	dent/Nonresident Worksh	eet	AREA RESERVED FOR 2-D BARCODE			
FIR	STNAMEXXXXXXX	I LASTNAMEXXXX	XXXXXXXXX SOCIA	LSECNO		
art 1	1. Income adjust Total income as modified Col. a	Massachusetts resident period Col. b	Massachusetts nonresident period Col. c	Massachusetts nonresident period Col. d	Total Massachusetts taxable income Col. e	
		Income from col. a for this period	Income from col. a for this period	Income from col. c from Mass. sources	add col's. b and d	
	1-NR/PY		•			
	Vages, salaries, tips and other e		XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXX	
<b>6.</b> Ta	axable pensions and annuities	xxxxxxxxxxxx	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	xxxxxxxxxxxx	
7. M	lassachusetts bank interest	xxxxxxxxxxxx	xxxxxxxxxxxx	*****	xxxxxxxxxxx	
	Business/profession income/loss	s —XXXXXXXXXXXXXX	-xxxxxxxxxxxx	-xxxxxxxxxxxx	-xxxxxxxxxxxx	
<b>8b.</b> Fa	arming income/loss	-xxxxxxxxxxx		-xxxxxxxxxxxx	-xxxxxxxxxxxx	
9. R	ental, royalty, REMIC, partners	hip, S corporation, trust income	e/loss	-xxxxxxxxxxxx		
0a. U	Inemployment compensation	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	
<b>0b.</b> M	lassachusetts state lottery winn	nings				
11. 0	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	
<b>24.</b> In	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXX	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	
0		XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	xxxxxxxxxxxx	
che	dule D. Long-term capita	al gains/losses, excluding collec —XXXXXXXXXXXXXXX		-XXXXXXXXXXXXX		
Тс	otal					
	-*****	-*****	-XXXXXXXXXXXXXX	-****	-****	

(	6 07 08 0	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 7	3 79 80
04 05	-		04
06			06
07			07
08 09			09
10			10
11 12	2(	AREA RESERVED	11
13	X	021 Schedule R/NR, pg. 2 FOR 2-D BARCODE	13
14	c		14
15 16	SU	DCIALSECNO	15
17			17
18	Dart	t 2. Deduction and exemption adjustments	18
20		ction A. The amounts reported in col's. a, b and c must be related to income reported on Form 1-NR/PY.	19
21		Massachusetts Massachusetts	21
22 23		resident period nonresident period Total Col. a Col. b Col. c	22
24		add col's. a and b	23
		m 1-NR/PY	25
26 27	15a.	Amount you paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. Col. c cannot exceed \$2,000.	26
28		Amount spouse paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. Col. c cannot exceed \$2,000.	28
29		XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	29
30 31	Sch	edule Y	30
32		Penalty on early savings withdrawal	32
33 34	4	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	33
35	4.	Amounts excludible under MGL ch 41, § 111F or U.S. tax treaty XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	35
36	5.	Moving expenses	36
37 38	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	37
39			39
40 41	9a.	Jury duty pay given to your employer "Jury pay", reforestation amortization "RFST", repayment of supplemental unemployment benefits under the Trade Act of 1974 "Sub-pay TRS", deductible expenses related to income from the rental of personal property engaged in for-profit "PPR", and	40
41		attorney's fees and court costs involving certain unlawful discrimination claims "UDC" (part-year residents only).	41
43			43
44 45	9b.	Qualified performing arts-related expenses, employee business expenses of fee-basis state or local government officials, and business expenses of National Guard and Reserve members.	44
46		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	46
47 48	13.	Deductible amount of qualified contributory pension income from another state or political subdivision XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	47
49 50	14.	Claim of right deduction	48 49 50
51	17.	Certain gambling losses deduction	51
52 53			52
54			54
55			55
56 57			56
58			58
59 60			59 60
61			61
62 63			62
(	6 07 08 0	J9 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 7	3 79 80

2021 Schedule R/NR, pg. 3			AREA RESERVED FOR 2-D BARCODE			
	2. Deduction and	d exemption adj	ustments			
Se	ction B Total before	Massachusetts	Massachusetts	Massachusetts	Total before	
	adjustments	resident period	nonresident period	nonresident period	adjustments	
	Col. a	Col. b	Col. c subtract col. b	Col. d multiply col. c by	Col. e	
		see instructions	from col. a	Form 1-NR/PY, line 14g	add col's. b and d	
	n 1-NR/PY					
22.	Exemptions. Enter in col. a the a	Mount from Form 1-NR/PY, line	<sup>4</sup> g XXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	
Sch	edule Y					
3.	Alimony paid	xxxxxxxxxxx	xxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
	Medical savings account	XXXXXXXXXXXXX	XXXXXXXXXXXXX	xxxxxxxxxxx	xxxxxxxxxxxx	
	Health savings account	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	xxxxxxxxxxxx	
9.	Attorney's fees and court costs in XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXX	XXXXXXXXXXXX	
10.	Undergraduate student loan inter	XXXXXXXXXXXXX	XXXXXXXXXXXXXXX e amount of such interest paid	XXXXXXXXXXXXX	XXXXXXXXXXXX	
15.	Commuter deduction	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	
	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
18.	Prepaid tuition or college savings	program deduction. See instru	ctions XXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
	• XXXXXXXXXXX	*****	x xxxxxxxx	xxxxxxxxxxxxx	xxxxxxx	