| NAMEOFTAXPAYERXXXXXXXXXXXXXXXXXXXXXXXXXXX SOCIALSECNO X Fill in if nondebt | or spouse |
|--|-----------|
| STREETADDRESSXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXXX ST ZIP+FOUR | X i l |
| NAMEOFSPOUSEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| NAMEOFEXECUTORXXXXXXXXXXXXXXXXX DESIGNATIONXXXXXXXXXXXXXXXXXXX | XXXX |
| STREETADDRESSXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXXX ST ZIP+FOUR | X |

Allocable items Nondebtor spouse Other spouse Joint (as filed) 1. Total income (list all sources) 2. Adjustments to income Deductions 3. Exemptions 4. Credits against tax (do not include Limited Income Credit) Taxes withheld (include copies of all Forms W-2) Tax payments (amounts paid with return, estimated, etc.) Fill in if the refund due is being requested in the nondebtor spouse's name only

33 Fill in if the refund due is being requested in the n 34 **Declaration**

 Tax year of expected refund

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.

| Signature of nondebtor spouse | Date | | | |
|--|----------|------------------------|--|--|
| | XXXXXXXX | | | |
| Signature of paid preparer | Date | Social Security number | | |
| | XXXXXXXX | XXXXXXXXXX | | |
| Mail to: Massachusetts Department of Revenue, PO Box 7010, Boston, MA 02204. | | | | |

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