



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

24 TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 22). Not less than 0. Enclose Schedule D. If filing Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS .24 If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval and see instructions

00

25 Credit recapture amount. Enclose Schedule CRS. See instructions .25

00

26 Additional tax on installment sales. See instructions .26

00

27 If you qualify for No Tax Status, fill in oval and enter 0 in line 28 (from worksheet)

28 TOTAL TAX

a. Income tax. Add lines 22 through 26 .28a

00

b. 4% Surtax (from Schedule 4% Surtax, line 7). See instructions .28b

00

Total tax. Add lines 28a and 28b .28

00

CREDITS

29 Limited Income Credit (from worksheet) .29

00

30 Income tax due to another state or jurisdiction (from worksheet). Not less than 0. Enclose Schedule OJC .30

00

31 Other credits (from Schedule CMS) .31

00

32 INCOME TAX AFTER CREDITS. Subtract total of lines 29 through 31 from line 28. Not less than 0 .32

00

33 Voluntary fund contributions

a. Endangered Wildlife Conservation .33a

00

b. Organ Transplant .33b

00

c. Massachusetts Public Health HIV and Hepatitis Fund .33c

00

d. Massachusetts U.S. Olympic .33d

00

e. Massachusetts Military Family Relief .33e

00

f. Homeless Animal Prevention And Care .33f

00

Total. Add lines 33a through 33f .33

00

34 Use tax due on Internet, mail order and other out-of-state purchases (from worksheet) .34

00

35 Health Care penalty. Not less than 0 (from worksheet). Enclose Schedule HC.

a. You 00 b. Spouse 00 Total

00

a + b = 35

36 AMENDED RETURN ONLY. Overpayment from original return. Not less than 0. See instructions .36

00

37 INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 32 through 36 .37

00

MASSACHUSETTS WITHHOLDING, PAYMENTS AND REFUNDABLE CREDITS

38 a. Massachusetts income tax withheld from Form(s) W-2 .38a

00

b. Massachusetts income tax withheld from Form(s) 1099 .38b

00

c. Massachusetts income tax withheld from other forms. See instructions .38c

00

Total. Add lines 38a through 38c .38

00

DRAFT AS OF SEPTEMBER 27, 2024. DO NOT FILE. SUBJECT TO CHANGE. DO NOT FILE.



TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

39 2023 overpayment applied to your 2024 estimated tax (from 2023 Form 1, line 51 or Form 1-NR/PY, line 55.) Do not enter 2023 refund .39

00

40 2024 Massachusetts estimated tax payments. Do not include line 39 amount .40

00

41 Payments made with extension .41

00

42 AMENDED RETURN ONLY. Payments made with original return. Not less than 0. See instructions. .42

00

43 EARNED INCOME CREDIT.

a. Number of qualifying children b. Amount from U.S. return (See instructions) 43b x = 43

00

Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in oval if you qualify for this exception.

44 Senior Circuit Breaker Credit. Enclose Schedule CB .44

00

45 Reserved for future use. .45

000000

46 Child and Family Tax Credit. Enter number of dependents: a. x (See instructions) = 46

00

47 Other refundable credits (from Schedule CMS) .47

00

48 TOTAL REFUNDABLE CREDITS. Add lines 43 through 47. .48

00

49 Excess Paid Family Leave withholding. See instructions .49

00

50 TOTAL. Add lines 38 through 42 and lines 48 and 49 .50

00

51 OVERPAYMENT. If line 37 is smaller than line 50, subtract line 37 from line 50. If line 37 is larger than line 50, go to line 54. If line 37 and line 50 are equal, enter 0 in line 53. .51

00

52 Amount of overpayment you want APPLIED to your 2025 ESTIMATED TAX .52

00

53 THIS IS YOUR REFUND. Subtract line 52 from line 51.

Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204. .53

REFUND 00

Direct deposit of refund. See instructions.

Type of account (select one): Checking Savings

Routing number (first two digits must be 01 to 12 or 21 to 32) Account number

54 TAX DUE. Subtract line 50 from line 37. Pay in full online at mass.gov/masstaxconnect .54

00

Or pay by mail. Make check payable to Commonwealth of Massachusetts. Write Social Security number(s) in memo section of check and be sure to sign check. Mail to: Massachusetts DOR, PO Box 7003, Boston, MA 02204.

These amounts will affect your refund or tax due:

Exception. Enclose Form M-2210.

Interest

Penalty

M-2210 amount

PRINT PAID PREPARER'S NAME

PAID PREPARER'S SSN or PTIN

PAID PREPARER'S PHONE

DATE

PAID PREPARER'S SIGNATURE

PAID PREPARER'S EIN

Fill in if self-employed DOR may discuss this return with the preparer I do not want my preparer to file my return electronically

BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULE HC (IF APPLICABLE). FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.