	5 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 7
	RESERVED
	-D BARCODE
Income Tax Return	
6 For the year January 1–December 31, 2024 or other taxable	
7 Year beginning XXXXXXXX Ending XXXXXXXX	
	CNO
FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXX SOCIALSE	CNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXX SOCIALSE	:CNO
STREETADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OFFICEXXXXXX ST ZIP+FOUF
FOREIGNSTATEXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXX	X FPCXXXX APTNUMBXXXXX
Bill in if: X Amended return X Other jurisdiction change Enter date of change XXXXXXX	(X
K Federal amendment X Amended return due to IRS BBA Partnership Audit	
State Election Campaign Fund:	X \$1 You X \$1 Spouse TOTAL
Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula	X You X Spouse
7 Taxpayer deceased	X You X Spouse
3 Fill in if under age 18	X You X Spouse
	X You X Spouse
 Fill in if name change Check one: X Nonresident X Filing as both nonresident and part-year resident 	A fou A Spouse
X Part-year resident X Nonresident composite	X Fill in if noncustodial parent
a. Total federal income -XXXXXXXXXXXX	X Fill in if you are a custodial parent who ha
b. Federal adjusted gross income —XXXXXXXXXXXXXX	released claim to exemption for child(ren)
4	X Fill in if filing Schedule TDS
	X Fill in if filing Schedule FCI
1. Filing status (select one only): X Fill in if not using same filing status on the federal return	X Fill in if reporting crypto currency
7 X Single	
8 X Married filing jointly	
X Head of household	
X Married filing separate return X NRA	
X Fill in if joint filing exemption for spouse with Massachusetts	s gross income under \$8.000
	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 retu	urn and enclosures are true, correct and complete
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this retu Source's signature	
Vour signature Date Spouse's signature	urn and enclosures are true, correct and complete Date XXXXXXXX
Your signature Date Spouse's signature XXXXXXX	Date XXXXXXXX
5 Your signature Date Spouse's signature XXXXXXXX 7 TAXPAYEREMAILADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Date XXXXXXXX (XX TELEPHONE#
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24 Form 1-NR/PY, pg. 2							
XXXXXXXXXX	FOR 2	-D BAR	CO	DE			
ssachusetts Nonresident/							
t-Year Resident Income Tax Return							
CIALSECNO							
Exemptions:							
			4a	XXXX	(XX)	(XXX	ХΧ
	XX	× \$1,000 :	= 4b	XXXX	(XX)	(XXX	X)
c. Age 65 or over before 2025 X You + X Spouse =						XX	X)
	X	× \$2,200 :	= 4d			XX	X)
			4e	XXXX	(XX)	(XXX	X)
f. Adoption			4f	XXXX	(XX)	XXX	X)
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a			4g	XXXX	(XX)	XXX	X)
			5	XXXX	(XX)	XXX	X)
Taxable pensions and annuities			6	XXX	(XX)	XXX	X)
			7	XXX)	(XX)	(XXX	X)
Business/profession income/loss aXXXXXXXXXXXXX + b. Farming	income/loss	-XXXXXXX	XXX	XX			
			= 8	-XXX	(XX)	XXX	X)
Rental, royalty and REMIC, partnership, S corp., trust income/loss			9	-XXXX	(XX)	XXX	X)
Unemployment			10a		X)	XXX	X)
Mass. lottery winnings			10b		(XX)	XXX	ХХ
					1 A A	1 1 1 1 1 1 I	
Other income			11	XXX	(XX)	XXX	XХ
TOTAL 5.0% INCOME			11 12		(XX) (XX)	(XXX (XXX	XX XX
TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wa		n Form W-2. Do	11 12 not use				XX XX w th
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	e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips Taxable pensions and annuities Mass. bank interest Business/profession income/loss a. —XXXXXXXXXXX + b. Farming Rental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment	EXEMPTION: FOR 2 EXEMPTIONS: FOR 2 a. Personal exemptions FOR 2 b. Number of dependents. (Do not include yourself or your spouse.) Enter number XX c. Age 65 or over before 2025 You + X Spouse = d. Blindness X You + X Spouse = X e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a. Wages, salaries, tips Taxable pensions and annuities Mass. bank interest Business/profession income/loss a. -XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Exemptions: a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number XX You + X Spouse = X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Exemptions: 4a a. Personal exemptions 4a b. Number of dependents. (Do not include yourself or your spouse.) Enter number XX × \$1,000 = 4b c. Age 65 or over before 2025 You + X Spouse = X × \$2,200 = 4d e. Medical/dental 4e f. Adoption 4f g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a 4g Wages, salaries, tips 5 Taxable pensions and annuities 6 Mass. bank interest 7 Business/profession income/loss a. -XXXXXXXXXXXXXXXX + b. Farming income/loss = 8 9 Nemployment 10a	ssachusetts Nonresident/ t-Year Resident Income Tax Return CTALSECNO Exemptions: a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number X \$1,000 = 4b XXX c. Age 65 or over before 2025 X You + X Spouse = X \$\$700 = 4c d. Blindness X You + X Spouse = X \$\$700 = 4c d. Blindness X You + X Spouse = X \$\$2,200 = 4d e. Medical/dental 4e f. Adoption 4f f. Adoption 4f g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips 5 Taxable pensions and annuities 6 Mass. bank interest 7 Business/profession income/loss aXXXXXXXXXXX + b. Farming income/loss -XXXXXXXXXXXXXXX = 8 -XXXX Rental, royalty and REMIC, partnership, S corp., trust income/loss 9 Unemployment 10a	Z4 FOR 2-D BARCODE Ssachusetts Nonresident/ FOR 2-D BARCODE t-Year Resident Income Tax Return For 2-D BARCODE CIALSECNO 4a Exemptions: 4a a. Personal exemptions 4a b. Number of dependents. (Do not include yourself or your spouse.) Enter number X c. Age 65 or over before 2025 You + A You + Spouse = X \$\$1,000 = 4b X.XXXXX \$\$1,000 = 4c d. Blindness X You + X Spouse = X \$\$2,200 = 4d e. Medical/dental 4e f. Adoption 4f g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a 4g Wages, salaries, tips 5 Taxable pensions and annuities 6 Mass. bank interest 7 Business/profession income/loss a. -XXXXXXXXXX + b. Farming income/loss g. Partal, royalty and REMIC, partnership, S corp., trust income/loss 9 Unemployment 10a	Seachusetts Nonresident/ FOR 2-D BARCODE Seachusetts Nonresident/ FOR 2-D BARCODE CIALSECNO For 2-D BARCODE Exemptions: 4a a. Personal exemptions 4a b. Number of dependents. (Do not include yourself or your spouse.) Enter number XX C. Age 65 or over before 2025 You + X Spouse = X A. Blindness You + X Spouse = X Mathematical 4e Adoption 4f g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a 4g Wages, salaries, tips 5 Taxable pensions and annuities 6 Mass. bank interest 7 Business/profession income/loss a. -XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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X	024 Form 1-NR/PY, pg. 3	R 2-D BARCO)E	
	assachusetts Nonresident/			
Pa	art-Year Resident Income Tax Return			
F	IRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXXX SOC	TALSECNO		
14.	NONRESIDENT DEDUCTION AND EXEMPTION RATIO			
	a. Total 5.0% income	14a	XXXXXX	XXXXX
	b. Reserved for future use	14b	yvvvv	
	c. Total capital gain income d. Total income this return	14c 14d		
	e. Non-Massachusetts source income. Not less than "0"	140 14e	XXXXX	$(\mathbf{X}\mathbf{X}\mathbf{X}\mathbf{X}\mathbf{X}\mathbf{X})$
	f. Total income	14f	XXXXXX	XXXXXX
	g. Deduction and exemption ratio	14g		X.XXX)
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		XXX)
16.				0000
17.	Reserved for future use	17		0000
18.	Rental deduction. a. XXXXX	÷ 2 = 18		ХХХХ
	Nonresidents, fill in if during 2024 you did not have a family home or any dwelling outside M	assachusetts to which you genera	Illy or customari	ly returned or
10	intend to return in the future X Other deductions from Schedule Y, line 19	19	XXXXXX	(XXXXX)
20.	Total deductions. Add lines 15 through 19	20	XXXXXX	XXXXX
21.		21	XXXXXX	(XXXXX)
22.	Exemption amount. a. XXXXXXXXXXXXX	22	XXXXX	(XXXXX)
23.		23		XXXXXX
24.		24		
25.	TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	~~~~	~~~~
26.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply lin amount in Schedule D, line 21 by .0585	e 25 and the 26	XXXXXX	(XXXXX)
27.		20		
	a. $XXXXXXXXXXX \times .085 = 27a$ $XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX$			
	b. XXXXXXXXXXXX $\times .12 = 27b$ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b	27	XXXXXX	(XXXXX)
	BE SURE TO INCLUDE THIS PAGE WITH FORM	I-INN/PT, PAGE I		
	- xxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxx	xxxxxxxxxxxxxxx		

06 07	7 08 09	9 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 4	3 44 45 46 47 4	8 49 50 51 8	52 53 54 55 56 57 58 59 6	60 61 62 63 64 65 6	66 67 68 69 70 71 72 73 74 75 76 77 78
F							
	20	24 Form 1-NR/PV ng 4		AH	EA RES	ERVE	:D
	XX	024 Form 1-NR/PY, pg. 4		FO	R 2-D B/	ARCO	DE
		ssachusetts Nonresident/					
		rt-Year Resident Income Tax Return					
		I lear hesident income fax heidin					
	50						
2	28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing	Schedule [J-15 👗	V	28	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-		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	
3	30.	Additional tax on installment sale				30	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			Х		
3	32.	TOTAL INCOME TAX.					
		a. Income tax. Add lines 26 through 30	32a	XXX	XXXXXXXXX	X	
		b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b	XXX	XXXXXXXXX	X	
		c. If line 32b is greater than 0, enter the amount of Massachusetts					
		income tax paid on your behalf on a Form MA NRCR, Nonresident					
		Composite Return. Otherwise, enter 0	32c	XXX	XXXXXXXX	X	
		Total tax. Subtract line 32c from the total of lines 32a and 32b				32	XXXXXXXXXXXXX
3	33.	Limited Income Credit				33	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	34.	Income tax due to another state or jurisdiction				34	XXXXXXXXXXXX
	35.	Other credits (from Credit Manager Schedule)				35	XXXXXXXXXXXX
	36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35	from line 2		ee than "O"	36	XXXXXXXXXXXX
	37.	Voluntary Contributions			55 than 0	50	
	57.					270	YYYYYYYYYY
		a. Endangered Wildlife Conservation				37a	
		b. Organ Transplant Fund				37b	XXXXXXXXXXXXX
		c. Massachusetts Public Health HIV and Hepatitis Fund				37c	XXXXXXXXXXXX
		d. Massachusetts U.S. Olympic Fund				37d	
		e. Massachusetts Military Family Relief Fund				37e	
		f. Homeless Animal Prevention and Care				37f	
		Total. Add lines 37a through 37f				37	
	38.	Use tax due on Internet, mail order and other out-of-state purchases				38	
	39.	Health care penalty a. You XXXX + b. Spouse XXXX				39	XXXX
4	40.	Amended return only. Overpayment from original return				40	
4	41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX				41	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4	42.	a. Massachusetts income tax withheld from Form(s) W-2	42a	XXX	XXXXXXXXX	X	
		b. Massachusetts income tax withheld from Form(s) 1099	42b	XXX	XXXXXXXX	X	
		c. Massachusetts income tax withheld from other forms	42c	XXX	XXXXXXXXX	Χ	
		Total. Add lines 42a through 42c				42	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
		BE SURE TO INCLUDE THIS PAG	GE WITH F	ORM 1-I	NR/PY, PAGE 1		
t							
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXY		XXXXXXXX	XXXXXX	XXXXXXXX

06 07 08 09 10 11 12 13 14 15 1	6 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 40	47 48 49 50 51 52 53 54 55 5	56 57 58 59 60 61 62 63 64 65 66 6	7 68 69 70 71 72 73 74 75 76 77 78 7
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0004 5			AREA	RESERVED	
2024 Forr	n 1-NR/PY, pg. 5				
			FUR 2-I	D BARCOD	
Massachusetts					
	lent Income Tax Return				
SOCIALSE	-INO				
43 2022 overpov	nent applied to your 2024 actimated tax			43	xxxxxxxxxxx
	nent applied to your 2024 estimated tax nusetts estimated tax payments			43	XXXXXXXXXXXX
	de with extension			44	XXXXXXXXXXXX
•	urn only. Payments made with original ref	turn Not less than "0"		45	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	e Credit. a. Number of qualifying children		IS return XXXX		
	lents, multiply line 47c by line 3			47	XXXX
	not claim the Earned Income Credit if you	ur filing status is married fi	ing separately unless		
	n (see instructions). Fill in if you qualify fo		ing coparatory diffest	, you quanty	
	Breaker Credit			48	XXXX
49. Reserved for f				49	XXX
50. Child and Fam					
	.,				
a. XX × \$4	140 = b. XXXX	Part-year res	idents multiply line 50	0b by line 3 = 50	XXXX
51. Other Refunda				51	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
52. Total Refunda	able Credits. Add lines 47 through 51			52	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	amily Leave Withholding			53	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
54. TOTAL. Add li	nes 42 through 46 and lines 52 and 53			54	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
55. Overpayment	. Subtract line 41 from line 54			55	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
56. Amount of over	rpayment you want applied to your 202	5 estimated tax		56	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
57. Refund. Subt	act line 56 from line 55. Mail to: Massach	usetts DOR, PO Box 700), Boston, MA 02204	57	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Direct deposi		checking			
	X	savings			
RTN # XXX	XXXXXX account # XXXX	XXXXXXXXXXXXX	X		
	online at www.mass.gov/dor/payonline			IA 02204 58	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Interest	XXXXXXX Penalty XXXX	XXXX M-2210 amt.	XXXXXXXX		X EX enclose
					Form M-2210
			Y Voc		
	of Revenue discuss this return with the pr	reparer snown nere?	X Yes X (this may delay y		Daid property -
	er to file my return electronically				Paid preparer's d SSN/PTIN
Print paid preparer's	name (XXXXXX I LASTNAMEX)	XXXXXXXXXXX	Date	Check if self-employe	
Paid preparer's signa			Paid preparer's		Paid preparer's EIN
i alu preparer s siglia					
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