



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Form 1 Massachusetts Resident Income Tax Return 2009

FIRST NAME _____ M.I. _____ LAST NAME _____ 1. YOUR SOCIAL SECURITY NUMBER
 SPOUSE'S FIRST NAME _____ M.I. _____ LAST NAME _____ 2. SPOUSE'S SOCIAL SECURITY NUMBER
 ADDRESS _____ CITY/TOWN/POST OFFICE/FOREIGN COUNTRY _____ STATE _____ ZIP + 4 _____

If taxpayer(s) is deceased, fill in appropriate oval(s) (see instructions): Primary Spouse Fill in if name/address has changed since 2008
 Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle (see instructions) You Spouse
 State Election Campaign Fund (this contribution will not change your tax or reduce your refund) \$1 You \$1 Spouse, if filing jointly Total ▶ \$
 Fill in if noncustodial parent Fill in if filing Schedule TDS (see instructions) Under age 18 (see instructions): You Spouse

1 Filing status: (select one only) Single Married filing joint return Married filing separate return. (Enter spouse's Soc. Sec. number in the appropriate space above.)
 Head of household (see instructions) (both must sign return)

2 Exemptions: Whole-dollar method only. Do not use cents.

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 2a 00
 b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ × \$1,000 ... 2b 00
 You must enclose Schedule DI.
 c. Age 65 or over before 2010: You Spouse. Enter number ▶ × \$700 2c 00
 d. Blindness: You Spouse. Enter number ▶ × \$2,200 2d 00
 e. 1. Medical/Dental ▶ 00 From U.S. Schedule A, line 4 2. Adoption ▶ 00 See instructions ... 1 + 2 = 2e 00
 f. **TOTAL EXEMPTIONS.** Add lines 2a through 2e. Enter here and on line 18 ▶ 2f 00

INCOME

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) ▶ 3 00
4 Taxable pensions and annuities (see instructions) ▶ 4 00
5 a. ▶ 00 Massachusetts bank interest - b. ▶ 00 Exemption amount a - b = 5 00
 Exemption: if married filing jointly, subtract \$200 from line 5a; otherwise subtract \$100 and enter result (not less than "0").
6 Business/profession or farm income/loss (enclose Massachusetts Schedule C or U.S. Schedule C-EZ or U.S. Schedule F) ▶ 6 00
 ▼ If showing a loss, mark an X in box at left
7 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions ▶ 7 00
8 a. Unemployment compensation. See instructions ▶ 8a 00
 b. Massachusetts state lottery winnings ▶ 8b 00
9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0") ▶ 9 00
10 **TOTAL 5.3% INCOME.** Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) ... 10 00

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? ▶ <input type="radio"/> Yes <input type="radio"/> No	Paid preparer's signature		Date <input type="radio"/> Fill in if self-employed
I do not want my preparer to file my return electronically ▶ <input type="radio"/>			

Attach, with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).



SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--

DEDUCTIONS

11	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	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
	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	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
12	Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) ▶ 12	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
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. ▶ <table border="1" style="width: 30px;"><tr><td></td></tr></table> × \$3,600 = ▶ 13		<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0									
								0	0																							
14	Rental deduction. Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately). See instructions.																															
	Total rent paid in 2009: a. ▶ <table border="1" style="width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> ÷ 2 = ▶ 14									0	0	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0
								0	0																							
								0	0																							
15	Other deductions from Schedule Y, line 16 (enclose Schedule Y) ▶ 15	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
16	TOTAL DEDUCTIONS. Add lines 11 through 15 ▶ 16	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
17	5.3% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0" 17	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
18	Total exemption amount (from line 2, item f) 18	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
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 19	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
20	INTEREST AND DIVIDEND INCOME from Schedule B, line 38. Not less than "0." (enclose Schedule B) ▶ 20	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
21	TOTAL TAXABLE 5.3% INCOME. Add lines 19 and 20 21	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
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. ▶ <input type="checkbox"/> 22	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
23	12% INCOME from Schedule B, line 39. Not less than "0" (enclose Schedule B):																															
	a. ▶ <table border="1" style="width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table> × .12 = 23									0	0	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0
								0	0																							
								0	0																							
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 ▶ <input type="checkbox"/> ▶ 24	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
	If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval (see instructions) ▶ <input type="checkbox"/>																															
25	Credit recapture amount (enclose Schedule H-2; see instructions). <input type="checkbox"/> BC <input type="checkbox"/> EOA <input type="checkbox"/> LIH <input type="checkbox"/> HR ▶ 25	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
26	If you qualify for No Tax Status , fill in oval and enter "0" on line 27 (see worksheet in instructions) ▶ <input type="checkbox"/>																															
27	TOTAL INCOME TAX. Add lines 22 through 25 27	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
CREDITS																																
28	Limited Income Credit (from worksheet in instructions) ▶ 28	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
29	Other credits from Schedule Z, line 14 (enclose Schedule Z) ▶ 29	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
30	Total credits. Add lines 28 and 29 30	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							
31	INCOME TAX AFTER CREDITS. Subtract line 30 from line 27. Not less than "0" 31	<table border="1" style="width: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr> </table>																			0	0										
								0	0																							



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

FIRST NAME, M.I., LAST NAME, SOCIAL SECURITY NUMBER

Schedule HC Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY. 2009

1 a. Date of birth, b. Spouse's date of birth, c. Family size

2 Federal adjusted gross income

3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s)...

Note: See instructions if, during 2009, you turned 18, you were a part-year resident or a taxpayer was deceased.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2009...

4f YOUR HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5.

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)

4g SPOUSE'S HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5.

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)

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.

Otherwise, go to line 6.

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.

Attach, with a single staple, copy of Form MA 1099-HC, if applicable.



FIRST NAME

M.I.

LAST NAME

SOCIAL SECURITY NUMBER

UNINSURED FOR ALL OR PART OF 2009

6 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:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPOUSE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

RELIGIOUS 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: Yes No
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 the 2009 tax year? **▶ 8b** You: Yes No
Spouse: Yes No

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
Spouse: 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 answer **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.

YOUR CERTIFICATE NUMBER

SPOUSE'S CERTIFICATE NUMBER

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.



FIRST NAME

M.I.

LAST NAME

SOCIAL SECURITY NUMBER

AFFORDABILITY AS DETERMINED BY STATE GUIDELINES

NOTE: This section will require the use of worksheets and tables found in the instructions. You **must** complete the worksheet(s) to determine if health insurance was affordable to you during the 2009 tax year.

10 Did your employer offer affordable health insurance that met the minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? **10** You: Yes No
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
Spouse: Yes 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 requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? **12** You: Yes No
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.

COMPLETE 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.