



2022 Form 1, pg. 2

 Massachusetts Resident Income Tax Return

AREA RESERVED FOR 2-D BARCODE

			VVVVVVVVVV
3.	Wages, salaries, tips	3	XXXXXXXXXX
ŀ.	Taxable pensions and annuities	4	XXXXXXXXXX
5.	Mass. bank interest: a. XXXXXXXXXXX - b. exemption XXX	= 5	XXXXXXXXXX
ì.	Business/profession income/loss	6a	-XXXXXXXXXX
١.	Farming income/loss	6b	-XXXXXXXXXX
۲.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-XXXXXXXXXXX
١.	Unemployment	8a	XXXXX
	Mass. lottery winnings	8b	XXXXXXXXXX
	Other income from Schedule X, line 7	9	XXXXXXXXXX
	TOTAL 5.0% INCOME	10	-XXXXXXXXXX
١.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	XX
	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	XX
	Reserved for future use	12	000
	Reserved for future use	13	00
	Rental deduction. a. XXXXX	÷ 2 = 14	XX
	Other deductions from Schedule Y, line 19	15	XXXXXXXXX
	Total deductions. Add lines 11 through 15	16	XXXXXXXXX
	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	XXXXXXXXX
	Exemption amount	18	XXXXXXXXXXX
١.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	XXXXXXXXXXX
).	INTEREST AND DIVIDEND INCOME	20	XXXXXXXXXXX
	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	XXXXXXXXXXX
2.	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	XXXXXXXXXX
	BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1		
t	· xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	(XXXXXXXX	XXXXXXXXX -



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 Massachusetts Resident Income Tax Return SOCIALSECNO

AREA RESERVED FOR 2-D BARCODE

3. 1	12% INCOME. Not less than "0." a. XXXXXXXXXXXX		× .12 = 2	23		XXXXXX
4.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	X	2	24	XXXXX	XXXXXX
F	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	X				
5. (Credit recapture amount (from Credit Recapture Schedule)		2	25		XXXXXX
6.	Additional tax on installment sale			26	XXXXX	XXXXXX
7. l	f you qualify for No Tax Status, fill in and enter "0" on line 28	X				
8.	FOTAL INCOME TAX. Add lines 22 through 26			28	XXXXX	XXXXXX
9. l	Limited Income Credit			29	XXXXX	XXXXXX
0. I	ncome tax due to another state or jurisdiction		3	30	XXXXX	XXXXXX
1. (Other credits from Credit Manager Schedule		3	31	XXXXX	
	NCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. N	lot less than "0"	3	32	XXXXX	XXXXXX
	/oluntary Contributions					
	a. Endangered Wildlife Conservation		33	3a	XXXXX	XXXXXX
	o. Organ Transplant Fund		33		XXXXX	XXXXXX
	c. Massachusetts Public Health HIV and Hepatitis Fund		33	3c	XXXXX	XXXXXX
	d. Massachusetts U.S. Olympic Fund		33		XXXXX	XXXXXX
	e. Massachusetts Military Family Relief Fund		33	3e	XXXXX	XXXXXX
	. Homeless Animal Prevention and Care		3	3f	XXXXX	XXXXXX
	Total. Add lines 33a through 33f		3	33	XXXXX	XXXXXX
	Use tax due on Internet, mail order and other out-of-state purchases		3	34	XXXXX	XXXXXX
	Health care penalty a. You XXXX + b. Spouse XXXX			35		XXXXX
	Amended return only. Overpayment from original return		3	36	XXXXX	XXXXXX
	NCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32	through 36	3	37	XXXXX	XXXXXX
		XXXXXXXX	XXX			
	b. Massachusetts income tax withheld from Form(s) 1099 38b X	XXXXXXX	XXXX			
		XXXXXXX				
	Fortal. Add lines 38a through 38c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		38	XXXXX	XXXXXX
_	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	YYYYY	yyy	YYYYY	YY —
				$\Lambda \Lambda \Lambda$		$\Lambda\Lambda$



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 Massachusetts Resident Income Tax Return

AREA RESERVED FOR 2-D BARCODE

nt paid pre IRSTN	preparer to file my return electronically eparer's name IAMEXXXXXXX I LASTNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Date XXXXXXX Paid preparer's XXXXXXX	Check if self-empl X X phone XXXXX	Paid preparer's oyed SSN/PTIN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Interes	artment of Revenue discuss this return with the preparer shown here?	XXXXXXXX		X EX enclose Form M-2210
RTN #	X savings		MA 02204 54	XXXXXXXXXXX
Direct	t deposit of refund. Type of account X checking			
	nd. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000	0, Boston, MA 02204		XXXXXXXXXXXX
	nt of overpayment you want applied to your 2023 estimated tax		52	XXXXXXXXXXXXX
	c. Add lines 36 through 42 and lines 46 and 49 payment. Subtract line 37 from line 50		51	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	L. Add lines 38 through 42 and lines 48 and 49		49 50	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Refundable Credits. Add lines 43 through 47 s Paid Family Leave Withholding		48	
	Refundable Credits		47	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Not mo	December 31, 2022 credit. ore than two. a. X		× \$180 = 46	XXXX
	ndent member(s) of household under age 12, or dependent(s) age 65 or over	er (not you or your sp	oouse)	
	under age 13, or disabled dependent/spouse credit		45	XXX
	r Circuit Breaker Credit		44	XXXX
	You cannot claim the Earned Income Credit if your filing status is married fi exception (see instructions). Fill in if you qualify for this exception X	ing separately unles	s you qualify	
	d Income Credit. a. Number of qualifying children X b. Amount from U.S		× .30 = 43	XXXX
	ded return only. Payments made with original return. Not less than "0"	VVVV	42	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	ents made with extension		41	XXXXXXXXXXXXX
2022 1	Massachusetts estimated tax payments		40	XXXXXXXXXXXXX
2021 (overpayment applied to your 2022 estimated tax		39	XXXXXXXXXXXXX