2019 Schedule R/NR

XXXXXXXXXXXXX

Resident/Nonresident Worksheet

AREA RESERVED
FOR 2-D BARCODE

FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO

Part 1. Income adjustments

Form 1-NR/PY

	Total income as modified Col. a	Massachusetts resident period Col. b Income from col. a for this period	Massachusetts nonresident period Col. c Income from col. a for this period	Massachusetts nonresident period Col. d Income from col. c from Mass. sources	Total Massachusetts taxable income Col. e add col's. b and d
5. Wages, salaries, tips and other employee compensation	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
6. Taxable pensions and annuities	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
7. Massachusetts bank interest	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
8. Business/profession or farm income/loss	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX
9. Rental, royalty, REMIC, partnership, S corporation, trust income/loss	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX
10a. Unemployment compensation	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
10b. Massachusetts state lottery winnings	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
11. Other income	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
24. Interest and dividends	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
27. Certain capital gains	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX

Schedule D. Long-term capital gains/losses, excluding collectibles

	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX
Total	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX	–XXXXXXXXXXXX

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SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE

Part 2. Deduction and exemption adjustments

Section A. The amounts reported in col's. a, b and c must be related to income reported on Form 1-NR/PY.

	Massachusetts resident period Col. a	Massachusetts nonresident period Col. b	Total Col. c add col's. a and b
Form 1-NR/PY			
15a. Amount you paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. **Col. c cannot exceed $2,000.**	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
15b. Amount spouse paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. **Col. c cannot exceed $2,000.**	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
Form Y			
2. Penalty on early savings withdrawal	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
4. Amounts excludible under MGL ch 41, § 111F or U.S. tax treaty	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
5. Moving expenses	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
7. Self-employed health insurance deduction	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
9. Qualified performing arts-related expenses, jury duty pay given to your employer, reforestation amortization, repayment of supplemental unemployment benefits under the Trade Act of 1974, employee business expenses of fee-basis state or local government officials, deductible expenses related to income from the rental of personal property engaged in for-profit, business expenses of National Guard and Reserve members, and attorney's fees and court costs involving certain unlawful discrimination claims (part-year residents only).	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
13. Deductible amount of qualified contributory pension income from another state or political subdivision	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
14. Claim of right deduction	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
17. Certain gambling losses deduction	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX

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SOCIALSECNO

AREA RESERVED
FOR 2-D BARCODE

Part 2. Deduction and exemption adjustments (cont'd.)

Section B

	Total before adjustments Col. a	Massachusetts resident period Col. b	Massachusetts nonresident period Col. c	Massachusetts nonresident period Col. d	Total before adjustments Col. e
		see instructions	subtract col. b from col. a	multiply col. c by Form 1-NR/PY, line 14g	add col's. b and d
Form 1-NR/PY					
16. Child under age 13, or disabled dependent/spouse care expenses. Enter in col. a the amount from item C of the worksheet in the Form 1-NR/PY instructions	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
17. Dependent member(s) of household under age 12, or dependents age 65 or over as of 12/31/19, or disabled dependents. Enter in col. a $3,600 for one such dependent or $7,200 for two or more. **Only if not claiming an amount in line 16**	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
22. Exemptions. Enter in col. a the amount from Form 1-NR/PY, line 4g	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
Schedule Y					
3. Alimony paid	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
6. Medical savings account	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
8. Health savings accounts deduction	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
9. Attorney's fees and court costs involving certain unlawful discrimination claims	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
10. Deductions for student loan interest	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
12. Undergraduate student loan interest deduction. Enter in col. a the amount of such interest paid	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
15. Commuter deduction. See instructions	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
18. Prepaid tuition or college savings program deduction. See instructions	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX

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