

## 2022 Schedule R/NR XXXXXXXXXXXXX

 Resident/Nonresident Worksheet

## **AREA RESERVED** FOR 2-D BARCODE

| rarı | t 1. Income adjust                      | ments   |                    |   |                     |
|------|---|---|--------------------|---|---------------------|
|      | Total income                            | Massachusetts   | Massachusetts      | Massachusetts                           | Total Massachusetts |
|      | as modified                             | resident period   | nonresident period | nonresident period                      | taxable income      |
|      | Col. a                                  | Col. b  | Col. c             | Col. d                                  | Col. e              |
|      |   | Income from col. a  | Income from col. a | Income from col. c                      |                     |
|      | m 1 ND/DV                               | for this period   | for this period    | from Mass. sources                      | add col's. b and d  |
|      | m 1-NR/PY                               |   |                    |   |                     |
| 5.   | Wages, salaries, tips and other el      | mployee compensation XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXX        | XXXXXXXXXXX                             | XXXXXXXXXXX         |
| _    |   |   |                    |   |                     |
| 6.   | Taxable pensions and annuities          | XXXXXXXXXXX   | XXXXXXXXXXXX       | XXXXXXXXXXX                             | XXXXXXXXXXXX        |
| 7    | Massachusetts bank interest             |   |                    |   |                     |
| -/.  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXX   | XXXXXXXXXXX        | XXXXXXXXXXX                             | XXXXXXXXXXXX        |
| 8a.  | Business/profession income/loss         |   |                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                     |
| oa.  |   | -XXXXXXXXXXXX   | -XXXXXXXXXXXX      | -XXXXXXXXXXXX                           | -XXXXXXXXXXXXX      |
| 8b.  |   |   |                    |   |                     |
|      | -XXXXXXXXXXXXX                          | -XXXXXXXXXXXXX  | -XXXXXXXXXXXXX     | -XXXXXXXXXXXXX                          | –XXXXXXXXXXXXX      |
| 9.   |   | nip, S corporation, trust income                          | e/loss             |   |                     |
|      | -XXXXXXXXXXXXX                          | -XXXXXXXXXXXXX  | -XXXXXXXXXXXXX     | -XXXXXXXXXXXX                           | –XXXXXXXXXXXXX      |
| 10a. |   |   |                    |   |                     |
|      | XXXXXXXXXXXX                            | XXXXXXXXXXX   | XXXXXXXXXXX        | XXXXXXXXXXX                             |                     |
| 10b. | Massachusetts state lottery winni       | ings  |                    |   |                     |
|      | XXXXXXXXXXX                             | XXXXXXXXXXX   | XXXXXXXXXXX        | XXXXXXXXXXX                             | XXXXXXXXXXXX        |
| 11.  | 0 11 0 11 0 11 10                       | VVVVVVVVVVVVVVV   |                    |   | VVVVVVVVVVVVVVV     |
|      | XXXXXXXXXXX                             | XXXXXXXXXXX   | XXXXXXXXXXX        | XXXXXXXXXXX                             | XXXXXXXXXXXX        |
| 24.  | Interest and dividends                  | VVVVVVVVVVVVVV  | VVVVVVVVVVVVVVV    | VVVVVVVVVVVVVV                          | VVVVVVVVVVVVVV      |
|      | XXXXXXXXXXX                             | XXXXXXXXXXX   | XXXXXXXXXXX        | XXXXXXXXXXX                             | XXXXXXXXXXXX        |
| 27.  |   | VVVVVVVVVVVV  | VVVVVVVVVVV        | vvvvvvvvvv                              | vvvvvvvvvvv         |
|      | XXXXXXXXXXXX                            | XXXXXXXXXXX   | XXXXXXXXXXX        | XXXXXXXXXXX                             | XXXXXXXXXXXX        |
| `ab  | adula D                                 |   |                    |   |                     |
| CH   | edule D. Long-term capita               | I gains/losses, excluding collection                      | ctibles            | vvvvvvvvvv                              | vvvvvvvvvv          |
|      |   |   |                    | -XXXXXXXXXXXX                           |                     |
|      | Total YYYYYYYYYY                        |   |                    | -XXXXXXXXXXXX                           |                     |
|      |   |   |                    |   |                     |
|      |   |   |                    |   |                     |
|      |   |   |                    |   |                     |
|      |   |   |                    |   |                     |
|      |   |   |                    |   |                     |
|      |   |   |                    |   |                     |
|      | VVVVVVVVV                               | XXXXXXXXXXXXXX  |                    | (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | VVVVVV              |



| 2022 Schedule R/NR ng 2   |  |   | AREA RESERVED                   |  |  |
|---------------------------|--|---|---------------------------------|--|--|
| 2022 Schedule R/NR, pg. 2 |  |   | FOR 2-D BARCODE                 |  |  |
| SC                        | OCIALSECNO   |   |                                 |  |  |
|                           | JCINE JE CINO  |   |                                 |  |  |
|                           |  |   |                                 |  |  |
| Dart                      | 2 Doduction on   | d avamption adi                         | uctmonte                        |  |  |
|                           | t 2. Deduction and ction A. The amounts reported in  |   |                                 | 1-NP/PV  |  |
| 360                       | Massachusetts  | Massachusetts                           | to income reported on roini     | 1-14171 1.   |  |
|                           | resident period  | nonresident period                      | Total                           |  |  |
|                           | Col. a   | Col. b                                  | Col. c                          |  |  |
|                           |  |   | add col's. a and b              |  |  |
| ori                       | m 1-NR/PY  |   |                                 |  |  |
|                           | Amount you paid to Social Secu   | XXXXXXXXXXX                             | XXXXXXXXXXXX                    |  |  |
| 15b.                      | Amount spouse paid to Social S | ecurity, Medicare, RR, U.S. or M        | assachusetts retirement. Col    | . c cannot exceed \$2,000.                             |  |
| ماه                       | adula V  |   |                                 |  |  |
|                           | edule Y  |   |                                 |  |  |
| 2.                        | Penalty on early savings withdra   | Wal XXXXXXXXXXXXX                       | XXXXXXXXXXX                     |  |  |
| Л                         | Amounts excludible under MGL   |   |                                 |  |  |
| ۳.                        | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | XXXXXXXXXXX                     |  |  |
| 5.                        | Moving expenses for members of   |   |                                 |  |  |
| 0.                        | XXXXXXXXXXXXX  | XXXXXXXXXXXXX                           | XXXXXXXXXXX                     |  |  |
| 7.                        | Self-employed health insurance   | deduction                               |                                 |  |  |
|                           | XXXXXXXXXXXX   | XXXXXXXXXXX                             | XXXXXXXXXXXX                    |  |  |
| 9a.                       |  |   |                                 | t of supplemental unemployment benefits under          |  |
|                           |  |   |                                 | of personal property engaged in for-profit "PPR", and  |  |
|                           | attorney's fees and court costs in   |   | ination claims "UDC" (part-ye   | ear residents only).                                   |  |
| 9b.                       |  |   |                                 | r local government officials, and business expenses of |  |
| JJ.                       | National Guard and Reserve me  |   | SAPORISOS OF IGG-DUSIS STATE OF | 1 130a. government emetals, and business expenses of   |  |
|                           | XXXXXXXXXXXXX  | XXXXXXXXXXXX                            | XXXXXXXXXXX                     |  |  |
| 13.                       | Deductible amount of qualified co  | ontributory pension income from         | another state or political sub  | division   |  |
|                           | XXXXXXXXXXX  | XXXXXXXXXXX                             | XXXXXXXXXXXX                    |  |  |
| 14.                       | Claim of right deduction   |   |                                 |  |  |
|                           | XXXXXXXXXXX  | XXXXXXXXXXX                             | XXXXXXXXXXXX                    |  |  |
| 17.                       | Certain gambling losses deduction  | on XXXXXXXXXXXXX                        | xxxxxxxxxx                      |  |  |
|                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 |  |  |
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|                           |  |   |                                 |  |  |
|                           |  |   |                                 |  |  |
| Ш                         |  |   |                                 |  |  |
| 4                         | • VVVVVVVVVV   | VVVVVVVVVVVVVVV                         | v vvvvvv                        | · · · · · · · · · · · · · · · · · · ·                  |  |
|                           | ***********  | XXXXXXXXXXXXXX                          | <b>A AAAAA</b> AA               | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                |  |
|                           |  |   |                                 |  |  |

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 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80



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SOCTAL SECNO

## AREA RESERVED FOR 2-D BARCODE

|     | 2. Deduction and                        | u exemption au                                    | Justinents                       |                        |                    |
|-----|---|---|----------------------------------|------------------------|--------------------|
| 360 | Total before                            | Massachusetts                                     | Massachusetts                    | Massachusetts          | Total before       |
|     | adjustments                             | resident period                                   | nonresident period               | nonresident period     | adjustments        |
|     | Col. a                                  | Col. b  | Col. c                           | Col. d                 | Col. e             |
|     |   |   | subtract col. b                  | multiply col. c by     |                    |
| orn | n 1-NR/PY                               | see instructions                                  | from col. a                      | Form 1-NR/PY, line 14g | add col's. b and d |
|     | Exemptions. Enter in col. a the a       | mount from Form 1-NR/PV line                      | 2 40                             |                        |                    |
|     | XXXXXXXXXXXXX                           | XXXXXXXXXXX                                       | XXXXXXXXXXXX                     | XXXXXXXXXXX            | XXXXXXXXXXX        |
| che | edule Y                                 |   |                                  |                        |                    |
| 3.  | Deductible alimony paid                 |   |                                  |                        | VVVVVVVVVVVVVVVV   |
|     | XXXXXXXXXXXXX                           | XXXXXXXXXXX                                       | XXXXXXXXXXXX                     | XXXXXXXXXXX            | XXXXXXXXXXX        |
|     | Medical savings account XXXXXXXXXXXXXXX | XXXXXXXXXXX                                       | XXXXXXXXXXX                      | XXXXXXXXXXX            | XXXXXXXXXX         |
|     | Health savings account                  | XXXXXXXXXXX                                       | XXXXXXXXXXX                      | XXXXXXXXXXX            | XXXXXXXXXX         |
|     | Attorney's fees and court costs in      | XXXXXXXXXXXX                                      | mination claims XXXXXXXXXXXXXXXX | xxxxxxxxxxx            | XXXXXXXXXXX        |
| 10. | Deductions for student loan inter       | est XXXXXXXXXXXXX                                 | XXXXXXXXXXX                      | XXXXXXXXXXX            | XXXXXXXXXX         |
| 12. | Undergraduate student loan inte         | rest deduction. Enter in col. a to                | he amount of such interest paid  | XXXXXXXXXXX            | XXXXXXXXXXX        |
| 15. | Commuter deduction XXXXXXXXXXXXXXX      | xxxxxxxxxxx                                       | XXXXXXXXXXX                      | XXXXXXXXXXX            | XXXXXXXXXXX        |
| 18. | Prepaid tuition or college savings      | s program deduction. See instru<br>XXXXXXXXXXXXXX | uctions XXXXXXXXXXXX             | XXXXXXXXXXX            | XXXXXXXXXXX        |
|     |   |   |                                  |                        |                    |
|     |   |   |                                  |                        |                    |
|     |   |   |                                  |                        |                    |
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