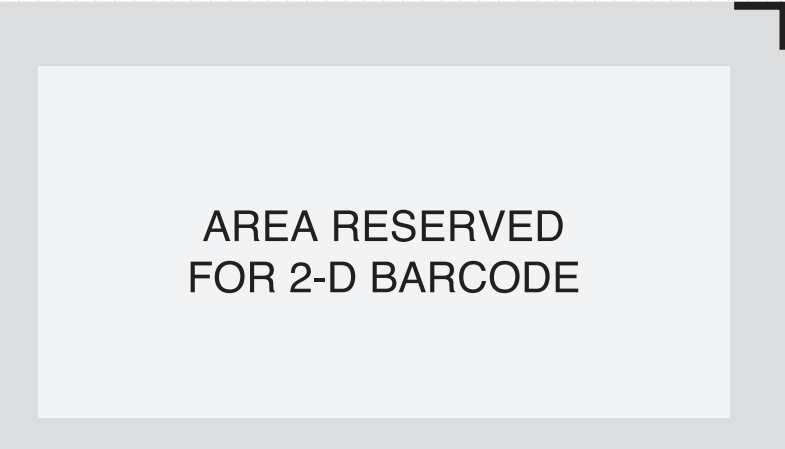
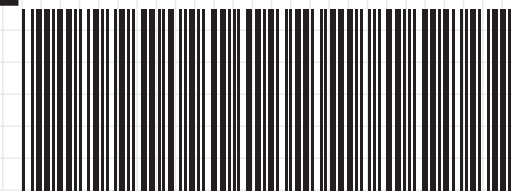


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2020 Form 1
XXXXXXXXXXXXXX

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2020 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXX ST ZIP+FOURX
COSTREETADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXXXXXXXXX
FOREIGNSTATEXXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXXX FPCXXXX

Fill in if: Original return Amended return Amended return due to federal change

Apt. no. XXXXXXXXXXXXXXXX

State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle
or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

a. Total federal income -XXXXXXXXXXXXX

Name changed since 2019

b. Federal adjusted gross income -XXXXXXXXXXXXX

Fill in if noncustodial parent

1. Filing status (select one only):

- Single
- Married filing jointly
- Married filing separate return
- Head of household You are a custodial parent who has released claim to exemption for child(ren)

Fill in if filing Schedule TDS

2. Exemptions

- a. Personal exemptions **2a** XXXX
- b. Number of dependents. (Do not include yourself or your spouse.) Enter number **XX** × \$1,000 = **2b** XXXXXXXXXXXXXXXX
- c. Age 65 or over before 2021 You + Spouse = **X** × \$700 = **2c** XXXX
- d. Blindness You + Spouse = **X** × \$2,200 = **2d** XXXX
- e. Medical/dental **2e** XXXXXXXXXXXXXXXX
- f. Adoption **2f** XXXXXXXXXXXXXXXX
- g. Total exemptions. Add items 2a through 2f. Enter here and on line 18 **2g** XXXXXXXXXXXXXXXX

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

XXXXXXXXXX

XXXXXXXXXX

TAXPAYEREMAILADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TELEPHONE#

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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2020 Form 1, pg. 2

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Massachusetts Resident Income Tax Return

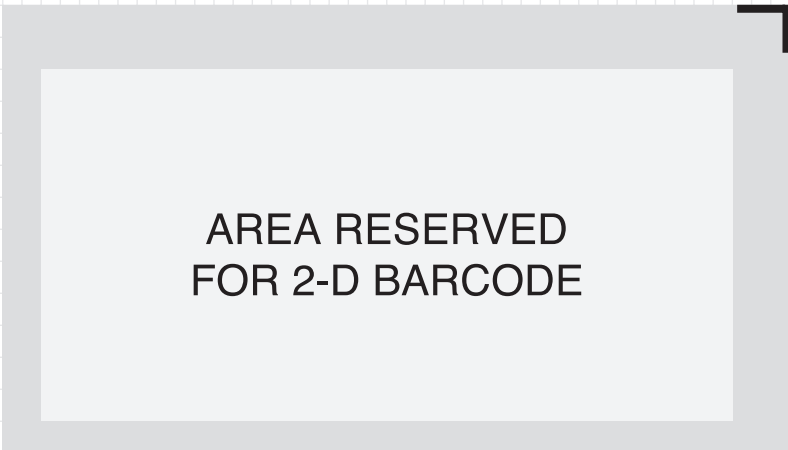
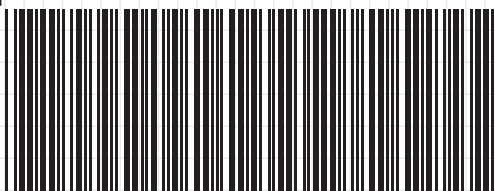
SOCIALSECNO

3.	Wages, salaries, tips	3	XXXXXXXXXXXXXX
4.	Taxable pensions and annuities	4	XXXXXXXXXXXXXX
5.	Mass. bank interest: a. XXXXXXXXXXXXX – b. exemption XXX	= 5	XXXXXXXXXXXXXX
6a.	Business/profession income/loss	6a	-XXXXXXXXXXXXXX
6b.	Farming income/loss	6b	-XXXXXXXXXXXXXX
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-XXXXXXXXXXXXXX
8a.	Unemployment	8a	XXXXXXXXXX
8b.	Mass. lottery winnings	8b	XXXXXXXXXXXXXX
9.	Other income from Schedule X, line 5	9	XXXXXXXXXXXXXX
10.	TOTAL 5.0% INCOME	10	-XXXXXXXXXXXXXX
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	XXXX
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	XXXX
12.	Child under age 13, or disabled dependent/spouse care expenses	12	XXXXX
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s)		
	Not more than two. a. X	× \$3,600 = 13	XXXX
14.	Rental deduction. a. XXXXX	÷ 2 = 14	XXXX
15.	Other deductions from Schedule Y, line 19	15	XXXXXXXXXXXXXX
16.	Total deductions. Add lines 11 through 15	16	XXXXXXXXXXXXXX
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	XXXXXXXXXXXXXX
18.	Exemption amount	18	XXXXXXXXXXXXXX
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	XXXXXXXXXXXXXX
20.	INTEREST AND DIVIDEND INCOME	20	XXXXXXXXXXXXXX
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	XXXXXXXXXXXXXX

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

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2020 Form 1, pg. 3

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Massachusetts Resident Income Tax Return

SOCIALSECNO

22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	X	22	XXXXXXXXXXXXXX
23.	12% INCOME. Not less than "0." a.	XXXXXXXXXXXXXX	x .12 = 23	XXXXXXXXXXXXXX
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	X	24	XXXXXXXXXXXXXX
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	X		
25.	Credit recapture amount (from Credit Recapture Schedule)		25	XXXXXXXXXXXXXX
26.	Additional tax on installment sale		26	XXXXXXXXXXXXXX
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28	X		
28.	TOTAL INCOME TAX. Add lines 22 through 26		28	XXXXXXXXXXXXXX
29.	Limited Income Credit		29	XXXXXXXXXXXXXX
30.	Income tax due to another state or jurisdiction		30	XXXXXXXXXXXXXX
31.	Other credits from Credit Manager Schedule		31	XXXXXXXXXXXXXX
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"		32	XXXXXXXXXXXXXX
33.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		33a	XXXXXXXXXXXXXX
	b. Organ Transplant Fund		33b	XXXXXXXXXXXXXX
	c. Massachusetts Public Health HIV and Hepatitis Fund		33c	XXXXXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund		33d	XXXXXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund		33e	XXXXXXXXXXXXXX
	f. Homeless Animal Prevention and Care		33f	XXXXXXXXXXXXXX
	Total. Add lines 33a through 33f		33	XXXXXXXXXXXXXX
34.	Use tax due on Internet, mail order and other out-of-state purchases		34	XXXXXXXXXXXXXX
35.	Health care penalty a. You XXXX + b. Spouse XXXX		35	XXXXXXXXXXXXXX
36.	Amended return only. Overpayment from original return		36	XXXXXXXXXXXXXX
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36		37	XXXXXXXXXXXXXX

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