

2024 Form 1

MA24001011064

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2024 or other taxable

Year beginning

Ending

A

A

490-54-9999

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

b. Federal adjusted gross income

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if you are a custodial parent who has released claim to exemption for child(ren)

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

1. Filing status (select one only):

Fill in if not using the same filing status on the federal form

Single

Married filing jointly

Head of household

Married filing separate return NRA

Fill in if joint filing exemption for spouse with Massachusetts gross income under \$8,000

2. Exemptions

a. Personal exemptions

2a

4400

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

0

x \$1,000 = 2b

c. Age 65 or over before 2025 You + Spouse =

x \$700 = 2c

d. Blindness You + Spouse =

x \$2,200 = 2d

e. Medical/dental

2e

f. Adoption

2f

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

2g

4400

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

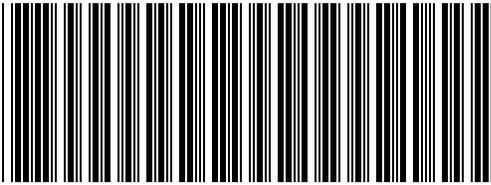
Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

03/07/2026 02:21:04PM



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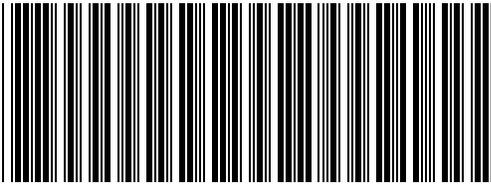
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3.	Wages, salaries, tips	3	
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest	5	100000
6a.	Business/profession income/loss	6a	-100000
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	
10.	TOTAL 5.0% INCOME	10	
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a.	÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	
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	22	
23.	INCOME FROM SCHEDULE B. Not less than "0."		
	a. x .085 = 23a		
	b. x .12 = 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

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



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24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."	Fill in if filing Schedule D-IS		24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
25.	Credit recapture amount (from Credit Recapture Schedule)		25	
26.	Additional tax on installment sale		26	
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	0	
b.	4% Surtax. (from Schedule 4% Surtax, line 7)	28b	0	
c.	Total tax. Add lines 28a and 28b			28
29.	Limited Income Credit			29
30.	Income tax due to another state or jurisdiction			30
31.	Other credits from Credit Manager Schedule			31
32. INCOME TAX AFTER CREDITS.	Subtract the total of lines 29 through 31 from line 28. Not less than "0"			32
33. Voluntary Contributions				
a.	Endangered Wildlife Conservation			33a
b.	Organ Transplant Fund			33b
c.	Massachusetts Public Health HIV and Hepatitis Fund			33c
d.	Massachusetts U.S. Olympic Fund			33d
e.	Massachusetts Military Family Relief Fund			33e
f.	Homeless Animal Prevention and Care			33f
	Total. Add lines 33a through 33f			33
34.	Use tax due on Internet, mail order and other out-of-state purchases			34
35.	Health care penalty a. You + b. Spouse			35
36.	Amended return only. Overpayment from original return			36
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.	Add lines 32 through 36			37
38.				
a.	Massachusetts income tax withheld from Form(s) W-2	38a		
b.	Massachusetts income tax withheld from Form(s) 1099	38b		
c.	Massachusetts income tax withheld from other forms	38c		
	Total. Add lines 38a through 38c			38

