

Massachusetts income **13g** XXXXXXXXXXXXXXXX

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

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Massachusetts Nonresident/
Part-Year Resident Income Tax Return

FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

14a	Total 5.0% income	14a	XXXXXXXXXXXXXX
14b	Interest income	14b	XXX
14c	Total capital gain income	14c	XXXXXXXXXXXXXX
14d	Total income this return	14d	XXXXXXXXXXXXXX
14e	Non-Massachusetts source income. Not less than "0"	14e	XXXXXXXXXXXXXX
14f	Total income	14f	XXXXXXXXXXXXXX
14g	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	Reserved for future use	16	0000
17	Reserved for future use	17	0000

18.	Rental deduction. a. XXXXX	÷ 2 = 18	XXXX
Nonresidents, fill in if during 2021 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			
19.	Other deductions from Schedule Y, line 19	19	XXXXXXXXXXXXXX
20.	Total deductions. Add lines 15 through 19	20	XXXXXXXXXXXXXX
21.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	XXXXXXXXXXXXXX
22.	Exemption amount. a. XXXXXXXXXXXXX	22	XXXXXXXXXXXXXX
23.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	XXXXXXXXXXXXXX
24.	INTEREST AND DIVIDEND INCOME	24	XXXXXXXXXXXXXX
25.	TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	XXXXXXXXXXXXXX
26.	TAX ON 5.0% 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	XXXXXXXXXXXXXX

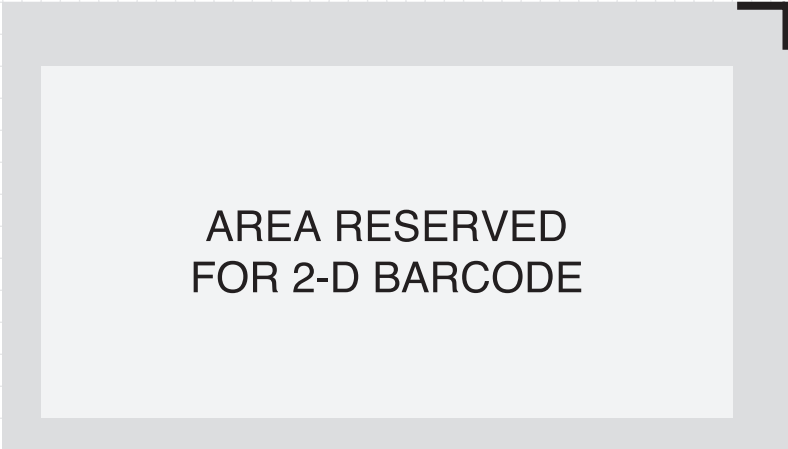
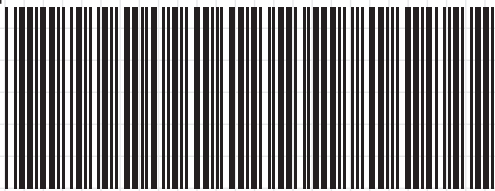
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XXXXXXXXXXXXXX

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE

27.	12% INCOME. Not less than "0." a.	XXXXXXXXXXXXXX		x .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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