| 2024 Schedule R/NR XXXXXXXXXX Resident/Nonresident Worksheet | | | AREA RESERVED FOR 2-D BARCODE | | | |
|---|---|--|---|---|---|--|
| FI | RSTNAMEXXXXXXX | I LASTNAMEXXXX | XXXXXXXXX SOCIA | LSECNO | | |
| Part 1 | 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 | |
| - | 1-NR/PY | | | | | |
| | Wages, salaries, tips and other e | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | |
| 6. 1 | Taxable pensions and annuities | xxxxxxxxxxxx | xxxxxxxxxxxx | xxxxxxxxxxxx | xxxxxxxxxxxx | |
| 7. N | Massachusetts bank interest | xxxxxxxxxxxx | ***** | xxxxxxxxxxxx | xxxxxxxxxxxx | |
| 8a. E | Business/profession income/loss | -XXXXXXXXXXXXXX | -xxxxxxxxxxxx | -xxxxxxxxxxxxx | -xxxxxxxxxxxx | |
| 8b. F | Farming income/loss | -xxxxxxxxxxx | -xxxxxxxxxxxx | -xxxxxxxxxxxx | -xxxxxxxxxxxx | |
| 9. F | Rental, royalty, REMIC, partners | | e/loss | -xxxxxxxxxxxx | _xxxxxxxxxxxx | |
| 1 0a . l | Unemployment compensation | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXXX | |
| 0b. N | Massachusetts state lottery winr | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| 11. (| Other income | | | | | |
| 24. | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXXXX | |
| 27. (| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | |
| | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | | |
| che | edule D. Long-term capita | al gains/losses, excluding collec | ctibles —XXXXXXXXXXXXXXXX | -xxxxxxxxxxxx | -xxxxxxxxxxxx | |
| 1 | Total —XXXXXXXXXXXXXXX | -xxxxxxxxxxx | -xxxxxxxxxxx | -xxxxxxxxxxx | -xxxxxxxxxxx | |

| | 75 76 77 78 79 80 |
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| EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| | - |
| UCIALSECNU | |
| t 2 Deduction and exemption adjustments | |
| | |
| Massachusetts Massachusetts | |
| resident period nonresident period Total | |
| Col. a Col. b Col. c | : |
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| Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
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| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| Moving expenses for members of the Armed Forces | |
| | |
| Self-employed health insurance deduction | : |
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| attorney's fees and court costs involving certain unlawful discrimination claims "UDC" (part-year residents only). | |
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| Charitable contributions deduction | |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
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| | resident period nonresident period Col. Col. Col. Col. Col. Col. Col. Col. |

| x) S(| 024 Schedule R/N XXXXXXXXXXX OCIALSECNO | | AREA RESERVED FOR 2-D BARCODE | | | |
|----------|--|---|---|---|---------------------------------------|--|
| | tion B Total before adjustments Col. a | d exemption adj Massachusetts resident period Col. b | Massachusetts nonresident period Col. c | Massachusetts nonresident period Col. d | Total before adjustments 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 | |
| | n 1-NR/PY Exemptions. Enter in col. a the ai | mount from Form 1-NR/PY. line | 4q | | | |
| | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXXX | |
| | edule Y Deductible alimony paid | | | | | |
| | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXX | |
| | XXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | |
| 8. | Health savings account | XXXXXXXXXXXXX | XXXXXXXXXXXXX | xxxxxxxxxxxx | xxxxxxxxxxxx | |
| 9a. | Attorney's fees and court costs in | nvolving certain unlawful discrin | nination claims | xxxxxxxxxxxx | **** | |
| 10. | Deductions for student loan inter | | xxxxxxxxxxx | xxxxxxxxxxxx | XXXXXXXXXXXXX | |
| 12. | Undergraduate student loan inter | rest deduction. Enter in col. a th | ne amount of such interest paid | | | |
| 15. | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXXX | |
| 18a. | XXXXXXXXXXXXXXXXXX Prepaid tuition or college savings | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | |
| 18b. | Student loan repayment assistan | XXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | |
| | XXXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | XXXXXXXXXXXXX | |
| | | | | | | |
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