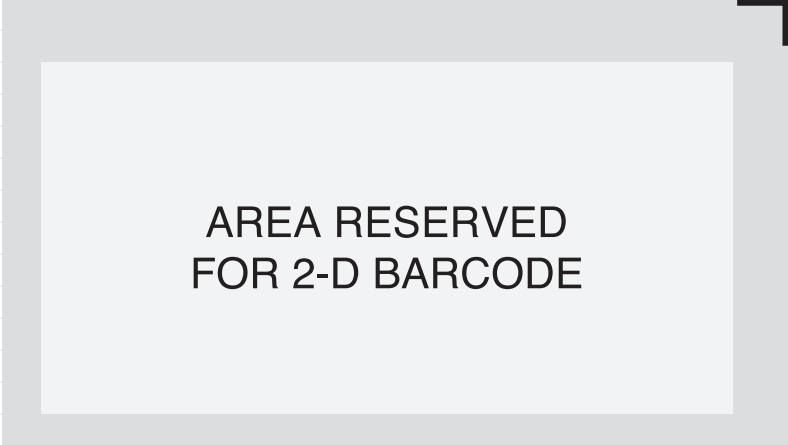
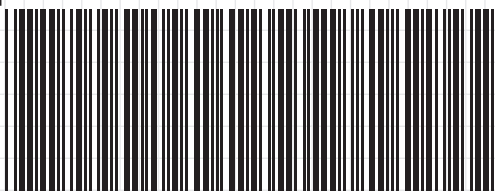


04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63

04
05
06
07
08
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



2024 Form 1, pg. 2

XXXXXXXXXXXXXX

Massachusetts Resident Income Tax Return

SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE

19	3.	Wages, salaries, tips	3	XXXXXXXXXXXXXX
20	4.	Taxable pensions and annuities	4	XXXXXXXXXXXXXX
21	5.	Mass. bank interest	5	XXXXXXXXXXXXXX
22	6a.	Business/profession income/loss	6a	-XXXXXXXXXXXXXX
23	6b.	Farming income/loss	6b	-XXXXXXXXXXXXXX
24	7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-XXXXXXXXXXXXXX
25	8a.	Unemployment	8a	XXXXXXXXXX
26	8b.	Mass. lottery winnings	8b	XXXXXXXXXXXXXX
27	9.	Other income from Schedule X, line 7	9	XXXXXXXXXXXXXX
28	10.	TOTAL 5.0% INCOME	10	-XXXXXXXXXXXXXX
29	11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	XXXX
30	11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	XXXX
31	12.	Reserved for future use	12	0000
32	13.	Reserved for future use	13	0000
34	14.	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	XXXXXXXXXXXXXX
38	17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	XXXXXXXXXXXXXX
39	18.	Exemption amount	18	XXXXXXXXXXXXXX
40	19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	XXXXXXXXXXXXXX
41	20.	INTEREST AND DIVIDEND INCOME	20	XXXXXXXXXXXXXX
42	21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	XXXXXXXXXXXXXX
43	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	XXXXXXXXXXXXXX
45	23.	INCOME FROM SCHEDULE B. Not less than "0."		
46	a.	XXXXXXXXXXXXXX × .085 = 23a XXXXXXXXXXXXXXXX		
47	b.	XXXXXXXXXXXXXX × .12 = 23b XXXXXXXXXXXXXXXX		
48		TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	XXXXXXXXXXXXXX

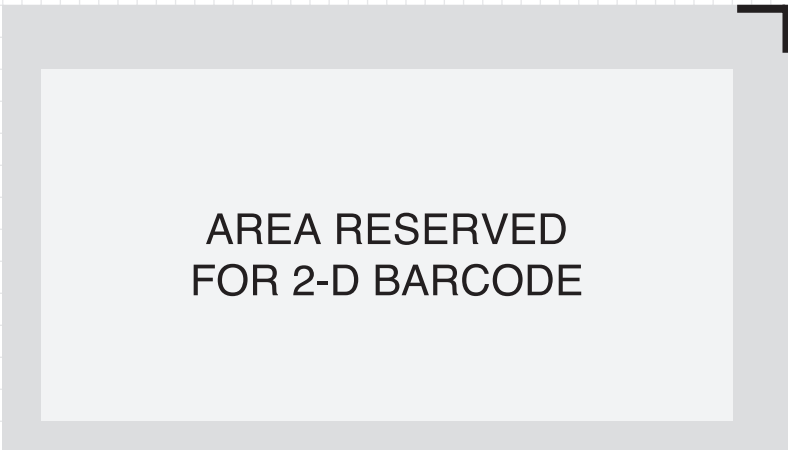
BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

04
05
06
07
08
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

04
05
06
07
08
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



2024 Form 1, pg. 3

XXXXXXXXXXXXXX

Massachusetts Resident Income Tax Return

SOCIALSECNO

24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	X	24	XXXXXXXXXXXXXX
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	X		
25.	Credit recapture amount (from Credit Recapture Schedule)		25	XXXXXXXXXXXXXX
26.	Additional tax on installment sale		26	XXXXXXXXXXXXXX
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28	X		
28.	TOTAL INCOME TAX.			
	a. Income tax. Add lines 22 through 26	28a	XXXXXXXXXXXXXX	
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b	XXXXXXXXXXXXXX	
	c. Total tax. Add lines 28a and 28b		28	XXXXXXXXXXXXXX
29.	Limited Income Credit		29	XXXXXXXXXXXXXX
30.	Income tax due to another state or jurisdiction		30	XXXXXXXXXXXXXX
31.	Other credits from Credit Manager Schedule		31	XXXXXXXXXXXXXX
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"		32	XXXXXXXXXXXXXX
33.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		33a	XXXXXXXXXXXXXX
	b. Organ Transplant Fund		33b	XXXXXXXXXXXXXX
	c. Massachusetts Public Health HIV and Hepatitis Fund		33c	XXXXXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund		33d	XXXXXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund		33e	XXXXXXXXXXXXXX
	f. Homeless Animal Prevention and Care		33f	XXXXXXXXXXXXXX
	Total. Add lines 33a through 33f		33	XXXXXXXXXXXXXX
34.	Use tax due on Internet, mail order and other out-of-state purchases		34	XXXXXXXXXXXXXX
35.	Health care penalty a. You XXXX + b. Spouse XXXX		35	XXXXXXXXXXXXXX
36.	Amended return only. Overpayment from original return		36	XXXXXXXXXXXXXX
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36		37	XXXXXXXXXXXXXX
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	XXXXXXXXXXXXXX	
	b. Massachusetts income tax withheld from Form(s) 1099	38b	XXXXXXXXXXXXXX	
	c. Massachusetts income tax withheld from other forms	38c	XXXXXXXXXXXXXX	
	Total. Add lines 38a through 38c		38	XXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

