2023 Schedule R/NR XXXXXXXXXXX Resident/Nonresident Worksheet			AREA RESERVED FOR 2-D BARCODE			
F]	IRSTNAMEXXXXXXX	I LASTNAMEXXXX	XXXXXXXXX SOCIA	ALSECNO		
art	t 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	
	n 1-NR/PY		•			
	Wages, salaries, tips and other e	XXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
	Taxable pensions and annuities	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	
7.	Massachusetts bank interest	xxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	
8a.	Business/profession income/loss	s —XXXXXXXXXXXXXX	-xxxxxxxxxxxx	-xxxxxxxxxxxx	-xxxxxxxxxxxx	
8b.	Farming income/loss	-xxxxxxxxxxxx	-xxxxxxxxxxxx	-xxxxxxxxxxxx	-xxxxxxxxxxx	
9.	Rental, royalty, REMIC, partners	hip, S corporation, trust income	e/loss —XXXXXXXXXXXXXXX	-xxxxxxxxxxxx	-xxxxxxxxxxxx	
0a.	Unemployment compensation	xxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxx	
0b.	Massachusetts state lottery winr	nings XXXXXXXXXXXXXXX	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxx	
11.		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	XXXXXXXXXXXXXX	
24.	Interest and dividends	XXXXXXXXXXXXX	XXXXXXXXXXXXX	xxxxxxxxxxxx	xxxxxxxxxxxx	
27.	Certain capital gains	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	xxxxxxxxxxxx	
ch	edule D. Long-term capita					
	-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	–XXXXXXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXXX	-xxxxxxxxxxx	
		-XXXXXXXXXXXXXX	-XXXXXXXXXXXXXX	-XXXXXXXXXXXXX	-XXXXXXXXXXXXX	

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1	20	AREA RESERVED	
3	X	23 Schedule R/NR, pg. 2 AREA RESERVED XXXXXXXXXX FOR 2-D BARCODE	
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6			-
7 8			
		2. Deduction and exemption adjustments	
0	Sec	tion A. The amounts reported in col's. a, b and c must be related to income reported on Form 1-NR/PY. Massachusetts Massachusetts	
2		resident period nonresident period Total	
3		Col. a Col. b Col. c add col's. a and b	
		n 1-NR/PY	:
6 7	15a.	Amount you paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. Col. c cannot exceed \$2,000.	:
8	15b.	Amount spouse paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. Col. c cannot exceed \$2,000.	:
9			
1		edule Y	
2	2.	Penalty on early savings withdrawal	
4	4.	Amounts excludible under MGL ch 41, § 111F or U.S. tax treaty	
5		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
7			
8	7.	Self-employed health insurance deduction XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
0	9a.	Jury duty pay given to your employer "Jury pay", reforestation amortization "RFST", repayment of supplemental unemployment benefits under	
1		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 attorney's fees and court costs involving certain unlawful discrimination claims "UDC" (part-year residents only).	
3			
4 5	9b.	Qualified performing arts-related expenses, employee business expenses of fee-basis state or local government officials, and business expenses or National Guard and Reserve members.	ıf ·
6		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
7	9c.	Charitable contributions deduction	
9	13.	Deductible amount of qualified contributory pension income from another state or political subdivision	
0	14.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
2			
3	17.	Certain gambling losses deduction	
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20	023 Schedule R/N	R, pg. 3	AREA RESERVED FOR 2-D BARCODE			
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Part	2. Deduction and	d exemption adj	ustments			
	ction B					
	Total before adjustments	Massachusetts resident period	Massachusetts nonresident period	Massachusetts nonresident period	Total before adjustments	
	Col. a	Col. b	Col. c	Col. d	Col. e	
		see instructions	subtract col. b from col. a	multiply col. c by Form 1-NR/PY, line 14g	add col's. b and d	
orr	n 1-NR/PY		nom col. a			
22.	Exemptions. Enter in col. a the ar	mount from Form 1-NR/PY, line	⁴ g XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Sch	edule Y					
	Deductible alimony paid	XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	xxxxxxxxxxx	
	Medical savings account	xxxxxxxxxxxx	xxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
8.	Health savings account	xxxxxxxxxxxx	xxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
9a.	Attorney's fees and court costs in	volving certain unlawful discrim	nination claims	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
10.	Deductions for student loan inter	XXXXXXXXXXXXX	xxxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	
	Undergraduate student loan inter	est deduction. Enter in col. a th	e amount of such interest paid	XXXXXXXXXXXXX	xxxxxxxxxxxx	
15.	Commuter deduction	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXX	
18a.	Prepaid tuition or college savings			XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
18b.	Student loan repayment assistan	ce deduction. See instructions	xxxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	$\blacksquare $		x xxxxxxxx	xxxxxxxxxxxxx		