06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	5 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	6 57 58 59 60 61 62 63 64 65 66	6 67 68 69 70 71 72 73 74 75 76 77 7	'8 79 80
04					04
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					10
11			RESERVE		11
¹² 2024 Form 1					1:
13 XXXXXXXXXXXXXXX		FOR 2-[D BARCOI	DE	13
14 Massachusetts Resident Income	e Tax Return				14
15 FOR FULL YEAR RESIDENTS ONLY					1
¹⁶ For the year January 1–December 31, 2024 or other taxab					10
17 Year beginning XXXXXXXXX Ending	XXXXXXXX				1
18					14
19 FIRSTNAMEXXXXXXX]		XX SOCIALSEC	CNO		19
20 SPOUSESFIRSTNAME]	LASTNAMEXXXXXXXXXXX	XX SOCTAL SEC	NO		21
21 STREETADDRESSXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TTYTOWNPOST) FFTCFXXXX	X ST 7TP+FOI	JRX 2
22 COSTREETADDRESSXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TTYTOWNPOSTO	FFTCFXXXX	XXXXXXXXXX	2
	XXXXXX FOREIGNCOUNT	RYXXXXXXXXXXX	(FPCXXXX	APTNIMRXXXX	XXX
	Other jurisdiction change Enter date of cl	nange XXXXXXXX			2
25 X Federal amendment	Amended return due to IRS BBA Partne	arshin Audit			2
26 State Election Campaign Fund:			X \$1 You X	\$1 Spouse TOTAL	X 2
²⁰ Fill in if veteran of Operations Enduring Free	adom Iradi Freedom Noble Fadle or Sinci	Peninsula		Spouse	2
27 Taxpayer deceased	edoni, naqi meedoni, Nobie Lagie of Sinai	i eninsula	X You X	Spouse	2
29 Fill in if under age 18			X You X	Spouse	29
30 Fill in if name change				Spouse	31
—	-XXXXXXXXXXXX			ustodial parent	
					3
32 b. Federal adjusted gross income				are a custodial parent who	
33				m to exemption for child(re	
34				Schedule TDS	34
1. Filing status (select one only):	X Fill in if not using same filing status	on the federal return		Schedule FCI	3
36	X Single		Fill in if repoind	rting crypto currency	31
37	X Married filing jointly				3
38	X Head of household				3
39	X Married filing separate return X				3
40	X Fill in if joint filing exemption for spo	use with Massachusetts g	pross income under \$8	,000	4
41 2. Exemptions				VV	4
42 a. Personal exemptions		. VV	2a		VV
	include yourself or your spouse.) Enter nu	mber XX	× \$1,000 = 2b		4 4
44 c. Age 65 or over before 2025	You + X Spouse =	X	× \$700 = 2c		ΧΧ 4
	You + X Spouse =	X	× \$2,200 = 2d		XX 4
46 e. Medical/dental			2e		XX 4
47 f. Adoption			2f		XX 4
	through 2f. Enter here and on line 18		2g	XXXXXXXXXXXXX	
	γ, I declare that to the best of my knowle			true, correct and compl	lete. 4
50 Your signature	Date Spouse's sign	nature	Date		5
			XXXXX		5
52 TAXPAYEREMAILADDRES	SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X IELEP	PHONE#	5
53	PRIVACY ACT NOTICE AVAIL	ABLE UPON REQUEST			5
54					5
55					5
56					5
57					5
58					5
59					5
60					6
	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	6
62					6
63					6
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	5 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	6 57 58 59 60 61 62 63 64 65 66	6 67 68 69 70 71 72 73 74 75 76 77 7	

	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 4	9 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 78 79 80
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12 2	024 Form 1, pg. 2	OR 2-D BARCO	
	assachusetts Resident Income Tax Return	ON 2-D DANCOL	
	DCIALSECNO		
16			
17			
18			
19 3.	Wages, salaries, tips	3	XXXXXXXXXXXXXX
20 4.	Taxable pensions and annuities	4	XXXXXXXXXXXXXX
21 5.	Mass. bank interest	5	XXXXXXXXXXXXX
22 6a.	Business/profession income/loss	6a	-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
23 6b.	Farming income/loss	6b	-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
24 7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
25 8a.	Unemployment	8a	
26 8b.	Mass. lottery winnings	8b	
27 9.	Other income from Schedule X, line 7	9	
28 10.	TOTAL 5.0% INCOME Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	10 11a	
29 11a. 30 11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11a 11b	
30 11b. 31 12.	Reserved for future use	12	0000
	Reserved for future use	12	0000
33			
34			
	Rental deduction. a. XXXXX	÷ 2 = 14	XXXX
36 15.	Other deductions from Schedule Y, line 19	15	XXXXXXXXXXXXXX
37 16.	Total deductions. Add lines 11 through 15	16	XXXXXXXXXXXXX
38 17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	XXXXXXXXXXXXX
39 18.	Exemption amount	18	XXXXXXXXXXXXX
40 19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	XXXXXXXXXXXXX
41 20.	INTEREST AND DIVIDEND INCOME	20	XXXXXXXXXXXX
42 21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	XXXXXXXXXXXXX
43 22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiple amount in Schedule D, line 21 by .0585 X		XXXXXXXXXXXX
44 4 - 22		22	
45 23.	a. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
46	b. XXXXXXXXXXX $x.12 = 23b$ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
47	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	XXXXXXXXXXXXX
49		20	
50	BE SURE TO INCLUDE THIS PAGE WITH	FORM 1. PAGE 1	
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		ssachusetts Resident Income Tax Return			. – –						
		CIALSECNO									
-				10	V			vvv	vvv	vvv	vvv
2	24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing So	chedule D	-IS	X X		24	XXX	~^^	~~~	٨٨٨
•)E	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			^		25	XXX	XXX	ххх	XYY
	25. 26.	Credit recapture amount (from Credit Recapture Schedule) Additional tax on installment sale					25 26	XXX			
	20. 27.	If you qualify for No Tax Status, fill in and enter "0" on line 28			Х		20			~~~~	
		TOTAL INCOME TAX.									
		a. Income tax. Add lines 22 through 26	28a	XXXX	XXXX	XXXX					
		b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b		XXXX						
		c. Total tax. Add lines 28a and 28b					28	XXX	XXX	XXX	XX)
2	<u>29</u> .	Limited Income Credit					29		XXX	XXX	XXX
3	30.	Income tax due to another state or jurisdiction					30		XXX	XXX	XXX
	31.	Other credits from Credit Manager Schedule					31		XXX	XXX	ΧXX
	32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 fro	om line 28	. Not les	ss than "0	"	32	XXX	λλλ	λλλ	λλλ
3	33.	Voluntary Contributions					00-	YYY	vvv	vvv	vvy
		a. Endangered Wildlife Conservation b. Organ Transplant Fund					33a 33b		$\begin{array}{c} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} v$	$\hat{\mathbf{x}}$	^^/ X
		c. Massachusetts Public Health HIV and Hepatitis Fund					330 33c	XXX	XXX	XXX	XXX
		d. Massachusetts U.S. Olympic Fund					33d	XXX	XXX	XXX	XXX
		e. Massachusetts Military Family Relief Fund					33e	XXX	XXX	XXX	XXX
		f. Homeless Animal Prevention and Care					33f	XXX			ΧХХ
		Total. Add lines 33a through 33f					33	XXX	XXX	XXX	XX)
3	34.	Use tax due on Internet, mail order and other out-of-state purchases					34	XXX	XXX	XXX	XXX
3	35.	Health care penalty a. You XXXX + b. Spouse XXXX					35	VVVV			XXX
	36.	Amended return only. Overpayment from original return					36	XXX	ΧΧΧ VVV	ŶŶŶ	ΧX
	37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.		32 throu	gh 36	vvvv	37	XXX.	٨٨٨	λλΧ	۸X)
3	38.	a. Massachusetts income tax withheld from Form(s) W-2	38a			$\hat{\mathbf{x}}$					
		b. Massachusetts income tax withheld from Form(s) 1099 c. Massachusetts income tax withheld from other forms	38b 38c	XXXX	XXXX	XXXX					
		Total. Add lines 38a through 38c	500	$\Lambda \Lambda \Lambda I$			38	XXX	ххх	ххх	χхх
L											
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXX	XXXX	XXXXX	XXXXX	XXXX	XXX	Х	

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4 N	lassachusetts Resident Income Tax Return		DATEC		
	OCIALSECNO				
7					
3					
9					
39	2023 overpayment applied to your 2024 estimated tax		39	XXXXXXX	XXXXX
40	2024 Massachusetts estimated tax payments		40	XXXXXXX	XXXXX
41	Payments made with extension		41	XXXXXXX	XXXXX
42	Amended return only. Payments made with original return. Not less than "0"		42	XXXXXXX	XXXXX
43	Earned Income Credit. a. Number of qualifying children X b. Amount from U.	S. return XXXX	× .40 = 43		XXXX
	Note: You cannot claim the Earned Income Credit if your filing status is married for an exception (see instructions). Fill in if you qualify for this exception		ou qualify		
44	Senior Circuit Breaker Credit		44		XXXX
45	Reserved for future use		45		XXXX
46	Child and Family Tax Credit				
	a. XX		× \$440 = 46		XXXX
47			47	XXXXXXX	XXXXX
48			48	XXXXXXX	XXXXX
			48	XXXXXXX	XXXXX
49				XXXXXXXX	YYYYY
50	6		50		YYYYY
51			51		
52			52		
53	Refund. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 700	0, Boston, MA 02204	53	XXXXXXX	~~~~
)					
)	Direct deposit of refund. Type of account checking				
	A savings				
	RTN # XXXXXXXX account # XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
54			02204 54	XXXXXXX	
	Interest XXXXXXX Penalty XXXXXXX M-2210 amt.	XXXXXXXX		X EX enclos	e
				Form M-22	210
Мау	the Department of Revenue discuss this return with the preparer shown here?	X			
l do	not want preparer to file my return electronically	X (this may delay you	ır refund)	Paid prepare	er's
	t paid preparer's name	Date	Check if self-emplo		
	RSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXXXX	XXXXXXXX	X	XXXXXX	XXXXX
Paid	l preparer's signature	Paid preparer's ph	one	Paid prepare	er's EIN
		XXXXXXXXX		XXXXXX	
	BE SURE TO INCLUDE THIS PAGE	WITH FORM 1. PAGE 1			
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	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	```````````````````````````````````````	```````````````````````````````````````		

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