

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

	F	orm 1 Massachusetts Resident Income Tax Return 2009)
F	IRST N	AME M.I. LAST NAME 1. YOUR SOCIAL SECURITY NUMBER	T
S	POUSE	S FIRST NAME M.I. LAST NAME 2. SPOUSE'S SOCIAL SECURITY NUMBER	-
A	.DDRES	CITY/TOWN/POST OFFICE/FOREIGN COUNTRY STATE ZIP + 4	4
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
ŀ	f taxp	ayer(s) is deceased, fill in appropriate oval(s) (see instructions): Primary Spouse Fill in if name/address has changed since 2	800
5	State E	f veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle (see instructions) Spouse Total Fill in if filing Schedule TDS (see instructions) Under age 18 (see instructions): You Spouse, if filing jointly Total Spouse	
	1	Filing Status: (select one only) Single Married filing joint return Head of household (see instructions) (both must sign return) Soc. Sec. number in the appropriate space above	
	2	Exemptions: Whole-dollar method only. Do not use cer	
		a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800. If married filing jointly, enter \$8,800	0
,		b. Number of dependents. (Do not include yourself or your spouse.) Enter number ► × \$1,000 2b	0
		You must enclose Schedule DI. c. Age 65 or over before 2010: ─ You ─ Spouse. Enter number ► × \$700	0
		d. Blindness: You Spouse. Enter number ► × \$2,200	0
		e. 1. Medical/Dental From U.S. Schedule A, line 4 2. Adoption See instructions	0
		f. TOTAL EXEMPTIONS. Add lines 2a through 2e. Enter here and on line 18 > 2f	0
		INCOME	
	3	Wages, salaries, tips and other employee compensation (from all Forms W-2)	U
	4	Taxable pensions and annuities (see instructions)	0
	5	a. \ 	0
-		Massachusetts bank interest Exemption amount Exemption: if married filing jointly, subtract \$200 from line 5a; otherwise subtract \$100 and enter result (not less than "0").	
	6	▼ If showing a loss, mark an X in box at left	
		Business/profession or farm income/loss (enclose Massachusetts Schedule C or U.S. Schedule C-EZ or U.S. Schedule F)	0
	7	If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions	0
	8	a. Unemployment compensation. See instructions ▶ 8a	
		b. Massachusetts state lottery winnings	0
	9	Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0")	0
	10	TOTAL 5.3% INCOME. Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) 10	0
		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 Print paid preparer's name Preparer's SSN or PTIN ✓	
		Spouse's signature (if filing jointly) Date Paid preparer's phone Paid preparer's EIN	
		May DOR discuss this return with the preparer? Yes Paid preparer's signature Date Fill in if self-employed	

SOCIAL SECURITY NUMBER 2009 FORM 1, PAGE 2
DEDUCTIONS
a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000. (Medicare premiums deducted from your Soc. Sec. or retirement payments are not deductible.)▶ 11a
b. Amount your spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000. (Medicare premiums deducted from your Soc. Sec. or retirement payments are not deductible.) ▶ 11b
Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) ▶ 12
Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of December 31, 2009, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12).
Not more than two: a. ► × \$3,600 =
Rental deduction. Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately). See instructions.
Total rent paid in 2009: a. ►
Other deductions from Schedule Y, line 16 (enclose Schedule Y) ▶ 15
TOTAL DEDUCTIONS. Add lines 11 through 15
5.3% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"
Total exemption amount (from line 2, item f)
5.3% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0." If line 17 is less than line 18, see instructions
INTEREST AND DIVIDEND INCOME from Schedule B, line 38. Not less than "0." (enclose Schedule B) ≥ 20
TOTAL TAXABLE 5.3% INCOME. Add lines 19 and 20.
TAX ON 5.3% INCOME (from tax table). If line 21 is more than \$24,000, multiply by .053. Note: If choosing the optional 5.85% tax rate, multiply line 21 and the amount in Schedule D,

"	a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000. (Medicare premiums deducted from your Soc. Sec. or retirement payments are not deductible.)▶ 11a
	b. Amount your spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000. (Medicare premiums deducted from your Soc. Sec. or retirement payments are not deductible.) ▶ 11b
12	Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) ▶ 12
13	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of December 31, 2009 or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12).
	Not more than two: a. ► × \$3,600 =
14	Rental deduction. Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately). See instructions.
	Total rent paid in 2009: a. ► ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
15	Other deductions from Schedule Y, line 16 (enclose Schedule Y) ▶ 15
16	TOTAL DEDUCTIONS. Add lines 11 through 15
47	E SON INCORDE AFTER REPUBLICANO O LA LATA AND A LA MARIA MAR
17	5.3% INCUME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "U"
18	Total exemption amount (nom line 2, item 1)
19	5.3% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0." If line 17 is less than line 18, see instructions
20	INTEREST AND DIVIDEND INCOME from Schedule B, line 38. Not less than "0." (enclose Schedule B)
21	TOTAL TAXABLE 5.3% INCOME. Add lines 19 and 20.
22	TAX ON 5.3% INCOME (from tax table). If line 21 is more than \$24,000, multiply by .053.
	Note: If choosing the optional 5.85% tax rate, multiply line 21 and the amount in Schedule D, line 20 by .0585. See instructions; fill in oval. ►
23	12% INCOME from Schedule B, line 39. Not less than "0" (enclose Schedule B):
	a. > 00 × .12 =
24	TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 21). Not less than "0." Enclose Schedule D. If filing Sched. D-IS, Installment Sales, fill in oval and enclose Schedule D-IS ► ► 24
	If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval (see instructions) ► □
25	Credit recapture amount (enclose Schedule H-2; see instructions). ■ BC ■ EOA ■ LIH ■ HR
26	If you qualify for No Tax Status , fill in oval and enter "0" on line 27 (see worksheet in instructions) ►
27	TOTAL INCOME TAX. Add lines 22 through 25
	CREDITS
28	Limited Income Credit (from worksheet in instructions) ≥ 28
29	Other credits from Schedule Z, line 14 (enclose Schedule Z) ≥ 29
30	Total credits. Add lines 28 and 29
31	INCOME TAX AFTER CREDITS. Subtract line 30 from line 27. Not less than "0"

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2009 FORM 1, PAGE 3

IRST N	IAME M.I. LAST NAME	SOCIAL SECURITY NUMBER	
32	Voluntary contributions:		_
	a. Endangered Wildlife Conservation	≥ 32a	0
	b. Organ Transplant Fund	▶ 32b	0
	c. Massachusetts AIDS Fund	▶ 32c	0
	d. Massachusetts United States Olympic Fund.	▶ 32d	0
	e. Massachusetts Military Family Relief Fund	> 32e , 0	0
	Total. Add lines 32a through 32e	32	0
33	Use tax due on out-of-state purchases (see instructions). If no use tax due enter "0"	→ 33 ,,,,	0
34	Health Care penalty (from worksheet in instructions). Be sure to enclose Schedule HC:		
	a. You > b. Spouse > a + b =	34 0	0
35	INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 31–34		0
36	Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 2-G, 1099-G, 1099-MISC, 1099-R and PWH-WA)	▶ 36	0
37	2008 overpayment applied to your 2009 estimated tax (from 2008 Form 1, line 45 or Form 1-NR/F line 50; do not enter 2008 refund)	PY, ▶ 37	0
38	2009 Massachusetts estimated tax payments (do not include amount in line 37)		0
39	Payments made with extension	→ 39	0
40	Earned Income Credit:		
	a. Number of qualifying children ► Amount from U.S. return ► 00		0
41	Senior Circuit Breaker Credit (enclose Schedule CB)	▶ 41	0
42	Other refundable credits from Schedule RF, line 3 (enclose Schedule RF)	• 42	0
43	TOTAL. Add lines 36 through 42	43	0
44	OVERPAYMENT. If line 35 is smaller than line 43, subtract line 35 from line 43. If line 35 is larger		0
	than line 43, go to line 47. If line 35 and line 43 are equal, enter "0" in line 46	44	0
45 46	Amount of overpayment you want APPLIED to your 2010 ESTIMATED TAX	45	
10		► 46 REFUNDO	0
	Direct Deposit of Refund. See instructions. Type of account (you must select one): ► Chec	king Savings	
	·		
	Routing number (first two digits must be 01–12 or 21–32) Account number		
47	TAX DUE. Subtract line 43 from line 35. Pay online at www.mass.gov/dor, or use Form PV	→ 47	0
	Pay in full. Write Soc. Sec. number(s) on lower left corner of check and make payable to Commonwealth of Massachusetts. N	Mail to: Mass. DOR, PO Box 7003, Boston, MA 022	204.
	(Add to total in Interest line 47, if applicable.) Penalty M-2210 amt.	0 0 EX	
	BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULI	E HC.	

Otherwise, go to line 6.

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FULL-YEAR RESIDENTS AND CERTAIN PART-YEAR RESIDENTS MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH RETURN.

FIRST N	AME M.I. LAST NAME SOCIAL SECURITY NUMBER
Щ	<u> </u>
Sc	hedule HC Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY. 2009
1	a. Date of birth ► MM DD YYYYY b. Spouse's date of birth ► MM DD YYYYY (see instructions)
2	Federal adjusted gross income. If married filing separately, see instructions (from U.S. Forms 1040, line 37; 1040A, line 21; or 1040EZ, line 4)
3	Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Commonwealth Care, Commonwealth Care Bridge, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the section on MCC requirements in the instructions. • 3a You: • Tull-year MCC • Part-year MCC • No MCC/None • No MCC/None Note: See instructions if, during 2009, you turned 18, you were a part-year resident or a taxpayer was deceased.
	If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.
4	Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2009, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in the oval in line(s) 4f and/or 4g and see instructions. If you were enrolled in private insurance and MassHealth, Commonwealth Care or Commonwealth Care Bridge, fill in the ovals, enter your private insurance information in line(s) 4f and/or 4g and go to line 5. 4a Private insurance (complete lines 4f and/or 4g below). If more than two, complete Schedule HC-CS. 4b MassHealth, Commonwealth Care or Commonwealth Care Bridge. Fill in oval(s) and go to line 5. 4c Medicare (including a replacement or supplemental plan). Fill in oval(s) and go to line 5. 4d U.S. Military (including Veterans Administration and Tri-Care). Fill in oval(s) and go to line 5. 4e Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health You Spouse Spouse Safety Net is not considered insurance or minimum creditable coverage.
4f	YOUR HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC
	1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM (from box 1 of Form MA 1099-HC)
	FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SUBSCRIBER NUMBER (from Form MA 1099-HC)
	2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY (from box 1 of Form MA 1099-HC)
	2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAMM IF NECESSART (TOTAL DUX 1 OF POINT MA 1099-PTG)
	FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SUBSCRIBER NUMBER (from Form MA 1099-HC)
	TEETINE INCIDENT MONIBER OF INCOMPANIE CO. (NOT BOX 2 OF BIRTH MAX 1003 TID)
Aor	
4g	SPOUSE'S HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC 1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM FOR SPOUSE (from box 1 of Form MA 1099-HC)
	FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)
	2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC)
	E. M. M. C.
	FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)
5	If you had health insurance that met MCC requirements for the full-year , including private insurance, MassHealth, Commonwealth Care or Commonwealth Care Bridge, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.
	If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2009, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

	2009 SCHEDULE HC, PAGE 2
RST N	NAME M.I. LAST NAME SOCIAL SECURITY NUMBER
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UNI	INSURED FOR ALL OR PART OF 2009
6	
U	Was your income in 2009 at or below 150% of the federal poverty level (see table in instructions)? ► 6 ✓ Yes ✓ No
	If you answer Yes , you are not subject to a penalty in 2009. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2009, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.
7	Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2009. Fill in the ovals below for the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the ovals for the months you were covered by a plan that met the MCC requirements at least 15 days or more . If, during 2009, you turned 18 , you were a part-year resident or a taxpayer was deceased , fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.
	You may only fill in the oval(s) for the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.
	MONTHS COVERED BY HEALTH INSURANCE THAT MET MINIMUM CREDITABLE COVERAGE
	JAN FEB MARCH APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC YOU: SPOUSE: O O O O O O O
	If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank ovals in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2009. Skip the remainder of this schedule and complete your tax return.
REL	LIGIOUS EXEMPTION AND CERTIFICATE OF EXEMPTION
8	a. RELIGIOUS EXEMPTION. Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs? > 8a You: Spouse: Yes No
	If you answer Yes , go to line 8b. If you answer No , go to line 9. If you are filing a joint return and one spouse answers Yes but the other spouse answers No , see instructions.
	b. If you are claiming a religious exemption in line 8a, did you receive medical health care during ▶ 8b You: Yes No the 2009 tax year?
	If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9. If you are filing a joint return and one spouse answers Yes but the other spouse answers No , see instructions.
9	CERTIFICATE OF EXEMPTION. Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the 2009 tax year? ▶ 9 You: Yes No
	If you answer Yes , enter the certificate number below, skip the remainder of this schedule and continue completing your tax return. If you an-
	swer No to line 9, go to line 10. If you are filing a joint return and one spouse answers Yes but the other spouse answers No , see instructions.

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.

	2009 SCHEDULE HC, PAGE 3
IRST N	IAME M.I. LAST NAME SOCIAL SECURITY NUMBER
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
AFF	ORDABILITY AS DETERMINED BY STATE GUIDELINES
	This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if insurance was affordable to you during the 2009 tax year.
10	Did your employer offer affordable health insurance that met the minimum creditable coverage re- ► 10 You: Yes No quirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? Spouse: Yes No
	If your employer did not offer health insurance that met the minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed, fill in the No oval.
	If you answer No, go to line 11. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.
11	Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? * 11 You: Yes No No
	If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.
12	Were you able to afford private health insurance that met the minimum creditable coverage re- quirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? Spouse: Yes No
	If you answer No , you are not subject to a penalty. Continue completing your tax return. If you answer Yes , go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.
COI	MPLETE ONLY IF YOU ARE FILING AN APPEAL
	You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.
	You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2009 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the oval(s) below. The appeal will be heard by the Commonwealth Health Insurance Connector Authority. By filling in the oval below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal.
	Important Information If You Are Filing An Appeal:
	You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Commonwealth Health Insurance Connector Authority and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.
	Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.
	YOU: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.
	SPOUSE: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.