



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Form 1 Massachusetts Resident Income Tax Return

2010

FIRST NAME _____ M.I. _____ LAST NAME _____ 1. YOUR SOCIAL SECURITY NUMBER
 _____ E N T E R _____ S S #
 SPOUSE'S FIRST NAME _____ M.I. _____ LAST NAME _____ 2. SPOUSE'S SOCIAL SECURITY NUMBER
 _____ E N T E R _____ S S #
 ADDRESS _____ CITY/TOWN/POST OFFICE/FOREIGN COUNTRY _____ STATE _____ ZIP + 4 _____

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 veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶ You ▶ Spouse ▶ \$
 If taxpayer(s) is deceased, fill in appropriate oval(s) (see instructions) ▶ Primary Spouse
 Under age 18 (see instructions) ▶ You ▶ Spouse

1 FILING STATUS ▶ Single
 (select one only) Married filing joint return (both must sign return)
 Married filing separate return (enter spouse's Social Security number in the appropriate space above)
 Head of household (see instructions) ▶ Custodial parent has released claim to exemption for child(ren)
 ▶ Fill in if name/address has changed since 2009
 ▶ Fill in if noncustodial parent
 ▶ Fill in if filing Schedule TDS (see instructions)

2 EXEMPTIONS Whole-dollar method only

a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800. 0 0
 If married filing jointly, enter \$8,800 2a

b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ × \$1,000 = 2b 0 0
 You must enclose Schedule DI.

c. Age 65 or over before 2011: You Spouse Enter number ▶ × \$ 700 = 2c 0 0

d. Blindness: You Spouse Enter number ▶ × \$2,200 = 2d 0 0

e. 1. Medical/Dental ▶ 0 0 2. Adoption ▶ 0 0
 From U.S. Schedule A, line 4 See instructions . . . 1 + 2 = 2e

f. **TOTAL EXEMPTIONS.** Add lines 2a through 2e. Enter here and on line 18 ▶ 2f 0 0

INCOME

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) ▶ 3 0 0

4 Taxable pensions and annuities (see instructions) ▶ 4 0 0

5 a. 0 0 - b. 0 0
 Massachusetts bank interest Exemption amount a - b = 5 0 0
 Exemption: if married filing jointly, subtract \$200 from line 5a; otherwise subtract \$100 and enter result (not less than "0").
 ▼ If showing a loss, mark an X in box at left

6 Business/profession or farm income/loss (enclose Massachusetts Schedule C or U.S. Schedule C-EZ or U.S. Schedule F) ▶ 6 0 0

7 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions ▶ 7 0 0

8 a. Unemployment compensation. See instructions ▶ 8a 0 0
 b. Massachusetts state lottery winnings ▶ 8b 0 0

9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0") ▶ 9 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 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
 I do not want my preparer to file my return electronically ▶ _____ / _____

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



FIRST NAME M.I. LAST NAME

SOCIAL SECURITY NUMBER

32 Voluntary contributions: a. Endangered Wildlife Conservation... b. Organ Transplant Fund... c. Massachusetts AIDS Fund... d. Massachusetts United States Olympic Fund... e. Massachusetts Military Family Relief Fund... Total. Add lines 32a through 32e.

33 Use tax due on out-of-state purchases (from worksheet). If no use tax due enter "0"...

34 Health Care penalty (from worksheet; be sure to enclose Schedule HC): a. You b. Spouse a + b =

35 INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 31-34...

36 Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 2-G, 1099-G, 1099-MISC, 1099-R, PWH-WA and LOA)...

37 2009 overpayment applied to your 2010 estimated tax (from 2009 Form 1, line 45 or Form 1-NR/PY, line 50; do not enter 2009 refund)...

38 2010 Massachusetts estimated tax payments (do not include amount in line 37)...

39 Payments made with extension...

40 Earned Income Credit: a. Number of qualifying children Amount from U.S. return x .15 =

41 Senior Circuit Breaker Credit (enclose Schedule CB)...

42 Other refundable credits from Schedule RF, line 3 (enclose Schedule RF)...

43 TOTAL. Add lines 36 through 42...

44 OVERPAYMENT. If line 35 is smaller than line 43, subtract line 35 from line 43. If line 35 is larger than line 43, go to line 47. If line 35 and line 43 are equal, enter "0" in line 46...

45 Amount of overpayment you want APPLIED to your 2011 ESTIMATED TAX...

46 THIS IS YOUR REFUND. Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204

Direct Deposit of Refund. See instructions. Type of account (you must select one): Checking 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...

Pay in full. Write Soc. Sec. number(s) on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204. (Add to total in line 47, if applicable.) Interest Penalty M-2210 amt. EX incl. Form M-2210