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12	2021 Form 1			Ant			D	1
13	XXXXXXXXXXXXXX			FOR	2-D BA	ARCO	DE	1
14	Massachusetts Resident Incor	ne Tax Return						1
15	FOR FULL YEAR RESIDENTS ONLY							1
16	For the year January 1-December 31, 2021 or other tax	cable						1
17	Year beginning XXXXXXXX Endin							1
18		y						1
19	FIRSTNAMEXXXXXXX	I LASTNAME		XXXX SOCIAL	LSECNO			1
20	SPOUSESFTRSTNAMF	I LASTNAME	XXXXXXXX	XXXX SOCTA	LŠEČNŎ			2
21	STREETADDRESSXXXX	XXXXXXXXX	XXXXXXXXX	CITYTOWNPO	OSTOFFTO	EXXXXX	X ST 7TP+	FOURX
22	COSTREETADDRESSXX	XXXXXXXXXX	XXXXXXXXX	ČĪTYTŎŴŊP	OSTOFFT	EXXXXX	XXXXXXXXXXX	
23	FOREIGNSTATEXXXX	XXXXXXX FC	RETGNCOU	NTRYXXXXXX	XXXX FPC	XXXX	APTNUMBX	XXXXX
23	Fill in if: X Amended return X					le to IRS RRA		2
	ate Election Campaign Fund:		inge 🔨 i euela		X	\$1 You X		
	I in if veteran of Operations Enduring F	reedom Iragi Freedon	Noble Fadle or 9	inai Peningula	Ŷ	You X		
	I in if name change	secon, nayi ricedoli	, NUDIE LAYIE UI S		X	You X		2
	xpayer deceased				Ŷ	You X	Spouse	
					Ŷ	You X		2
	l in if under age 18	-XXXXXXXX			Ŷ			2
	a. Total federal income				\sim		ustodial parent	3
	b. Federal adjusted gross income				○		Schedule TDS	3
32	1. Filing status (select one only):	X Single			≎		Schedule FCI	3
33		X Married filing			^	Fill in it repor	ting crypto currency	3
34			g separate return					3
35		X Head of hou	isehold X	You are a custodial par	ent who has rele	eased claim to	exemption for child(ren) 3
36	2. Exemptions							3
37	a. Personal exemptions					2a		XXXX 3
38	b. Number of dependents. (Do n	ot include yourself or	your spouse.) Enter	r number XX		,000 = 2b	XXXXXXXX	XXXX 3
39	c. Age 65 or over before 2022	X You + X Spc	ouse =	X	×S	\$700 = 2c		XXXX 3
40	d. Blindness	X You + X Spo	ouse =	X	× \$2	,200 = 2d		
41	e. Medical/dental					2e	XXXXXXXX	
42	f. Adoption					2f	XXXXXXXX	
43	g. Total exemptions. Add items 2	a through 2f. Enter he	re and on line 18			2g	XXXXXXXX	XXXX 4
44	SIGN HERE. Under penalties of perju	ry, I declare that to t	the best of my kno	wledge and belief thi	s return and en	closures are	true, correct and c	omplete. 4
45	Your signature	Date		signature		Date		4
46		XXXXX	(XXX			XXXXX		4
47	TAXPAYEREMAILADDRE	SSXXXXXXXX	(XXXXXXXXXX	XXXXXXXXXXXX	XXXXX	TELEP	HONE#	4
48		PRIVAC	Y ACT NOTICE AV	AILABLE UPON REQ	UEST			4
49								4
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63 06	07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	4 25 26 27 28 29 30 31 32 33 3	4 35 36 37 38 39 40 41 42	43 44 45 46 47 48 49 50 51 52 5	53 54 55 56 57 58 59 6	0 61 62 63 64 65 66	67 68 69 70 71 72 73 74 75	76 77 78 79 80

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1		AREA RESERVED
	2021 Form 1, pg. 2	FOR 2-D BARCODE
3 X	lassachusetts Resident Income Tax Return	FUR 2-D DARCODE
	OCIALSECNO	
6 6	OCIALSECNO	
7		
8		
9 3 .	. Wages, salaries, tips	3 XXXXXXXXXXXXX
o 4 .	Taxable pensions and annuities	4 XXXXXXXXXXXXXXXXXX
1 5.		
2 6a .		6a —XXXXXXXXXXXXXXX
3 6b.		6b —XXXXXXXXXXXXXX
4 7 .		7 –XXXXXXXXXXXXXXXX
5 8a.		8a XXXXXXX
6 8b.		8b XXXXXXXXXXXXX
7 9.		9 XXXXXXXXXXXXXX
8 10.		10 –XXXXXXXXXXXXXXXX
9 11a .		11a XXXX
o 11b.		
1 12.		12 0000
2 13.	. Reserved for future use	13 0000
3		
4 1 1	. Rental deduction. a. XXXXX	
5 14.		$\begin{array}{c} \div 2 = 14 \\ 15 \end{array} \\ \begin{array}{c} XXXX \\ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX$
6 15. 7 16.		15 16 XXXXXXXXXXXXXX
7 16. 8 17.		
• 17. 9 18.		18 XXXXXXXXXXXXXX
o 19.		
1 20 .		20 XXXXXXXXXXXX
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4	BE SURE TO INCLUDE THIS PAGE V	WITH FORM 1, PAGE 1
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2021 Form 1 pg 3	AREA RESERVED FOR 2-D BARCODE				
2021 Form 1, pg. 3					
Massachusetts Resident Income Tax Return					
SOCIALSECNO					
22. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax	rate, fill in and multiply line 21 and the				
amount in Schedule D, line 21 by .0585 X		22			
23. 12% INCOME. Not less than "0." a. XXXXXXXXXX		× .12 = 23 24	XXXXXXXXXXXXX XXXXXXXXXXXXXX		
 TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in Fill in if any excess exemptions were used in calculating lines 20, 2 		24			
 Credit recapture amount (from Credit Recapture Schedule) 		25	XXXXXXXXXXXXX		
26. Additional tax on installment sale		26	XXXXXXXXXXXX		
27. If you qualify for No Tax Status, fill in and enter "0" on line 28	Х				
28. TOTAL INCOME TAX. Add lines 22 through 26		28			
29. Limited Income Credit30. Income tax due to another state or jurisdiction		29 30	XXXXXXXXXXXXXX		
31. Other credits from Credit Manager Schedule		31	XXXXXXXXXXXXX		
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 three	ough 31 from line 28. Not less than "0"	32	XXXXXXXXXXXX		
33. Voluntary Contributions					
a. Endangered Wildlife Conservation		33a			
b. Organ Transplant Fund		33b 33c			
 Massachusetts Public Health HIV and Hepatitis Fund Massachusetts U.S. Olympic Fund 		33d	XXXXXXXXXXXXXX		
e. Massachusetts Military Family Relief Fund		33e	XXXXXXXXXXXXX		
f. Homeless Animal Prevention and Care		33f	XXXXXXXXXXXX		
Total. Add lines 33a through 33f		33			
34. Use tax due on Internet, mail order and other out-of-state purchas		34			
 Health care penalty a. You XXXX + b. Spouse XX Amended return only. Overpayment from original return 	XX	35 36	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND U	JSE TAX. Add lines 32 through 36	37	XXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX			

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1		AREA RESEF	VF		
2	2021 Form 1, pg. 4				
3		FOR 2-D BAR	JOL)E	
4	Massachusetts Resident Income Tax Return				
5	SOCIALSECNO				
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9				XXXXXXX	/vvvvv
) 	38. Massachusetts income tax withheld		38		$\langle \wedge \wedge \wedge \wedge \wedge \rangle$
1	39. 2020 overpayment applied to your 2021 estimated tax		39		$\langle \wedge \wedge \wedge \wedge \wedge \rangle$
2	40. 2021 Massachusetts estimated tax payments		40		$\langle \wedge \wedge \wedge \wedge \wedge \rangle$
3	41. Payments made with extension		41		$\langle \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v}$
4	42. Amended return only. Payments made with original return. Not less than "0"		42	~~~~/	
5	43. Earned Income Credit, a. Number of qualifying children X b. Amount from U.		: 43		
5	Note: You cannot claim the Earned Income Credit if your filing status is married f	ing separately unless you quality			
7	for an exception (see instructions). Fill in if you qualify for this exception		4.4		YYYY
3	44. Senior Circuit Breaker Credit		44		
	45. Child under age 13, or disabled dependent/spouse credit		45		
)	46. Dependent member(s) of household under age 12, or dependent(s) age 65 or ov as of December 21, 2021 credit	er (not you or your spouse)			
	as of December 31, 2021 credit. Not more than two. a.		46		YYYY
2		× \$180 =		XXXXXXX	
	47. Other Refundable Credits		47	XXXXXXX	XXXXXXX
1	 48. Excess Paid Family Leave Withholding 49. TOTAL. Add lines 38 through 48 		48 49		(YYYYY
5	TOTAL. Add lines 38 through 48 Overpayment. Subtract line 37 from line 49		49 50	XXXXXXX	(XXXXX
5			50 51	XXXXXX	XXXXX
7 B	 Amount of overpayment you want applied to your 2022 estimated tax Refund. Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 700 	Poston MA 02204	52	XXXXXXX	XXXXXX
9		, BOSION, MA 02204	52	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0	Direct deposit of refund. Type of account X checking				
1					
2	RTN # XXXXXXXX account # XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX			
3					
4	53. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PC	Box 7003 Boston MA 02204	53	XXXXXXX	(XXXXX
5	Interest XXXXXXX Penalty XXXXXXX M-2210 amt.	XXXXXXX	55	X EX enclos	
3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form M-2	
7				10111111-2	210
	lay the Department of Revenue discuss this return with the preparer shown here?	Χ			
	do not want preparer to file my return electronically	X (this may delay your refund)		Paid prepare	er's
	Print paid preparer's name	Date Check if sel	-emplove		
	IRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXXXXX	XXXXXXXX X	Suboyo	XXXXXX	(XXXXX
	aid preparer's signature	Paid preparer's phone		Paid prepare	
3				XXXXXX	
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5	BE SURE TO INCLUDE THIS PAGE	WITH FORM 1. PAGE 1			
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