

# 2025 Form 1

MA25001011064

## Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2025 or other taxable

Year beginning

Ending

A	A	490-54-9999
B	A	490-54-8888

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      You      Spouse

Fill in if under age 18

Fill in if name change

a. Total federal income	21917
b. Federal adjusted gross income	21917

\$1 You	\$1 Spouse	TOTAL
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

Married filing separate return

Joint filing exemption for spouse with MA gross income under \$8,000

NRA

Head of household

### 2. Exemptions

a. Personal exemptions			<b>2a</b>	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	0	x \$1,000 =	<b>2b</b>	
c. Age 65 or over before 2026 <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse =	2	x \$700 =	<b>2c</b>	1400
d. Blindness      You +      Spouse =		x \$2,200 =	<b>2d</b>	
e. Medical/dental			<b>2e</b>	
f. Adoption			<b>2f</b>	
g Total exemptions. Add items 2a through 2f. Enter here and on line 18			<b>2g</b>	10200

**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.**

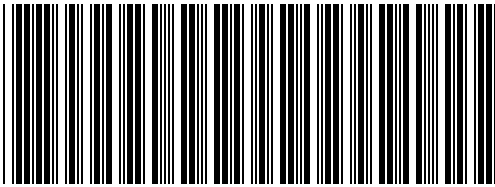
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



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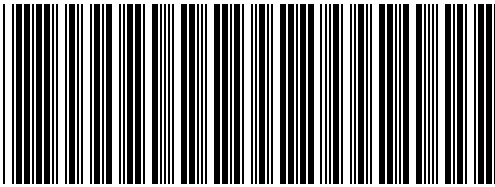
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3.	Wages, salaries, tips		3	
4.	Taxable pensions and annuities		4	
5.	Mass. bank interest		5	21917
6a.	Business/profession income/loss		6a	
6b.	Farming income/loss		6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss		7	
8a.	Unemployment		8a	
8b.	Mass. lottery winnings		8b	
9.	Other income from Schedule X, line 7		9	
10.	<b>TOTAL 5.0% INCOME</b>		10	21917
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. 10773		÷ 2 = 14	4000
15.	Other deductions from Schedule Y, line 19		15	
16.	<b>Total deductions.</b> Add lines 11 through 15		16	4000
17.	<b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. Not less than "0"		17	17917
18.	Exemption amount		18	10200
19.	<b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. Not less than "0"		19	7717
20.	<b>INTEREST AND DIVIDEND INCOME</b>		20	
21.	<b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 19 and 20		21	7717
22.	<b>TAX ON 5.0% INCOME. Note:</b> 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	386
23.	<b>INCOME FROM SCHEDULE B.</b> Not less than "0."			
	a. x .085 = <b>23a</b>			
	b. x .12 = <b>23b</b>			
	<b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 23a and 23b		23	

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



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<b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b>	Fill in if filing Schedule D-IS		<b>24</b>	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
<b>25.</b>	Credit recapture amount (from Credit Recapture Schedule)		<b>25</b>	
<b>26.</b>	Additional tax on installment sale		<b>26</b>	
<b>27.</b>	If you qualify for No Tax Status, fill in and enter "0" on line 28			
<b>28. TOTAL INCOME TAX.</b>				
a.	Income tax. Add lines 22 through 26	28a	386	
b.	4% Surtax. (from Schedule 4% Surtax, line 7)	28b		
c.	Total tax. Add lines 28a and 28b		<b>28</b>	<b>386</b>
<b>29.</b>	Limited Income Credit		<b>29</b>	
<b>30.</b>	Income tax due to another state or jurisdiction		<b>30</b>	
<b>31.</b>	Other credits from Credit Manager Schedule		<b>31</b>	
<b>32. INCOME TAX AFTER CREDITS.</b>	Subtract the total of lines 29 through 31 from line 28. <b>Not less than "0"</b>		<b>32</b>	<b>386</b>
<b>33. Voluntary Contributions</b>				
a.	Endangered Wildlife Conservation		<b>33a</b>	
b.	Organ Transplant Fund		<b>33b</b>	
c.	Massachusetts Public Health HIV and Hepatitis Fund		<b>33c</b>	
d.	Massachusetts U.S. Olympic Fund		<b>33d</b>	
e.	Massachusetts Military Family Relief Fund		<b>33e</b>	
f.	Homeless Animal Prevention and Care		<b>33f</b>	
	Total. Add lines 33a through 33f		<b>33</b>	
<b>34.</b>	Use tax due on Internet, mail order and other out-of-state purchases		<b>34</b>	
<b>35.</b>	Health care penalty a. You + b. Spouse		<b>35</b>	
<b>36.</b>	<b>Amended return only.</b> Overpayment from original return		<b>36</b>	
<b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b>	Add lines 32 through 36		<b>37</b>	<b>386</b>
<b>38. Massachusetts income tax withheld from</b>				
a.	Form(s) W-2	38a		
b.	Form(s) 1099. Enclose Schedule 62-WH	38b		
c.	Other forms. Enclose Schedule 62-WH	38c		
	Total. Add lines 38a through 38c		<b>38</b>	

