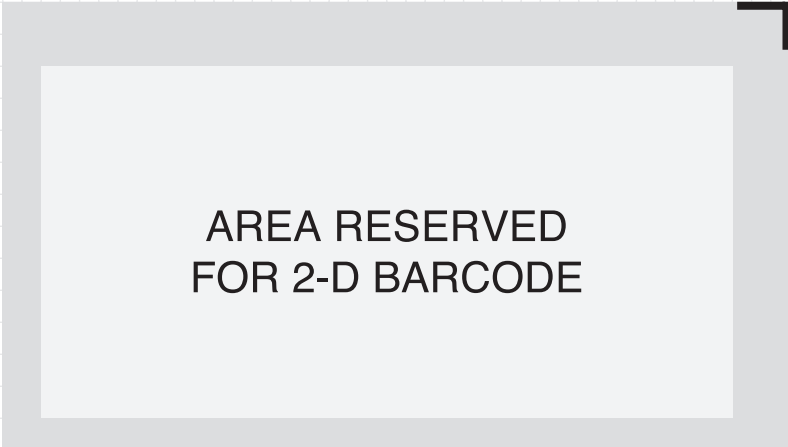


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2023 Form 1

XXXXXXXXXXXXXX

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2023 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXX ST ZIP+FOURX
COSTREETADDRESSXXXXXXXXXXXXXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXXXXXXXXXXXXX
FOREIGNSTATEXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXX FPCXXXX APTNUMBXXXXXX

Fill in if: Amended return Other jurisdiction change Enter date of change XXXXXXXX

Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

a. Total federal income

-XXXXXXXXXXXXX

b. Federal adjusted gross income

-XXXXXXXXXXXXX

1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

\$1 You \$1 Spouse TOTAL
 You Spouse
 You Spouse
 You Spouse
 You Spouse
 Fill in if noncustodial parent
 Fill in if filing Schedule TDS
 Fill in if filing Schedule FCI
 Fill in if reporting crypto currency

2. Exemptions

a. Personal exemptions

2a XXXX

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

XX x \$1,000 = 2b XXXXXXXXXXXXX

c. Age 65 or over before 2024 You + Spouse =

X x \$700 = 2c XXXX

d. Blindness You + Spouse =

X x \$2,200 = 2d XXXX

e. Medical/dental

2e XXXXXXXXXXXXX

f. Adoption

2f XXXXXXXXXXXXX

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

2g XXXXXXXXXXXXX

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

XXXXXXXX

XXXXXXXX

TAXPAYEREMAILADDRESSXX

TELEPHONE#

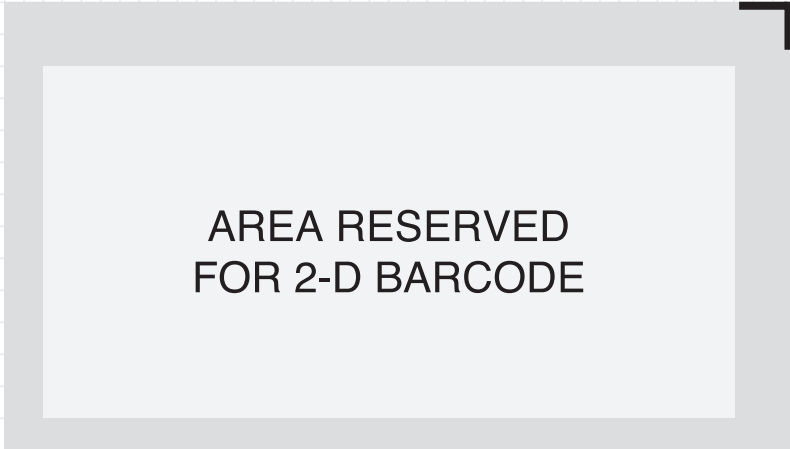
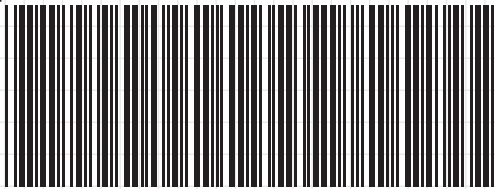
PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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Massachusetts Resident Income Tax Return

SOCIALSECNO

3.	Wages, salaries, tips	3	XXXXXXXXXXXXXX
4.	Taxable pensions and annuities	4	XXXXXXXXXXXXXX
5.	Mass. bank interest: a. XXXXXXXXXXXXXX – b. exemption XXX	= 5	XXXXXXXXXXXXXX
6a.	Business/profession income/loss	6a	-XXXXXXXXXXXXXX
6b.	Farming income/loss	6b	-XXXXXXXXXXXXXX
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-XXXXXXXXXXXXXX
8a.	Unemployment	8a	XXXXXXXXXX
8b.	Mass. lottery winnings	8b	XXXXXXXXXXXXXX
9.	Other income from Schedule X, line 7	9	XXXXXXXXXXXXXX
10.	TOTAL 5.0% INCOME	10	-XXXXXXXXXXXXXX
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	XXXX
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	XXXX
12.	Reserved for future use	12	0000
13.	Reserved for future use	13	0000
14.	Rental deduction. a. XXXXX	÷ 2 = 14	XXXX
15.	Other deductions from Schedule Y, line 19	15	XXXXXXXXXXXXXX
16.	Total deductions. Add lines 11 through 15	16	XXXXXXXXXXXXXX
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	XXXXXXXXXXXXXX
18.	Exemption amount	18	XXXXXXXXXXXXXX
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	XXXXXXXXXXXXXX
20.	INTEREST AND DIVIDEND INCOME	20	XXXXXXXXXXXXXX
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	XXXXXXXXXXXXXX
22.	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	XXXXXXXXXXXXXX
23.	INCOME FROM SCHEDULE B. Not less than "0."	23	XXXXXXXXXXXXXX
a.	XXXXXXXXXXXXXX × .085 = 23a XXXXXXXXXXXXXX		
b.	XXXXXXXXXXXXXX × .12 = 23b XXXXXXXXXXXXXX		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b		

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

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Massachusetts Resident Income Tax Return

SOCIALSECNO

24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	X	24	XXXXXXXXXXXXXX
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	X		
25.	Credit recapture amount (from Credit Recapture Schedule)		25	XXXXXXXXXXXXXX
26.	Additional tax on installment sale		26	XXXXXXXXXXXXXX
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28	X		
28.	TOTAL INCOME TAX.			
	a. Income tax. Add lines 22 through 26	28a	XXXXXXXXXXXXXX	
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b	XXXXXXXXXXXXXX	
	c. Total tax. Add lines 28a and 28b		28	XXXXXXXXXXXXXX
29.	Limited Income Credit		29	XXXXXXXXXXXXXX
30.	Income tax due to another state or jurisdiction		30	XXXXXXXXXXXXXX
31.	Other credits from Credit Manager Schedule		31	XXXXXXXXXXXXXX
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"		32	XXXXXXXXXXXXXX
33.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		33a	XXXXXXXXXXXXXX
	b. Organ Transplant Fund		33b	XXXXXXXXXXXXXX
	c. Massachusetts Public Health HIV and Hepatitis Fund		33c	XXXXXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund		33d	XXXXXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund		33e	XXXXXXXXXXXXXX
	f. Homeless Animal Prevention and Care		33f	XXXXXXXXXXXXXX
	Total. Add lines 33a through 33f		33	XXXXXXXXXXXXXX
34.	Use tax due on Internet, mail order and other out-of-state purchases		34	XXXXXXXXXXXXXX
35.	Health care penalty a. You XXXX + b. Spouse XXXX		35	XXXXXXXXXXXXXX
36.	Amended return only. Overpayment from original return		36	XXXXXXXXXXXXXX
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36		37	XXXXXXXXXXXXXX
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	XXXXXXXXXXXXXX	
	b. Massachusetts income tax withheld from Form(s) 1099	38b	XXXXXXXXXXXXXX	
	c. Massachusetts income tax withheld from other forms	38c	XXXXXXXXXXXXXX	
	Total. Add lines 38a through 38c		38	XXXXXXXXXXXXXX

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