



Department of Revenue | Commonwealth of Massachusetts

# 2020 Massachusetts Nonresident or Part-Year Resident Income Tax

Turn the page for information on E-Filing your return this year.

FORM 1-NR/PY

# Give E-file a try this year!

**C'mon, admit it — filing paper tax returns is no fun! So forget about longer refund wait times and calculation mistakes. E-file this year!**



**There are three easy and convenient ways to do it.**

**1**

## **File Electronically for Free**

About 70% of Massachusetts taxpayers likely qualify to file both federal and state returns for free, enhancing fraud protection and cutting down on identity theft. Massachusetts joined the Free File Alliance, a nonprofit partnership between tax software companies, the IRS and the states to increase opportunities for taxpayers to E-file their tax returns for free. Check out the free filing options available to taxpayers at [mass.gov/efile](https://mass.gov/efile).

**2**

## **Commercial Tax Preparation Software**

You can also E-file using DOR-approved commercial tax filing products or websites. Visit our website for a complete listing of approved websites and products. Although some of these products offer a paper filing option, you may only use that option if it incorporates a 2D barcode in the right-hand corner of all pages. If you have a 2D printing issue, be sure to contact the software manufacturer for instructions before filing to avoid having your return rejected. Also, be sure to use the correct 2D barcode mailing address: PO Box 7000 for refunds/no payments or PO Box 7003 for payments. See DOR's online tax form instructions for more information.

**3**

## **Tax Preparers**

The majority of paid tax preparers recognize that their clients don't want mistakes, delays, or longer refund times so they offer E-filing for their customers. Moreover, Massachusetts law requires any preparer who completes more than 10 Massachusetts income tax returns to E-file (TIR 11-13 has a specific taxpayer opt-out provision to this law). Preparers who do file paper returns for their clients have specific requirements they must meet to avoid paying penalties and fines.

**[mass.gov/efile](https://mass.gov/efile)**

# 2020 Massachusetts **Schedule HC** Health Care

## Special Section on Minimum Creditable Coverage

### What is “Minimum Creditable Coverage” (MCC)?

It's the minimum level of health insurance benefits that adult tax filers need to be considered insured and avoid tax penalties in Massachusetts.

**Note:** MCC is not the same as Minimum Essential Coverage, which is the type of coverage adult tax filers and their dependents need in order to be considered insured by the federal government. Visit [irs.gov](https://www.irs.gov) for more information about the federal requirement to have insurance coverage.

### How do I know if my plan met MCC?

Massachusetts-licensed health insurance companies must put an MCC compliance notice on their health plans indicating whether they meet MCC requirements. Most do meet the MCC standards. If you received a Form MA 1099-HC from your insurer, that form will indicate whether your insurance met MCC requirements. For a list of plans that automatically meet MCC, please refer to the plans listed on this page.

### What if I did not receive a Form MA 1099-HC from my insurer?

You can call your insurer or your employer's human resources department or benefits administrator for help, if you get health coverage through your job. If your insurer or your employer is unable to assist you, please refer to the “Benefits Required Under MCC” section on this page to see if your policy meets these requirements. If your plan meets all of the requirements, you may certify in line 3 of the Schedule HC that you were enrolled in a plan that met the MCC requirements during that time period.

### What if my plan did not meet MCC for all of 2020?

If you were enrolled in a plan that did not meet the MCC requirements for all of 2020, you must fill in the “No MCC/None” oval in line 3 of the Schedule HC and follow the instructions on the Schedule HC. You will not be subject to a penalty if it is determined that you did not have access to affordable insurance that met MCC. If you had access to affordable insurance that met MCC but did not purchase it, you are subject to a penalty. However, if you are subject to a penalty, you may appeal and claim that the penalty should not apply to you. For more information about the grounds and procedure for appeals, go to page HC-4. No penalty will be imposed pending the outcome of your appeal.

### What if I was enrolled in an MCC plan for only part of the year?

If you were enrolled in an MCC plan for only part of the year, you should fill in the “Part-Year MCC” oval in line 3 of the Schedule HC and go to line 4. In line 4, only provide the health insurance information for the MCC plan(s) you were enrolled in. Do not provide health insurance information in line 4 for a plan that did not meet the MCC standards.

### Benefits Required Under MCC

For most plans, the 2020 “Minimum Creditable Coverage” standards include:

- Coverage for a comprehensive set of services (for example: doctor visits, hospital admissions, day surgery, emergency services, mental health and substance abuse, and prescription drug coverage);

- Doctor visits for preventive care, without a deductible;
- A cap on annual deductibles of \$2,550 for an individual and \$5,100 for a family;
- For plans with up-front deductibles or co-insurance on core services, an annual maximum on out-of-pocket spending of no more than \$8,150 for an individual and \$16,300 for a family;
- No caps on total benefits for a particular illness or for a single year;
- No policy that covers only a fixed dollar amount per day or stay in the hospital, with the patient responsible for all other charges;
- For policies that have a separate prescription drug deductible, it cannot exceed \$310 for an individual or \$620 for a family;
- All services must be provided to all of those covered (for example, a plan that covers dependents must extend maternity services to them); and
- No cap on prescription drug benefits.

### Other ways of meeting MCC:

You automatically meet MCC if you are enrolled in:

- Medicare Part A or B;
- Any Qualified Health Plan purchased through the Massachusetts Health Connector or directly through a carrier, including ConnectorCare plans and catastrophic plans;
- MassHealth;
- A Student Health Insurance Plan (SHIP) offered in Massachusetts or another state;
- Eligibility for services through a tribal organization or the Indian Health Service;
- TRICARE;
- The U.S. Veterans Administration Health System;
- A health insurance plan offered by the federal government to federal employees or retirees;
- Peace Corps, VISTA or AmeriCorps or National Civilian Community Corps coverage.

**Note:** A federally-qualified High Deductible Health Plan (HDHP) offered with a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) may meet MCC if it complies with most of the benefits described above.

For more information on MCC requirements, visit the Health Connector's website at [MAhealthconnector.org](https://www.mahealthconnector.org).

# Schedule HC Instructions

## Health Care Information

The Massachusetts health care reform law requires most residents 18 and over with access to affordable health insurance to obtain it. More information about the health care reform law and how to purchase affordable health insurance is available at the Commonwealth Health Insurance Connector Authority's website at [MAhealthconnector.org](http://MAhealthconnector.org).

**Note:** The Affordable Care Act requires most individuals nationally with access to affordable health insurance to obtain it. This requirement is separate from the Massachusetts reform law requirements. Visit [irs.gov](http://irs.gov) for more information on the federal requirement.

## Special Circumstances During 2020

Read this section if, during 2020, you turned 18, moved into or out of Massachusetts or if you are filing a tax return on behalf of a deceased taxpayer to determine the period of time that the mandate to have health insurance applied to you.

**Note:** Schedule HC must be completed and filed if you fall into a "special circumstances" category. Turning 18. If you turned 18 during 2020, the mandate to obtain and maintain health insurance applies to you beginning on the first day of the third month following the month of your birthday. For example, if your birthday is June 15, the mandate applies on September 1.

**Part-year residents.** If you moved into Massachusetts during 2020, the mandate to obtain and maintain health insurance applies to you beginning on the first day of third month following the month you became a resident of Massachusetts. For example, if you moved into Massachusetts on May 14, the mandate applies on August 1.

If you moved out of Massachusetts during 2020, the requirement to obtain and maintain health insurance applies to you up until the last day of the last full month you were a resident. For example, if you moved out of Massachusetts on July 10, the mandate applies up to June 30. And, if you moved out of Massachusetts on September 30, the mandate applies up to September 30.

**Note:** Part-year residents are not required to file Schedule HC if they were residents of Massachusetts for less than three full months.

**Deceased taxpayer.** If a taxpayer dies during 2020, the mandate to obtain and maintain health insurance applies to the deceased taxpayer up until the last day of the last full month the taxpayer was alive. For example, if a taxpayer died on August 4, the mandate applies up to July 31.

## Lines 1a and 1b. Date of Birth

Enter your date of birth and the date of birth for your spouse (if married filing jointly).

**Taxpayers turning 18 during 2020.** Taxpayers with a date of birth on or after October 1, 2002 should only complete line 1 of Schedule HC because they are not subject to a penalty.

**Note:** Failure to enter this information will delay the processing of your return.

## Line 1c. Family Size

Enter your family size, including yourself, your spouse (if living in the same household at any point during the year) and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, also be sure to include in line 1c any dependents claimed on your tax return and any dependents claimed by your spouse on your spouse's tax return.

**Note:** Failure to enter this information will delay the processing of your return.

## Line 2. Federal Adjusted Gross Income

Enter your federal adjusted gross income (from U.S. Form 1040, line 11). If married filing separately and living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this section. If you did not have a requirement to file a U.S. return, you must enter 0 in this section.

**Note:** Failure to enter this information will delay the processing of your return.

## Line 3. Your Health Insurance Status in 2020

If you had health insurance in 2020, you must first determine if the insurance you had met the Minimum Creditable Coverage requirements. Your Form MA 1099-HC sent to you by your insurer will give you this information. Almost all state and government sponsored insurance plans, such as MassHealth, ConnectorCare and other Health Connector plans, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet these requirements.

**Important information:** The Health Safety Net is not health insurance, and thus it does not meet MCC requirements. If this is the only way in which your health care needs were paid for in 2020, you must fill in the No MCC/None oval in line 3 and go to line 6.

If you did not receive Form MA 1099-HC from your insurer, see the special section on MCC requirements. Once you have determined whether your coverage met the MCC requirements in 2020, enter the period of time that you were covered by the plan(s).

## Explanation of time periods for line 3 of Schedule HC

► **Full-year MCC.** Fill in this oval if you had health insurance that met MCC requirements for the entire year of 2020 and go to line 4.

► **Part-year MCC.** Fill in this oval if you had health insurance that met MCC requirements for only part of 2020 and go to line 4. This means for the other parts of 2020, you had no health insurance at all, health insurance that did not meet MCC requirements or a combination of both.

► **No MCC/None.** Fill in this oval if you did not, at any point in 2020, have health insurance that met MCC requirements. For example, either you did not have any health insurance at all in 2020, or you only had health insurance that did not meet MCC requirements and then go to line 6.

If married filing jointly, you must respond for yourself and your spouse. If you (or your spouse, if married filing jointly) had **Full-Year** or **Part-Year MCC**, go to line 4. If you (or your spouse, if married filing jointly) had **No MCC/None**, go to line 6. If married filing jointly, and only one spouse had **Full-Year** or **Part-Year MCC**, you must complete line 4 with information regarding the spouse who had Full-Year or **Part-Year MCC**, and must go to line 6 for the spouse who had **No MCC/None**. If married filing separately, you only have to respond for yourself, not your spouse.

**Note:** Failure to enter this information will delay the processing of your return.

**Special Circumstances — Important Information:** If, during 2020, you turned 18, moved into or out of Massachusetts or if you are filing a tax return on behalf of a deceased taxpayer, you must first determine the period of time that the mandate applied to you. See the Special Circumstances section on this page for additional information. If you had health insurance that met the Minimum Creditable Coverage requirements for the entire period that the mandate applied to you, fill in the **Full-Year MCC** oval in line 3. If you met the requirements for only part of the time that the mandate applied to you, fill in the **Part-Year MCC** oval. If you had no insurance or insurance that did not meet the MCC requirements for the period of time that the mandate applied to you, fill in the **No MCC/None** oval.

## Line 4. Your Health Insurance Plan Information

If you indicated in line 3 that you were enrolled in a health insurance plan that met the Minimum Creditable Coverage requirements for all or part of 2020, you must now fill in the oval that matches your plan. If you had more than one plan in 2020, fill in all of the ovals that apply for you and your spouse, if married filing jointly, and follow the instructions.

**Line 4a.** If you (and/or your spouse if married filing jointly) were enrolled in private health insurance, including ConnectorCare, fill in the oval(s) in line 4a and complete line 4f (for you) and/or 4g (your spouse) using Form(s) MA 1099-HC. This form will be issued to you by your health insurance carrier or administrator, no later than January 31, 2021.

**Note:** If you received Form(s) MA 1099-HC, be sure to attach to Schedule HC. If you did not receive Form(s) MA 1099-HC, fill in the oval(s) in lines 4f (for you) and/or 4g (your spouse), and enter the name of your insurance carrier or administrator and your subscriber number in line 4f and/or 4g and go to line 5. This information should be on your insurance card. If you do not know this information, contact your insurer or your Human Resources Department if your insurance is through your employer.

**Note:** Generally, employees or retirees of the federal, state or local governments have private health insurance and should fill in the oval(s) in line 4a and complete line 4f (for you) and/or line 4g (your spouse) and then go to line 5.

**Note:** If you (and/or your spouse if married filing jointly) obtained MCC through a health arrangement provided by an established religious organization comprised of individuals with sincerely held religious beliefs, fill in the oval for line 4a and complete line 4f (for you) and/or line 4g (for your spouse).

If you and your spouse were enrolled in the same health insurance, you must complete both line 4f (for you) and 4g (your spouse).

**Line 4b.** If you (and/or your spouse if married filing jointly) were enrolled in MassHealth fill in the Yes oval(s) in line 4b and go to line 5.

**Line 4c.** If you (and/or your spouse if married filing jointly) were enrolled in Medicare (including a replacement or supplemental plan), fill in the oval(s) in line 4c and then go to line 5.

**Note:** Fill in the Medicare oval(s) even if you have a supplemental or replacement plan that you may have purchased on your own.

**Line 4d.** If you (and/or your spouse if married filing jointly) were enrolled in a U.S. Military plan (including Veterans Administration and Tri-Care), fill in the oval(s) in line 4d and then go to line 5.

**Line 4e.** If you (and/or your spouse if married filing jointly) were enrolled in Other government health coverage fill in the oval(s) in line 4e and complete line 4f (for you) and/or 4g (your spouse) by entering the program name(s) only.

“Other government health coverage” includes comprehensive government-subsidized plans such as care provided at a correctional facility or

by an Indian Health Service provider or tribally-operated facility. Taxpayers who receive MassHealth should fill in the oval on line 4b. Taxpayers who receive ConnectorCare should fill in the oval on line 4a. Taxpayers who receive health care through the Health Safety Net (formerly known as the Uncompensated Care Pool) should not fill in any oval in line 4 because the Health Safety Net is not health insurance, and thus it does not meet Minimum Creditable Coverage requirements.

**Lines 4f and 4g.** Complete only if you filled in oval(s) in line(s) 4a or 4e. Enter information in lines 4f and 4g on up to two insurance carriers each, if you (and/or your spouse if married filing jointly) were covered by multiple insurers in 2020.

**Note:** If you filled in the oval(s) in line 4e, only enter the name of the program or organization. If you were eligible for services through the Indian Health Service or a tribal organization, enter “Indian Health” on this line. After completing lines 4f and 4g, go to line 5.

If you (and/or your spouse if married filing jointly) had health insurance from more than two insurance carriers, fill out Schedule HC-CS, Health Care Continuation Sheet. If you file Schedule HC-CS, report your two most recent insurance carriers first on Schedule HC and use Schedule HC-CS to report the additional insurance carriers for yourself (and/or your spouse if married filing jointly). Schedule HC-CS is available on DOR’s website at [mass.gov/dor](http://mass.gov/dor).

## Line 5. Instructions After Completing Lines 3 and 4

If your health insurance met the Minimum Creditable Coverage requirements for all of 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. If you were enrolled in Medicare, U.S. Military (including Veterans Administration and Tri-Care), or other government insurance, not including MassHealth, at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Be sure to enclose page 1 of Schedule HC with your return.

If you had health insurance that met the MCC requirements for only part of the year in 2020 or if you had no insurance in 2020, go to line 6.

## Line 6. Federal Poverty Level

Individuals with income at or below 150% of the Federal Poverty Level (FPL) are not subject to a penalty for failure to purchase health insurance. Complete the Line 6, Federal Poverty Worksheet to determine if your income in 2020 was at or below 150% of the Federal Poverty Level.

**Note for MassHealth enrollees:** If you did not receive a Form MA 1099-HC and you answered No to line 6, please call Mass Health at 1-866-682-6745 for a copy. Taxpayers who receive ConnectorCare should call their health plan for a copy of Form MA 1099-HC. If you answered Yes to line 6, you do not need to complete this section and you do not need a Form MA 1099-HC. If you answered Yes to line 6, you are not subject to a penalty. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

## Line 7. Months Covered by Minimum Creditable Coverage Health Insurance

Complete this section only if you (and/or your spouse if married filing jointly) were enrolled in a health insurance plan(s) that met Minimum Creditable Coverage requirements for part, but not all, of 2020. You are considered to have coverage for part of 2020 if you had coverage for at least 1 but less than 12 months.

If you were enrolled in a private health insurance plan that met MCC requirements (such as coverage provided by your employer or purchased on your own) or government-sponsored health insurance (such as MassHealth), fill in the oval(s) for the months you were covered in 2020, using the information from Form(s) MA 1099-HC.

If you did not receive a Form MA 1099-HC from your insurer, fill in the oval(s) for each month in which you had coverage that met MCC requirements for 15 days or more. If you had coverage in any month for 14 days or less, you must leave the oval(s) blank.

If you have four or more consecutive months either with no insurance or insurance that did not meet MCC requirements (four or more blank ovals in a row), go to line 8a. Otherwise, you are not subject to a penalty. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

If you are filing a joint return and one spouse has three or fewer blank ovals in a row, and the other spouse has four or more blank ovals in a row, the spouse with three or fewer blank ovals in a row is not subject to a penalty and should skip the remainder of Schedule HC. The spouse with four or more blank ovals in a row must go to line 8a.

## Special Circumstances During 2020

**Note:** Schedule HC must be completed and filed even if you fall into a “Special Circumstances” category. Also, do not count the months that the mandate did not apply when determining if you have four or more consecutive months without health insurance.



**Turning 18.** If you turned 18 during 2020, the mandate to maintain and obtain health insurance applies to you beginning on the first day of the third month following the month of your birthday. For example, if your birthday is June 15, the mandate applies on September 1. In this example, do not count the months of January through August because the mandate did not apply.

**Part-year residents.** If you moved into Massachusetts during 2020, the mandate to obtain and maintain health insurance applies to you beginning on the first day of the third month following the month you became domiciled in (a resident of) Massachusetts. For example, if you moved into Massachusetts on May 14, the mandate applies on August 1. In this example, do not count the months of January through July because the mandate did not apply.

If you moved out of Massachusetts during 2020, the mandate to obtain and maintain health insurance applies to you up until the last day of the last full month you were a resident. For example, if you moved out of Massachusetts on July 10, the mandate applies up to June 30. In this example, do not count the months of July through December because the mandate did not apply.

**Deceased taxpayer.** If a taxpayer died during 2020, the mandate to obtain and maintain health insurance applies to the deceased taxpayer up until the last day of the last full month the taxpayer was alive. For example, if a taxpayer died on August 4, the mandate applies up to July 31. In this example, do not count the months of August through December because the mandate did not apply.

## Line 8. Religious Exemption

**Line 8a.** A religious exemption is available for any one who has a sincere religious belief that is the basis of refusal to obtain and maintain health insurance coverage. Fill in the Yes oval(s) if you are claiming a religious exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance.

If you (and your spouse if married filing jointly) answer **Yes** to line 8a, go to line 8b.

If you (and your spouse if married filing jointly) answer **No** to line 8a, go to line 9.

If you are filing a joint return and one spouse answers **No** to line 8a but the other spouse answers **Yes**, the spouse who answered **Yes** must go to line 8b and the spouse who answered **No** must go to line 9.

**Line 8b.** If you are claiming a religious exemption but you received medical health care during tax year 2020, such as treatment during an emergency room visit, you may be subject to a penalty if it

is determined that you could have afforded health insurance.

Medical health care excludes certain treatments such as preventative dental care, certain eye examinations and vaccinations. It also excludes a physical examination when required by a third party, such as a prospective employer. For additional information, see Department of Revenue regulation 830 CMR 111M.2.1, Health Insurance Individual Mandate; Personal Income Tax Return Requirements, available on the department's website at [mass.gov/dor](http://mass.gov/dor).

If you (and your spouse if married filing jointly) answer **Yes** on line 8a and **No** on line 8b, the penalty does not apply to you. Skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

If you (and your spouse if married filing jointly) answered **Yes** on both lines 8a and 8b, go to line 9.

If you are filing a joint return and one spouse answers **No** to line 8b but the other spouse answers **Yes** to line 8b, the spouse who answered **No** is not subject to a penalty and should skip the remainder of Schedule HC. The spouse who answered **Yes** must go to line 9.

## Line 9. Certificate of Exemption

The Massachusetts Health Connector provided certificates of exemption to qualified taxpayers who applied in 2020.

• If you have a “**Certificate of Exemption**” issued by the Massachusetts Health Connector for the 2020 tax year, a penalty does not apply to you. Fill in the **Yes** oval(s) in line 9 of Schedule HC and enter the certificate number in the space provided. **Note:** Only enter the **numbers** of the Certificate of Exemption. Do **not** enter letters, spaces or dashes. For example, if the certificate number on your Certificate of Exemption is AML1123456-78, enter in the spaces provided 12345678. If married filing jointly and both spouses have a certificate, each spouse must enter their certificate number in the space provided. Skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

• If you answered No to line 9, go to line 10.

• If you are filing a joint return and one spouse answers **Yes** to line 9 but the other spouse answers **No** to line 9, the spouse who answered **Yes** must enter the certificate number and skip the remainder of Schedule HC and the spouse who answered **No** must go to line 10.

For more information about Certificates of Exemption, visit the Massachusetts Health Connector's website at [MAhealthconnector.org](http://MAhealthconnector.org).

**Note:** If you received a Certificate of Exemption from the federal shared responsibility requirement in 2020, issued by the Federal Health Insurance Marketplace, do not enter that information in line 9.

## Lines 10, 11 and 12. Affordability As Determined By State Guidelines

Taxpayers who had four or more consecutive months without health insurance that met Minimum Creditable Coverage in 2020 may be subject to a penalty if they had access to affordable health insurance that met MCC requirements.

**If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level, or**

**If you had three or fewer blank ovals in a row as shown in line 7,**

you are not subject to a penalty and should skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose pages 1 and 2 of Schedule HC with your return.

You must complete the Schedule HC Worksheets for Lines 10, 11 and 12 if you were uninsured for all of 2020 or if you had four or more consecutive months without health insurance (four or more blank ovals in a row in the Months Covered by Health Insurance That Met Minimum Creditable Coverage section of line 7).

To complete these worksheets, you will need to have your completed 2020 U.S. Form 1040. You also will need to know how much it would have cost you to enroll in any health insurance plan offered by an employer in 2020. An employer's Human Resources Department should be able to provide this amount to you. Be sure to enclose pages 1 to 3 of Schedule HC with your return.

## Filing an Appeal

If you are subject to a state penalty for not obtaining health insurance in 2020, you have the right to appeal. The appeal will be heard by the Massachusetts Health Connector, an independent state body.

**Note:** There is no longer a federal penalty. Visit [irs.gov](http://irs.gov) for more information on federal requirements.

In your appeal, you may claim that the penalty should not apply to you. You may claim that you could not afford insurance in 2020 because you experienced a hardship. To establish a hardship, you must be able to show that, during 2020:

- You were homeless, more than 30 days in arrears in rent or mortgage payments, or received an eviction or foreclosure notice;
- You received a shut-off notice, were shut off, or were refused the delivery of essential utilities (gas, electric, oil, water, or telephone);
- You incurred a significant, unexpected increase

in essential expenses resulting directly from the consequences of: (i) domestic violence; (ii) the death of a spouse, family member, or partner with primary responsibility for child care, where that spouse, family member, or partner shared household expenses with you; (iii) the sudden responsibility for providing full care for yourself, an aging parent or other family member, including a major, extended illness of a child that required a working parent to hire a full-time caretaker for the child; or (iv) a fire, flood, natural disaster, or other unexpected natural or human-caused event causing substantial household or personal damage for the individual filing the appeal.

**d.** Your financial circumstances were such that the expense of purchasing health insurance would have caused you to experience a serious deprivation of food, shelter, clothing or other necessities. This may include consequences from the COVID-19 health crisis, including that the crisis caused you to experience a significant loss of income, a loss of insurance, a significant increase in essential expenses, and/or other circumstances such that purchasing insurance would have caused you to experience such serious deprivation.

**e.** Your family size was so large that reliance on the affordability schedule (see Table 3: Affordability) to determine how much you could afford to pay for health insurance is inequitable.

**f.** During 2020 you purchased health insurance that did not meet Minimum Creditable Coverage requirements, but which was close to or substantially met those requirements, and you felt that your circumstances prevented you from buying other insurance that met the requirements.

**g.** During 2020 you purchased health insurance that did not meet Minimum Creditable Coverage requirements because that is all that your employer offered, and you felt that your circumstances prevented you from buying other insurance that met the requirements.

You may also base your appeal on other circumstances, such as the application of the affordability tables in Schedule HC to you is inequitable (for example, due to fluctuations in income or other changes in life circumstances that affect financial status during the year), you were unable to obtain government-subsidized insurance despite your income, including not applying for or enrolling in MassHealth or ConnectorCare because of concerns about its potential negative impact under “public charge” immigration tests, or residency outside of Massachusetts during your uninsured period, or other circumstances that made you unable to purchase insurance despite your income, including not applying for or enrolling in MassHealth or ConnectorCare because of concerns

about its potential negative impact under “public charge” immigration tests, or residency outside of Massachusetts during your uninsured period.

If you file an appeal, you will be required to state your grounds for appealing, and provide further information and supporting documentation. Any statements and claims you make will be under pains and penalties of perjury.

## How to Appeal

To appeal, you must fill in the oval for you (and your spouse, if applicable) on Schedule HC, Appeals Section that authorizes DOR to share information in your tax return, including Schedule HC, with the Massachusetts Health Connector, the independent state body that will hear the appeal. No penalty will be assessed by DOR pending the outcome of your appeal. Be sure to enclose pages 1 to 3 of Schedule HC with your return.

**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 income tax return.

If you (and/or your spouse, if married filing jointly) fill in that oval on your return, you will receive a follow-up letter from the Massachusetts Health Connector asking you to state your grounds for appeal in writing, and submit supporting documentation.

**Failure to respond to that form within the time specified will lead to dismissal of your appeal.**

**Also, you (and/or your spouse, if married filing jointly) are allowed only one opportunity to appeal.** The Massachusetts Health Connector will then review the information you provided. You may be required to participate in a hearing on your case. You will be required to state your claims under pains and penalties of perjury.

**Note:** Do not include any hardship documentation with your original return. You will be required to submit supporting hardship documentation at a later date during the appeal process.

# Schedule HC Worksheets and Tables

Following are the necessary worksheets you may need to complete your 2020 Schedule HC. Retain these worksheets for your records. Do *not* submit these with your tax return.

## Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 **1**
2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from Table 1 ..... **2**

If line 1 is less than or equal to line 2, your income in 2020 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2020. Fill in the Yes oval in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2020 was above 150% of the Federal Poverty Level. Fill in the No oval in line 6 of Schedule HC and go to line 7 of Schedule HC.

**Table 1: Federal Poverty Level, Annual Income Standards**

| Family size* | 150% FPL  |
|--------------|-----------|
| 1            | \$18,735  |
| 2            | \$25,365  |
| 3            | \$31,995  |
| 4            | \$38,625  |
| 5            | \$45,255  |
| 6            | \$51,885  |
| 7            | \$58,515  |
| 8            | \$65,145  |
| additional   | +\$ 6,630 |

**\*Include only yourself, your spouse (if living in the same household at any point during the year), and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, include all dependents claimed by you and your spouse.**



# Schedule HC Worksheet for Line 10: Eligibility for Employer-Sponsored Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2020 (the employer's Human Resources Department should be able to provide this information to you). Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2020 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self-employed or you were unemployed, fill in the No oval(s) in line 10 of Schedule HC and complete the Schedule HC Worksheet for Line 11 on page HC-8.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return. If an employer offered you free health insurance coverage in 2020 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

**1.** Enter your federal adjusted gross income from U.S. Form 1040, line 11 ..... **1**

**If line 1 is less than or equal to:** \$18,735 if single or married filing separately with no dependents; **\$25,365** if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$31,995 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribution. Fill in the No oval(s) in line 10 of Schedule HC. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11 on page HC-8.

**If line 1 is more than:** \$18,735 if single or married filing separately with no dependents; **\$25,365** if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$31,995 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

**2.** Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2020 through an employer. The employer's Human Resources Department should be able to provide this amount to you ..... **2**

**3.** Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to column b to find the percentage. .... **3**

**4.** **Multiply 1 by line 3** ..... **4**

**Note:** When you multiply by a percentage, move the decimal point two places to the left first. For example, if your percentage is 7.40%, multiply your income by 0.0740.

**5.** Divide line 4 by 12 to calculate the monthly premium considered affordable to you. .... **5**

**If line 2 is less than or equal to line 5:** you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page HC-11.

**If line 2 is greater than line 5:** you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page HC-8.

## Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2020. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this work sheet. Skip the remainder of Schedule HC and continue completing your return.

If married filing separately and living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet.

1. Enter your federal adjusted gross income from U.S. Form 1040, line 11 ..... **1**
2. Enter the amount from the Income column, based on your family size. .... **2**

**If line 1 is greater than line 2:** you were ineligible for government-subsidized health insurance in 2020 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

**If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured:** you were not legally residing in the U.S., or an employer offered an individual plan that cost less than 9.78% of your household income and met minimum value standards (the employer's Human Resources Department should be able to provide this information to you), or you applied for Mass Health or subsidized coverage through the Health Connector and were denied because you were ineligible for services, **you are deemed ineligible for government-subsidized health insurance in 2020.** Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

**If line 1 is less than or equal to line 2, and none of the above conditions apply,** you would have been deemed eligible for government-subsidized health insurance in 2020, which you did not obtain and you are subject to a penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11. **Note:** If you believe that, during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the instructions for the Appeals section.

**Table 2: Income at 300% of the Federal Poverty Level**

| Family size* | 300% FPL  |
|--------------|-----------|
| 1            | \$37,470  |
| 2            | \$50,730  |
| 3            | \$63,990  |
| 4            | \$77,250  |
| 5            | \$90,510  |
| 6            | \$103,770 |
| 7            | \$117,030 |
| 8            | \$130,290 |
| additional   | +\$13,260 |

**\*Include only yourself, your spouse (if married filing a joint return) and any dependent children you claim on your federal tax return in your family size. For family size over 8, add \$13,260 for each additional family member.**

**Schedule HC Worksheet for Line 12: Ability to Purchase Affordable Private Health Insurance That Met Minimum Creditable Coverage**

The following worksheet will determine if you could have purchased affordable private health insurance that met Minimum Creditable Coverage in 2020. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for line 11.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied in line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return.

**1.** Enter your federal adjusted gross income from U.S. Form 1040, line 11 ..... **1**

**2.** Enter the monthly premium that corresponds with your county of residency, age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page HC-10 ..... **2**

Go to the table that corresponds to your county of residency and go to the row for your age range and then go to the column based on your filing status to find the monthly premium amount.

**3.** Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the percentage. .... **3**

**4.** Multiply line 1 by line 3. .... **4**

**Note:** When you multiply by a percentage, move the decimal point two places to the left first. For example, if your percentage is 7.40%, multiply your income by 0.0740.

**5.** Divide line 4 by 12 to calculate the monthly premium considered affordable to you. .... **5**

**If line 2 is greater than line 5:** you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return.

**If line 2 is less than or equal to line 5:** you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

**Table 3: Affordability**

| Individual or Married Filing Separately (no dependents) |          |   |
|---|----------|---|
| a. Federal Adjusted Gross Income                        |          | b. Affordable Premium as a percentage of income |
| From  | To       |   |
| \$ 0  | \$18,735 | 0.00%   |
| \$18,736  | \$24,980 | 2.90%   |
| \$24,981  | \$31,225 | 4.20%   |
| \$31,226  | \$37,470 | 5.00%   |
| \$37,471  | \$43,715 | 7.45%   |
| \$43,716  | \$49,960 | 7.60%   |
| \$49,961  | —        | 8.00%   |

| Married Filing Jointly with no dependents or Head of Household/Married Filing Separately with one dependent |          |   |
|---|----------|---|
| a. Federal Adjusted Gross Income  |          | b. Affordable Premium as a percentage of income |
| From  | To       |   |
| \$ 0  | \$25,365 | 0.00%   |
| \$25,366  | \$33,820 | 4.30%   |
| \$33,821  | \$42,275 | 6.20%   |
| \$42,276  | \$50,730 | 7.40%   |
| \$50,731  | \$59,185 | 7.45%   |
| \$59,186  | \$67,640 | 7.60%   |
| \$67,641  | —        | 8.00%   |

| Married Filing Jointly with one or more dependents or Head of Household/Married Filing Separately with two or more dependents |          |   |
|---|----------|---|
| a. Federal Adjusted Gross Income  |          | b. Affordable Premium as a percentage of income |
| From  | To       |   |
| \$ 0  | \$31,995 | 0.00%   |
| \$31,996  | \$42,660 | 3.40%   |
| \$42,661  | \$53,325 | 4.90%   |
| \$53,326  | \$63,990 | 5.85%   |
| \$63,991  | \$74,655 | 7.45%   |
| \$74,656  | \$85,320 | 7.60%   |
| \$85,321  | —        | 8.00%   |

**Table 4: Premiums**

| Region 1. Berkshire, Franklin, Hampden and Hampshire Counties |            |                                |        |
|---|------------|--------------------------------|--------|
| Age   | Individual | Married Couple (no dependents) | Family |
| 0–30  | \$241      | \$482                          | \$624  |
| 31–34   | \$258      | \$516                          | \$660  |
| 35–39   | \$265      | \$530                          | \$674  |
| 40–44   | \$284      | \$567                          | \$711  |
| 45–49   | \$324      | \$647                          | \$791  |
| 50–54   | \$376      | \$752                          | \$896  |
| 55+   | \$387      | \$774                          | \$918  |

| Region 2. Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties |            |                                |         |
|--|------------|--------------------------------|---------|
| Age  | Individual | Married couple (no dependents) | Family  |
| 0–30   | \$269      | \$538                          | \$696   |
| 31–34  | \$288      | \$576                          | \$736   |
| 35–39  | \$298      | \$591                          | \$751   |
| 40–44  | \$316      | \$632                          | \$793   |
| 45–49  | \$361      | \$722                          | \$883   |
| 50–54  | \$420      | \$839                          | \$999   |
| 55+  | \$432      | \$864                          | \$1,024 |

| Region 3. Dukes and Nantucket Counties |            |                                |         |
|--|------------|--------------------------------|---------|
| Age                                    | Individual | Married couple (no dependents) | Family  |
| 0–30                                   | \$343      | \$685                          | \$ 887  |
| 31–34                                  | \$414      | \$827                          | \$1,058 |
| 35–39                                  | \$425      | \$849                          | \$1,079 |
| 40–44                                  | \$454      | \$908                          | \$1,139 |
| 45–49                                  | \$519      | \$1,037                        | \$1,268 |
| 50–54                                  | \$603      | \$1,205                        | \$1,436 |
| 55+                                    | \$621      | \$1,241                        | \$1,471 |

## Health Care Penalty Worksheet

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 35a and line 35b or Form 1-NR/PY, line 39a and line 39b.

**Note:** If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your tax return.

1. Enter your federal adjusted gross income from Schedule HC, line 2 . . . . . **1**
2. Look at Table 5, Annual Income Standards, and enter col. A, B, C or D, based on your family size (from line 1c of Schedule HC) and income (from line 1 above) . . . . . **2**
3. Based on the column entered in line 2, go to Table 6, Penalties for 2020, to determine the monthly penalty amount. Enter that amount here. . . . . **3**
4. Enter the number of gap(s) in coverage of four or more consecutive months in which you were uninsured, as shown in Schedule HC, line 7. (Turning 18, Part-Year Residents or a Taxpayer Was Deceased: When completing line 4, do not include the number of unfilled ovals for months that the mandate did not apply, as determined in Schedule HC, line 7.) If you were uninsured for all of 2020 or for the period that the mandate applied, enter 0 . . . . . **4**
5. Enter the total number of months for the gap(s) in coverage in which you were uninsured from line 4. If you were uninsured for all of 2020, enter "12" . . . . . **5**
6. Multiply line 4 by the number "3" . . . . . **6**
7. Subtract line 6 from line 5 . . . . . **7**
8. Multiply line 3 by line 7. This is your penalty amount . . . . . **8**

If you are subject to a penalty because you are deemed able to afford insurance in 2020 but did not obtain it, you may appeal the application of the penalty to you. Instructions for filing an appeal can be found online at [mass.gov/dor](http://mass.gov/dor). If you are filing an appeal, do not enter a penalty amount on Form 1, line 35a or line 35b or Form 1-NR/PY, line 39a or line 39b. If you are not appealing the penalty, enter the penalty amount from line 8 on Form 1, line 35a or line 35b or Form 1-NR/PY, line 39a or line 39b.

**Table 5: Annual Income Standards**

| Family size | Col. A    |           | Col. B    |           | Col. C    |           | Col. D    |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|             | From      | To        | From      | To        | From      | To        | Above     |
| 1           | \$18,736  | \$24,980  | \$24,981  | \$31,225  | \$31,226  | \$37,470  | \$37,470  |
| 2           | 25,366    | 33,820    | 33,821    | 42,275    | 42,276    | 50,730    | 50,730    |
| 3           | 31,996    | 42,660    | 42,661    | 53,325    | 53,326    | 63,990    | 63,990    |
| 4           | 38,626    | 51,500    | 51,501    | 64,375    | 64,376    | 77,250    | 77,250    |
| 5           | 45,256    | 60,340    | 60,341    | 75,425    | 75,426    | 90,510    | 90,510    |
| 6           | 51,886    | 69,180    | 69,181    | 86,475    | 86,476    | 103,770   | 103,770   |
| 7           | 58,516    | 78,020    | 78,021    | 97,525    | 97,526    | 117,030   | 117,030   |
| 8           | 65,146    | 86,860    | 86,861    | 108,575   | 108,576   | 130,290   | 130,290   |
| additional  | +\$ 6,630 | +\$ 8,840 | +\$ 8,840 | +\$11,050 | +\$11,050 | +\$13,260 | +\$13,260 |

**Table 6: Penalties for 2020**

| Col.     | Monthly penalty amount |
|----------|------------------------|
| <b>A</b> | \$ 22.00               |
| <b>B</b> | \$ 43.00               |
| <b>C</b> | \$ 65.00               |
| <b>D</b> | \$135.00               |



| Municipality     | County     | Municipality     | County     | Municipality       | County     | Municipality     | County     |
|------------------|------------|------------------|------------|--------------------|------------|------------------|------------|
| Abington         | Plymouth   | Edgartown        | Dukes      | Medway             | Norfolk    | Seekonk          | Bristol    |
| Acton            | Middlesex  | Egremont         | Berkshire  | Melrose            | Middlesex  | Sharon           | Norfolk    |
| Acushnet         | Bristol    | Erving           | Franklin   | Mendon             | Worcester  | Sheffield        | Berkshire  |
| Adams            | Berkshire  | Essex            | Essex      | Merrimac           | Essex      | Shelburne        | Franklin   |
| Agawam           | Hampden    | Everett          | Middlesex  | Methuen            | Essex      | Sherborn         | Middlesex  |
| Aiford           | Berkshire  | Fairhaven        | Bristol    | Middleborough      | Plymouth   | Shirley          | Middlesex  |
| Amesbury         | Essex      | Fall River       | Bristol    | Middlefield        | Hampshire  | Shrewsbury       | Worcester  |
| Amherst          | Hampshire  | Falmouth         | Barnstable | Middleton          | Essex      | Shutesbury       | Franklin   |
| Andover          | Essex      | Fitchburg        | Worcester  | Milford            | Worcester  | Southborough     | Bristol    |
| Arlington        | Middlesex  | Florida          | Berkshire  | Millbury           | Worcester  | Somerville       | Middlesex  |
| Ashburnham       | Worcester  | Foxborough       | Norfolk    | Millis             | Norfolk    | South Hadley     | Hampshire  |
| Ashby            | Middlesex  | Framingham       | Middlesex  | Millville          | Worcester  | Southampton      | Hampshire  |
| Ashfield         | Franklin   | Franklin         | Norfolk    | Milton             | Norfolk    | Southborough     | Worcester  |
| Ashland          | Middlesex  | Freetown         | Bristol    | Monroe             | Franklin   | Southbridge      | Worcester  |
| Athol            | Worcester  | Gardner          | Worcester  | Monson             | Hampden    | Southwick        | Hampden    |
| Attleboro        | Bristol    | Gay Head         | Dukes      | Montague           | Franklin   | Spencer          | Worcester  |
| Auburn           | Worcester  | Georgetown       | Essex      | Monterey           | Berkshire  | Springfield      | Hampden    |
| Avon             | Norfolk    | Gill             | Franklin   | Montgomery         | Hampden    | Sterling         | Worcester  |
| Ayer             | Middlesex  | Gloucester       | Essex      | Mount Washington   | Berkshire  | Stockbridge      | Berkshire  |
| Barnstable       | Barnstable | Goshen           | Hampshire  | Nahant             | Essex      | Stoneham         | Middlesex  |
| Barre            | Worcester  | Gosnold          | Dukes      | Nantucket          | Nantucket  | Stoughton        | Norfolk    |
| Becket           | Berkshire  | Grafton          | Worcester  | Natick             | Middlesex  | Stow             | Middlesex  |
| Bedford          | Middlesex  | Granby           | Hampshire  | Needham            | Norfolk    | Sturbridge       | Worcester  |
| Belchertown      | Hampshire  | Granville        | Hampden    | New Ashford        | Berkshire  | Sudbury          | Middlesex  |
| Bellingham       | Norfolk    | Great Barrington | Berkshire  | New Bedford        | Bristol    | Sunderland       | Franklin   |
| Belmont          | Middlesex  | Greenfield       | Franklin   | New Braintree      | Worcester  | Sutton           | Worcester  |
| Berkley          | Bristol    | Groton           | Middlesex  | New Marlborough    | Berkshire  | Swampscott       | Essex      |
| Berlin           | Worcester  | Groveland        | Essex      | New Salem          | Franklin   | Swansea          | Bristol    |
| Bernardston      | Franklin   | Hadley           | Hampshire  | Newbury            | Essex      | Taunton          | Bristol    |
| Beverly          | Essex      | Halifax          | Plymouth   | Newburyport        | Essex      | Templeton        | Worcester  |
| Billerica        | Middlesex  | Hamilton         | Essex      | Newton             | Middlesex  | Tewksbury        | Middlesex  |
| Blackstone       | Worcester  | Hampden          | Hampden    | Norfolk            | Norfolk    | Tisbury          | Dukes      |
| Blandford        | Hampden    | Hancock          | Berkshire  | North Adams        | Berkshire  | Tolland          | Hampden    |
| Bolton           | Worcester  | Hanover          | Plymouth   | North Andover      | Essex      | Topsfield        | Essex      |
| Boston           | Suffolk    | Hanson           | Plymouth   | North Attleborough | Bristol    | Townsend         | Middlesex  |
| Bourne           | Barnstable | Hardwick         | Worcester  | North Brookfield   | Worcester  | Truro            | Barnstable |
| Boxborough       | Middlesex  | Harvard          | Worcester  | North Reading      | Middlesex  | Tyngsborough     | Middlesex  |
| Boxford          | Essex      | Harwich          | Barnstable | Northampton        | Hampshire  | Tyringham        | Berkshire  |
| Boylston         | Worcester  | Hatfield         | Hampshire  | Northborough       | Worcester  | Upton            | Worcester  |
| Braintree        | Norfolk    | Haverhill        | Essex      | Northbridge        | Worcester  | Uxbridge         | Worcester  |
| Brewster         | Barnstable | Hawley           | Franklin   | Northfield         | Franklin   | Wakefield        | Middlesex  |
| Bridgewater      | Plymouth   | Heath            | Franklin   | Norton             | Bristol    | Wales            | Hampden    |
| Brimfield        | Hampden    | Hingham          | Plymouth   | Norwell            | Plymouth   | Walpole          | Norfolk    |
| Brockton         | Plymouth   | Hinsdale         | Berkshire  | Norwood            | Norfolk    | Waltham          | Middlesex  |
| Brookfield       | Worcester  | Holbrook         | Norfolk    | Oak Bluffs         | Dukes      | Ware             | Hampshire  |
| Brookline        | Norfolk    | Holden           | Worcester  | Oakham             | Worcester  | Wareham          | Plymouth   |
| Buckland         | Franklin   | Holland          | Hampden    | Orange             | Franklin   | Warren           | Worcester  |
| Burlington       | Middlesex  | Holliston        | Middlesex  | Orleans            | Barnstable | Warwick          | Franklin   |
| Cambridge        | Middlesex  | Holyoke          | Hampden    | Otis               | Berkshire  | Washington       | Berkshire  |
| Canton           | Norfolk    | Hopedale         | Worcester  | Oxford             | Worcester  | Watertown        | Middlesex  |
| Carlisle         | Middlesex  | Hopkinton        | Middlesex  | Palmer             | Hampden    | Wayland          | Middlesex  |
| Carver           | Plymouth   | Hubbardston      | Worcester  | Paxton             | Worcester  | Webster          | Worcester  |
| Charlemont       | Franklin   | Hudson           | Middlesex  | Peabody            | Essex      | Wellesley        | Norfolk    |
| Charlton         | Worcester  | Hull             | Plymouth   | Pelham             | Hampshire  | Wellfleet        | Barnstable |
| Chatham          | Barnstable | Huntington       | Hampshire  | Pembroke           | Plymouth   | Wendell          | Franklin   |
| Chelmsford       | Middlesex  | Ipswich          | Essex      | Pepperell          | Middlesex  | Wenham           | Essex      |
| Chelsea          | Suffolk    | Kingston         | Plymouth   | Peru               | Berkshire  | West Boylston    | Worcester  |
| Cheshire         | Berkshire  | Lakeville        | Plymouth   | Petersham          | Worcester  | West Bridgewater | Plymouth   |
| Chester          | Hampden    | Lancaster        | Worcester  | Phillipston        | Worcester  | West Brookfield  | Worcester  |
| Chesterfield     | Hampshire  | Lanesborough     | Berkshire  | Pittsfield         | Berkshire  | West Newbury     | Essex      |
| Chicopee         | Hampden    | Lawrence         | Essex      | Plainfield         | Hampshire  | West Springfield | Hampden    |
| Chilmark         | Dukes      | Lee              | Berkshire  | Plainville         | Norfolk    | West Stockbridge | Berkshire  |
| Clarksburg       | Berkshire  | Leicester        | Worcester  | Plymouth           | Plymouth   | West Tisbury     | Dukes      |
| Clinton          | Worcester  | Lenox            | Berkshire  | Plympton           | Plymouth   | Westborough      | Worcester  |
| Cohasset         | Norfolk    | Leominster       | Worcester  | Princeton          | Worcester  | Westfield        | Hampden    |
| Colrain          | Franklin   | Leverett         | Franklin   | Provincetown       | Barnstable | Westford         | Middlesex  |
| Concord          | Middlesex  | Lexington        | Middlesex  | Quincy             | Norfolk    | Westhampton      | Hampshire  |
| Conway           | Franklin   | Leyden           | Franklin   | Randolph           | Norfolk    | Westminster      | Worcester  |
| Cummington       | Hampshire  | Lincoln          | Middlesex  | Raynham            | Bristol    | Weston           | Middlesex  |
| Dalton           | Berkshire  | Littleton        | Middlesex  | Reading            | Middlesex  | Westport         | Bristol    |
| Danvers          | Essex      | Longmeadow       | Hampden    | Rehoboth           | Bristol    | Westwood         | Norfolk    |
| Dartmouth        | Bristol    | Lowell           | Middlesex  | Revere             | Suffolk    | Weymouth         | Norfolk    |
| Dedham           | Norfolk    | Ludlow           | Hampden    | Richmond           | Berkshire  | Whately          | Franklin   |
| Deerfield        | Franklin   | Lunenburg        | Worcester  | Rochester          | Plymouth   | Whitman          | Plymouth   |
| Dennis           | Barnstable | Lynn             | Essex      | Rockland           | Plymouth   | Wilbraham        | Hampden    |
| Dighton          | Bristol    | Lynnfield        | Essex      | Rockport           | Essex      | Williamsburg     | Hampshire  |
| Douglas          | Worcester  | Malden           | Middlesex  | Rowe               | Franklin   | Williamstown     | Berkshire  |
| Dover            | Norfolk    | Manchester       | Essex      | Rowley             | Essex      | Wilmington       | Middlesex  |
| Dracut           | Middlesex  | Mansfield        | Bristol    | Royalston          | Worcester  | Winchendon       | Worcester  |
| Dudley           | Worcester  | Marblehead       | Essex      | Russell            | Hampden    | Winchester       | Middlesex  |
| Dunstable        | Middlesex  | Marion           | Plymouth   | Rutland            | Worcester  | Windsor          | Berkshire  |
| Duxbury          | Plymouth   | Marlborough      | Middlesex  | Salem              | Essex      | Winthrop         | Suffolk    |
| East Bridgewater | Plymouth   | Marshfield       | Plymouth   | Salisbury          | Essex      | Woburn           | Middlesex  |
| East Brookfield  | Worcester  | Mashpee          | Barnstable | Sandisfield        | Berkshire  | Worcester        | Worcester  |
| East Longmeadow  | Hampden    | Mattapoisett     | Plymouth   | Sandwich           | Barnstable | Worthington      | Hampshire  |
| Eastham          | Barnstable | Maynard          | Middlesex  | Saugus             | Essex      | Wrentham         | Norfolk    |
| Easthampton      | Hampshire  | Medfield         | Norfolk    | Savoy              | Berkshire  | Yarmouth         | Barnstable |
| Easton           | Bristol    | Medford          | Middlesex  | Scituate           | Plymouth   |                  |            |

## Who Must File

You must file Massachusetts Form 1-NR/PY, Non-resident/Part-Year Resident Income Tax Return if you were not a resident of Massachusetts for any part of the year and the lesser of either:

1. Your Massachusetts source income was more than \$8,000; or
2. Your Massachusetts source income was more than your personal exemption amount multiplied by the ratio of your Massachusetts income to your total income.

You also must file Form 1-NR/PY if you were a resident of Massachusetts for part of the year and you had more than \$8,000 in gross income during that time, whether received from sources inside or outside of Massachusetts.

To see whether you are a full-year resident, non-resident, part-year resident, or a nonresident and part-year resident, determine which category applies to you:

1. You are a full-year resident if your residence (domicile) was in Massachusetts for the entire taxable year or if you maintained a permanent place of abode in Massachusetts and during the year spent more than 183 days, in the aggregate, in the state. If you fit this description, you should file Form 1, Massachusetts Resident Income Tax Return.
2. You are a nonresident if you are not a resident of Massachusetts as defined above but received Massachusetts source income (e.g. from a job in Massachusetts). Fill in the **Nonresident** oval at the top of the form if this category applies to you. A nonresident who is filing Form 1-NR/PY to report income not included on a Nonresident Composite Return filed on their behalf also should fill in the **Nonresident** oval.
3. You are a part-year resident if, during the taxable year, you moved to Massachusetts or established a permanent place of abode here and became a resident, or you terminated your status as a Massachusetts resident to establish a residence outside the state. Fill in the **Part-year resident** oval at the top of the form if this category applies to you.
4. If you were a Massachusetts resident for part of the 2020 tax year, and while you were not a resident of Massachusetts you received Massachusetts source income (e.g., from a job in Massachusetts), file as both a nonresident and part-year resident. Fill in the **Filing as both a nonresident and part-year resident** oval below the address section of the form if this category applies to you. Complete Schedule R/NR, Resident/Nonresident Worksheet, to calculate the portion of

income earned while a nonresident and the portion of income earned while a part-year resident. Schedule R/NR is included in this booklet.

5. Fill in the **Nonresident composite return** oval if this return is being filed as a composite return on behalf of nonresident professional athletic team members. See the instructions on page 9.

For more information on Massachusetts source income, refer to the section Filing Your Massachusetts Return.

## Major 2020 Tax Changes

For more up-to-date and detailed information on tax changes and federal conformity see the dedicated 2020 Tax Changes page on our website at [mass.gov/dor](http://mass.gov/dor). For more information on DOR's response to the COVID-19 pandemic go to [mass.gov/dor](http://mass.gov/dor).

### Filing Due Dates

Form 1 is due on or before April 15, 2021.

### 2020 Personal Income Tax Rates

Effective for tax years beginning on or after January 1, 2020, the tax rate on most classes of taxable income is changed to 5%. The tax rate on short-term gains from the sale or exchange of capital assets and on long-term gains from the sale or exchange of collectibles (after a 50% deduction) remains at 12%.

### Revised Guidance on the Massachusetts Tax Implications of an Employee Working Remotely due to the COVID-19 Pandemic

In response to the COVID-19 pandemic, several states, including Massachusetts, have declared a state of emergency, and many businesses have implemented work-from-home requirements for their employees in response to government orders and public health recommendations. Due to Massachusetts' COVID-19 state of emergency for tax year 2020, all compensation paid to non-residents, who would generally perform such services in Massachusetts but for a Pandemic-Related Circumstance, will continue to be treated as Massachusetts source income subject to Massachusetts personal income tax. Additionally, in consideration of the fact that other states have adopted similar sourcing rules, for tax year 2020 Massachusetts residents, who, immediately prior to the Massachusetts COVID-19 state of emergency were employees engaged in performing services from a location outside of Massachusetts, and who began performing such services in Massachusetts due to their employing state's COVID-19 state of emergency or other Pandemic-Related Circumstance, will

be eligible to claim a credit for taxes paid to that other state, to the extent generally provided under Massachusetts law. For more information about this change go to [mass.gov/dor](http://mass.gov/dor).

### Penalty for Failure to Obtain Health Insurance

Massachusetts requires most adults 18 and over with access to affordable health insurance to obtain it. In 2020, individuals must be enrolled in health insurance policies that meet minimum creditable coverage standards defined in regulations adopted by the Commonwealth Health Insurance Connector Authority (Health Connector). Individuals who are deemed able to afford health insurance but fail to obtain it are subject to penalties in Massachusetts for each month of non-compliance in the tax year (provided that there is no penalty in the case of a lapse in coverage of 63 consecutive days or less). The monthly penalties, which will be imposed through the individual's personal income tax return, are set out in Technical Information Release (TIR) 20-1 and are based on half of the minimum monthly insurance premium for which an individual would have qualified through the Health Connector.

**Note:** For tax years beginning on or after January 1, 2019, a taxpayer who does not have health insurance that meets the federal standard of minimum essential coverage will no longer be subject to the federal shared responsibility payment (federal healthcare penalty). Schedule HC, Health Care Information, must be completed by all full-year and certain part-year residents age 18 and over to notify DOR whether or not they had health insurance for each month of 2020. Taxpayers who did not have coverage for all of 2020, or had a gap in coverage of four or more consecutive months will need to determine if they had access to affordable health insurance (through an employer, the government, or on their own) using worksheets and tables available for this purpose. This may include consequences from the COVID-19 health crisis, including that the crisis caused you to experience a significant loss of income, a loss of insurance, a significant increase in essential expenses, and/or other circumstances such that purchasing insurance would have caused you to experience such serious deprivation. If it is determined that a taxpayer could have afforded health insurance, the taxpayer has the right to appeal the application of the penalty due to hardship by requesting an appeal to the Connector on the Schedule HC. For more information about the health care reform law, including the Department's regulation at 830 CMR 111M.2.1, Health Insurance Individual Mandate; Personal Income Tax Return Requirements, or the Health Connector's regulation at 956 CMR 6.00, Determining Affordability for the Individual Mandate, see the Health Connector's website at [mahealthconnector.org](http://mahealthconnector.org) or the Department's website at [mass.gov/dor](http://mass.gov/dor).

**Annual Update of Circuit Breaker Tax Credit**

Taxpayers age 65 or older who own or rent residential property located in Massachusetts are allowed a credit equal to the amount by which their real estate tax payments, or 25% of the rent constituting a real estate tax payment, exceeds 10% of the taxpayer's total income, not to exceed \$1,150. The amount of the credit is subject to limitations based on the taxpayer's total income and the assessed value of the real estate, which for tax year 2020 must not exceed \$848,000. For purposes of calculating the credit, total income and maximum credit thresholds are adjusted annually. For tax year 2020, an eligible taxpayer's total income cannot exceed \$61,000 in the case of a single filer who is not a head of household filer; \$76,000 for a head of household filer; and \$92,000 for joint filers. In order to qualify for the credit, a taxpayer must be age 65 or older and must occupy the property as his or her principal residence. See TIR 20-14.

**Employer-Provided Parking, Transit Pass, and Commuter Highway Vehicle Benefits Exclusion Amounts**

Massachusetts adopts Internal Revenue Code ("IRC") § 132(f) as amended and in effect on January 1, 2005, which excludes from an employee's gross income (subject to a monthly maximum) employer-provided parking, transit pass, and commuter highway vehicle transportation benefits. For tax year 2020, the IRS has calculated, based on inflation adjustments contained in IRC § 132(f) as effective on January 1, 2005, the 2020 monthly exclusion amounts of \$270 for employer-provided parking and \$140 for combined transit pass and commuter highway vehicle transportation benefits. Massachusetts adopts these 2020 monthly exclusion amounts as they are based on the IRC as effective on January 1, 2005. See TIR 19-16.

**Tax Filing and Payment Relief for Personal Income Taxpayers Affected by COVID-19**

Pursuant to "An Act to Address Challenges Faced by Municipalities and State Authorities Resulting from COVID-19" (the "Act"), the due date for personal income tax returns and payments otherwise due April 15, 2020 (personal income tax, estate and trust income tax, income tax due with a partnership composite return with an April 15, 2020 due date, and April, 2020 tax installments owed by personal income taxpayers with respect to deemed repatriated income) was changed to July 15, 2020. See TIR 20-4.

**State Tax Relief to Joint Filers of Tax Returns**

Under "An Act Providing for Equitable Relief from Liability for Joint Filers of Tax Returns," St. 2018, c. 445, (the "Act"), there are now three types of relief from joint tax liability available to an innocent

spouse: (i) innocent spouse relief, (ii) separation of liability relief, and (iii) equitable relief in Massachusetts. For more information see TIR 19-5.

**Changes Related to Federal Tax Reform**

As a general rule, Massachusetts does not adopt any federal personal income tax law changes incorporated into the IRC after January 1, 2005. However, certain specific Massachusetts personal income tax provisions, as set forth in MGL ch 62, § 1(c), automatically conform to the current IRC. The provisions of the IRC Massachusetts adopts on a current basis are:

- ▶ Roth IRAs;
- ▶ IRAs;
- ▶ The exclusion for gain on the sale of a principal residence;
- ▶ Trade or business expenses;
- ▶ Travel expenses;
- ▶ Meals and entertainment expenses;
- ▶ The maximum deferral amount of government employees' deferred compensation plans;
- ▶ The deduction for health insurance costs of self-employed taxpayers;
- ▶ Medical and dental expenses;
- ▶ Annuities;
- ▶ Health savings accounts;
- ▶ Employer-provided health insurance coverage;
- ▶ Amounts received by an employee under a health and accident plan; and
- ▶ Contributions to qualified tuition programs. See TIRs 98-8, 02-11, 02-18, 07-4 and 09-21 for further details.

On December 22, 2017, Public Law 115-97, commonly known as the Tax Cuts and Jobs Act ("TCJA"), was signed into law. The TCJA provides for federal changes to a variety of provisions in the IRC that affect the personal income tax. Massachusetts generally follows changes made by the TCJA to the personal income tax provisions listed above, as set forth in MGL ch 62, § 1(c), which automatically conform to the current IRC. For more information about the TCJA changes see [mass.gov/dor](http://mass.gov/dor) for DOR's public written guidance on the impact of certain provisions of the TCJA, including TIRs 18-14, 19-6, 19-7 and 19-11. In addition, the Taxpayer Certainty and Disaster Tax Relief Act of 2019 extended some of the TCJA provisions to tax year 2020.

On March 27, 2020, Public Law 116-136, the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), was signed into law. The CARES Act provides for federal changes to a variety of provisions of the Internal Revenue Code (IRC) that affect personal income taxpayers. In re-

sponse to the CARES Act, the Department of Revenue (DOR) issued written guidance addressing the impact of the CARES Act in Massachusetts. See TIR 20-9: Massachusetts Tax Implications of Selected Provisions of the Federal CARES Act.

**RECENT CHANGES TO INTERNAL REVENUE CODE PROVISIONS THAT IMPACT CERTAIN MASSACHUSETTS PERSONAL INCOME TAXPAYERS****Interest Expense Deduction Limitations (IRC § 163(j))**

Beginning with the 2018 tax year, a trade or business deduction for net business interest in a given taxable year is now limited to 30% of adjusted taxable income, and the excess is carried forward. Section 2306 of the CARES Act amends Code § 163(j) for tax years 2019 and 2020 (i) to increase the limitation to 50% of adjusted taxable income; and (ii) allows taxpayers to elect to use 2019 adjusted taxable income in calculating the limitation for tax year 2020. Massachusetts adopts the current Code with respect to Code § 163 for personal income taxpayers with business interest expense (e.g., individual taxpayers with schedule C income, etc.).

**Medical Expenses (IRC § 213)**

Taxpayers are allowed a deduction for medical expenses for amounts that exceed a certain percent threshold of their federal adjusted gross income. Under the TCJA, the threshold was decreased from 10% to 7.5% of federal adjusted gross income and extended by the Taxpayer Certainty and Disaster Tax Relief Act of 2019 to the 2020 tax year. The deduction is available only to those taxpayers who itemize their deductions. Taxpayers that take the standard deduction are not eligible to take the deduction for medical expenses. Massachusetts adopts these changes. Massachusetts allows a deduction for medical expenses under MGL ch 62, § 3B(b)(4) equal to the federal deduction only for taxpayers that itemize deductions on a federal return.

**Inclusion of GILTI in Gross Income; Dividend Treatment (IRC § 951A)**

The TCJA added IRC § 951A, which requires U.S. individual shareholders of a controlled foreign corporation (CFC) to include their pro rata share of the CFC's global intangible low-taxed income (GILTI) in federal gross income each year, starting with taxable years beginning after December 31, 2017. This income is also subject to the dividend gross-up rules set out in IRC § 78, to the extent that this income is included in a taxpayer's federal gross income. Massachusetts adopts this change as Massachusetts follows the current IRC with respect to IRC § 951A. GILTI income is treated as Part A dividend income under MGL ch 62. The Massachusetts schedule to be used by a



personal income taxpayer reporting such income for tax year 2020 has been consolidated with the one for corporate excise taxpayers. For tax year 2020, all taxpayers with GILTI income must complete a Schedule FCI.

### Loans from Qualified Employer Retirement Plans

The CARES Act modifies the federal tax treatment of loans to employees from qualified employer retirement plans, specifically, Code § 72(p) generally treats loans employees from a qualified employer retirement plan as a distribution for tax purposes, unless an exception applies. Pursuant to § 2202 of the CARES Act, loans are not treated as distributions if they are for \$100,000 or less and made during the 180-day period beginning on March 27, 2020. The section also delays the due dates for outstanding loans from qualified employer plans due during the period beginning on March 27, 2020 and ending on December 31, 2020, for one year. Massachusetts adopts the current Code with respect to the provisions affected by this section, and therefore, loans from qualified employer plans are not treated as distributions to the extent they are not treated as such for federal purposes.

### Use of Health Savings Accounts, Flexible Spending Accounts, and Archer Medical Savings Accounts for Telehealth Services and Over-the-Counter Medical Products

Effective March 27, 2020, the CARES Act amended (i) Code §§ 106(f), 220(d)(2)(A), and 223(d)(2) to allow amounts paid or expenses incurred (after December 31, 2019) for medicine or drugs without a medical prescription to be covered by an HSA, FSA, or Archer MSA; (ii) and Code § 223(c)(2) to allow high-deductible health plans with an HSA to cover telehealth and other remote care services for plan years beginning on or before December 31, 2021. For personal income tax purposes, Massachusetts follows Code §§ 106 and 223 as currently in effect and therefore will similarly exclude from gross income such reimbursements from an HSA or FSA for medicine or drugs without a prescription. However, Massachusetts follows Code § 220 as amended and in effect on January 1, 2005, and therefore reimbursements for these expenses when paid by an Archer MSA will not be excluded.

### Qualified Improvement Property (QIP)

Section 2307 of the CARES Act assigns a 15-year depreciable life under MACRS and a 20-year depreciable life under ADS to QIP placed in service after December 31, 2017. Because Massachusetts generally follows the current Code with respect to Code § 168 for personal income tax purposes, Massachusetts adopts the changes relating to QIP placed in service after December 31, 2017, for in-

dividual taxpayers, who incur business expenses (e.g., individuals with schedule C income, etc.).

### Small Business Loan Forgiveness

Section 1106 of the CARES Act provides loan forgiveness to small businesses for certain loans made pursuant to the Paycheck Protection Program (“PPP”) under the Small Business Act. Furthermore, any amount of cancelled indebtedness resulting from these loans that would otherwise be includable in the gross income for federal income taxes will be excluded from federal gross income. Massachusetts does not adopt this change for purposes of the personal income tax, as Massachusetts follows the IRC in effect as of January 1, 2005, on this issue, so these amounts are includable in gross income for Massachusetts purposes.

## Privacy Act Notice

Under the authority of 42 USC § 405(c)(2)(C)(i), and MGL ch 62C, § 5, the DOR has the right to require an individual to furnish his or her Social Security number on a state tax return. This information is mandatory. DOR uses Social Security numbers for taxpayer identification to assist in processing and keeping track of returns and in determining and collecting the proper amount of tax due. Under MGL ch 62C, § 40, the taxpayer’s identifying number is required to process a refund of overpaid taxes. Although tax return information is generally confidential pursuant to MGL ch 62C, § 21, DOR may disclose return information to other taxing authorities and those entities specified in MGL ch 62C, §§ 21, 22 or 23, and as otherwise authorized by law.

## Filing Your Massachusetts Return

As a nonresident, you must file Form 1-NR/PY if your Massachusetts source income for 2020 exceeded the smaller of your apportioned personal exemption, or \$8,000.

### Am I a Resident, Nonresident, or Part-Year Resident?

There are four different categories of resident status under Massachusetts tax law:

- ▶ You are a full-year resident if your residence (domicile) is in Massachusetts or if you maintain a permanent place of abode in Massachusetts and during the year spend more than 183 days, in the aggregate, in the state. If you fit this description you should file a Massachusetts Resident Income Tax Return, Form 1.

- ▶ You are a nonresident if you were not a resident of Massachusetts but earned Massachusetts income (e.g., from a job in Massachusetts). You must report such income by filing a Massachusetts Form 1-NR/PY.

- ▶ You are a part-year resident if you either moved into or moved out of Massachusetts during the taxable year. In this case, you must reduce certain income, deductions and exemptions based on the number of days you were a resident or on the amount of your income that is subject to Massachusetts tax. Part-year residents must file a Massachusetts Form 1-NR/PY.

- ▶ You are both a nonresident and part-year resident if you meet the criteria above for both the part-year resident and nonresident categories. If filing as a nonresident and part-year resident, the Schedule R/NR must be completed.

### What Is Massachusetts Source Income for Nonresidents?

The term “Massachusetts source income” is used throughout this booklet to describe the types of income which are taxable to a nonresident.

A nonresident is only subject to tax on items of income derived from or effectively connected with:

- ▶ Any trade, business, or employment carried on in Massachusetts (see the following section);
- ▶ Participation in any lottery or wagering transaction in Massachusetts; or
- ▶ Ownership of any interest in real or tangible personal property located in Massachusetts.

Some examples of the types of income taxable to a nonresident:

- ▶ All wages, salaries, tips, bonuses, fees and other compensation which relate to activities carried on in Massachusetts, regardless of where or when the compensation is paid;
- ▶ Unemployment compensation related to previous Massachusetts employment;
- ▶ Profit from a business, trade, profession, partnership or S corporation conducted in Massachusetts;
- ▶ Rents and royalties from real and tangible personal property located in Massachusetts or from other business activities in Massachusetts;
- ▶ Gain from the sale of real or tangible personal property located in Massachusetts;
- ▶ Interest and dividends, only if derived from or connected with Massachusetts business activity, or the ownership of Massachusetts real estate or tangible personal property; and
- ▶ The definition of Massachusetts source income now includes gain from the sale of a business or an interest in a business, separation, sick or va-

ation pay, deferred compensation, income from covenants not to compete, and nonqualified pension income that federal law allows states to tax.

Income from Massachusetts sources which is not taxed to residents is not taxed to nonresidents, e.g., interest on debt obligations of the U.S. and amounts received as Social Security and certain worker's compensation.

In general, the same exemptions and deductions allowed to residents are available to nonresidents to determine taxable income. These items are allowed, however, only to the extent they relate to, or are allocable to, Massachusetts source income.

### Am I Carrying on a Trade, Business or Employment in Massachusetts as a Nonresident?

A nonresident generally does not have a trade, business or employment carried on in Massachusetts if his/her presence for business in Massachusetts is casual, isolated and inconsequential. A nonresident's presence for business will be considered casual, isolated and inconsequential if the nonresident's business presence in Massachusetts is ancillary to the nonresident's primary business or employment duties performed at a base of operations outside Massachusetts — for example, an occasional presence in Massachusetts for management functions, and other similar activities which are secondary to the individual's primary out-of-state duties.

### Are Military Personnel Required to File?

If you enlisted in the service as a Massachusetts resident and have not established a new domicile (residence) elsewhere (refer to military guidelines) and if your gross income is more than \$8,000, you are required to file a Massachusetts resident income tax return. This applies even though you may be stationed outside of Massachusetts. The terms "residence" and "domicile" are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. Nonresident military personnel stationed in Massachusetts may be subject to Massachusetts taxes and should file Form 1-NR/PY if they earn income from outside military sources.

**Military spouses.** The Military Spouses Residency Relief Act (P.L. 111- 97) prohibits a servicemember's spouse from either losing or acquiring a residence or domicile for purposes of taxation because of being absent or present in any U.S. tax jurisdiction solely to be with the servicemember in compliance with the servicemember's military orders. In general, for Massachusetts tax purposes, the law affects only servicemembers and their spouses who are domiciled in a state other than Massachusetts.

Under federal law, a military spouse is allowed, in some circumstances, to elect to use the same residence for purposes of taxation as the servicemember regardless of the date on which the marriage of the spouse and the servicemember occurred. For further information on the Massachusetts implications of the federal law, see TIR 19-14.

**Note:** Massachusetts excludes from gross income compensation earned by members of the armed forces for service in a combat zone, to the same extent it is excluded under federal law.

No guidance is intended on the tax treatment of such pay under the laws of other states. Generally, when income is taxable in two jurisdictions, a credit for taxes paid to the other jurisdiction is allowed on the taxpayer's return in the state of his/her residence.

### How Do I Determine My Residence (Domicile)?

Your residence is determined by all the facts and circumstances in your case. If you have two or more residences, your residence is the one you regard as your true home or principal residence. You cannot choose to make your home in one place for the general purposes of life and in another for tax purposes. Your residence is usually the place where you maintain your most important family, social, economic, political and religious ties. A change of residence will not be accomplished by a temporary or protracted absence from a place; you must not intend to return.

**Note:** A person is also considered a resident if they maintain a permanent place of abode in Massachusetts and spend more than 183 days, in the aggregate, in the state. See TIR 95-7 for a further explanation.

### What is Gross Income for a Part-Year Resident?

As a part-year resident, you must file Form 1-NR/PY if your gross income was more than \$8,000 — whether received from sources inside or outside of Massachusetts.

Gross income for a part-year resident includes:

- ▶ All wages, salaries, tips, bonuses, fees and other compensation;
- ▶ Taxable pensions and annuities;
- ▶ Alimony;
- ▶ Income from a business, trade, profession, partnership, S corporation, trust or estate;
- ▶ Rental, royalty and REMIC income;
- ▶ Unemployment compensation;
- ▶ Taxable interest and dividends;
- ▶ Gambling winnings;

- ▶ Capital gains;
- ▶ Forgiveness of debt;
- ▶ Mortgage forgiveness;
- ▶ Taxable portion of scholarships and fellowships; and
- ▶ Any other income not specifically exempt.

Massachusetts gross income also includes the following which are not subject to the U.S. income tax:

- ▶ Interest from obligations of states and their political subdivisions, other than Massachusetts and its political subdivisions; and
- ▶ Income earned by a resident from foreign employment.

Massachusetts gross income does not include:

- ▶ Interest on obligations of the U.S. and U.S. territories;
- ▶ Pension income received from a contributory annuity, pension, endowment or retirement fund of the U.S. government or the Commonwealth of Massachusetts and its political subdivisions.
- ▶ Amounts received as U.S. Social Security, public welfare assistance, Veterans Administration disability payments, G.I. Bill education payments, certain worker's compensation, gifts, accident or life insurance payments, or certain payments received by Holocaust survivors; and
- ▶ Compensation earned by members of the armed forces for service in a combat zone (excluded to the same extent as under federal law).

### What Adjustments Must I Make as a Part-Year Resident?

Part-year residents must adjust income, deductions and exemptions when completing Form 1-NR/PY. In general, these items are reduced because all of your income may not be subject to Massachusetts tax. Your deductions and exemptions are based on the number of days you were a Massachusetts resident or the amount of income that is subject to Massachusetts tax.

## Income

### Lines 5 through 11, 24, 27a and Schedule D, Line 21

If you earned only a portion of the income you reported on your U.S. return while you were a Massachusetts resident, subtract from your U.S. income the amount earned and received while you were domiciled in another state or country. However, you may be required to include all income derived from Massachusetts sources earned while you were a nonresident, such as from rental property or from a trade or business, including employment, on Schedule R/NR, Resident/Non-



resident Worksheet. Such income now includes gains from the sale of a business or an interest in a business, separation, sick or vacation pay, deferred compensation, income from covenants not to compete, and nonqualified pension income that federal law allows states to tax.

## Deductions

### Lines 15 through 19

Most deductions are based on the actual amounts paid by you associated with the deduction for the period of time you were in Massachusetts.

The deductions listed below are based on the proration of the number of days you were a Massachusetts resident. For example, if you are entitled to claim one dependent under age 12, and if you lived in Massachusetts for only four months, you can claim a deduction equal to \$1,200 (one-third of the \$3,600 to which you are otherwise entitled). See line 3 on Form 1-NR/PY for the proration formula.

- ▶ Line 17, the deduction for a dependent under age 12, or dependents age 65 or over as of December 31, 2020, or disabled dependent(s);
- ▶ Schedule Y, line 6, Archer medical savings account (MSA) deduction;
- ▶ Schedule Y, line 8, health savings account deduction;
- ▶ Schedule Y, line 10, student loan interest deduction;
- ▶ Schedule Y, line 12, undergraduate student loan interest deduction;
- ▶ Schedule Y, line 15, commuter deduction; and
- ▶ Schedule Y, line 18, prepaid tuition or college savings program deduction.

The deductions listed below are based on the actual amounts paid or received for the period of time you were in Massachusetts. For example, you may only deduct the amount of alimony paid (Schedule Y, line 3) while you were a Massachusetts resident. Similarly, the deduction for attorney's fees and court costs involving certain unlawful discrimination suits (Schedule Y, line 9) must be directly related to Massachusetts income as reported on Form 1-NR/PY, line 12.

- ▶ Lines 15, 16 and 18;
- ▶ Schedule Y, lines 2 through 4;
- ▶ Schedule Y, line 5, moving expenses;
- ▶ Schedule Y, line 7, self-employed health insurance deduction;
- ▶ Schedule Y, line 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, business expenses of National Guard Reserve members, the deduction for attorney's fees and court costs involving certain unlawful discrimination suits and deductible expenses related to income reported on U.S. Form 1040, Schedule 1, line 8 and Massachusetts Schedule X, line 4;

- ▶ Schedule Y, line 13, deductible amount of qualified contributory pension income from another state or political subdivision; and

- ▶ Schedule Y, line 17, certain gambling losses.

## Exemptions

### Lines 4a through 4f

Your total exemptions (line 4g) must be prorated based upon the ratio of days you were a Massachusetts resident. To adjust your exemptions, use the formula in line 3 and see line 22 instructions.

## Health Care Penalty

### Line 39

If you are a part-year resident subject to the Health Care Penalty for 2020 and are not appealing the application of the penalty, enter the penalty amount from line 8 of the Health Care Penalty Worksheet in line 39a for you and/or line 39b for your spouse. Enter the total of lines 39a and 39b in line 39, but do not enter less than 0. Be sure to enclose Schedule HC with your return. Failure to do so will delay the processing of your return.

If married filing a joint return and both you and your spouse are subject to the penalty, separate Health Care Penalty Worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income.

A part-year resident taxpayer who does not have health insurance that meets the Massachusetts standard of minimum creditable coverage may be subject to a Massachusetts penalty.

## Earned Income Credit

### Line 47

Your earned income credit (line 47) must be prorated based upon the ratio of days you were a Massachusetts resident. To adjust this credit, use the formula in line 3 and see line 47 instructions.

## Should I Make Estimated Tax Payments in 2021?

Every taxpayer (whether a resident or nonresident) who expects to pay more than \$400 in Massachusetts income taxes on income which is not covered by Massachusetts withholding must pay Massachusetts estimated taxes. Estimated tax payments can be made online by using DOR's

MassTaxConnect application at [mass.gov/dor](http://mass.gov/dor). See line 44 instructions for more information.

## How Do I File a Decedent's Return?

A final income tax return must be filed for a taxpayer who died during the taxable year. It must be signed and filed by his/her executor, administrator or surviving spouse for the portion of the year before the taxpayer's death. Be sure to fill in oval 1 if the taxpayer who was listed first on last year's income tax return is deceased, or oval 2 if the taxpayer who was listed second on last year's income tax return is deceased. Also, enclose Form M-1310 with the refund claimant's name and Social Security number clearly printed.

A joint return may be filed by a surviving spouse. In the case of the death of both spouses, a final return must be filed by their legal representative.

Any income of \$100 or more received for the decedent for the taxable year after the decedent's death, and for succeeding taxable years until the estate is completed, must be reported each year on Massachusetts Form 2, Massachusetts Fiduciary Income Tax Return.

If the decedent's return shows a refund due, and if the Probate Court has not appointed a legal representative and none is contemplated, a Massachusetts Form M-1310, Statement of Claimant to Refund Due on Behalf of Deceased Taxpayer, must be enclosed with the return so the refund check may be made payable to the proper person.

## When to File Your Return

Your 2020 Form 1-NR/PY is due on or before April 15, 2021.

## Automatic Extensions

All taxpayers filing personal income tax returns are automatically granted a six-month extension of time to file their tax return as long as at least 80% of the total amount of tax ultimately due on or before the due date prescribed for payment of the tax has been paid. See TIR 16-10.

Also, if you are making a payment of \$5,000 or more, you are required to submit your extension payment electronically. Failure to do so will result in a penalty. If you are making a payment of less than \$5,000, you also have the option of filing your extension electronically. If there is a tax due with your extension, payment can be made through Electronic Funds Withdrawal.

Visit [mass.gov/dor](http://mass.gov/dor) to file via the Web.

**Form 1-NR/PY Extension Worksheet**

1. Enter amount from Form 1-NR/PY, line 41 .....
2. Enter the total of Form 1-NR/PY, lines 42 through 44 and 47 through 49 .....
3. Amount due. Subtract line 2 from line 1, not less than 0

**Note:** Your extension will not be valid if you fail to pay 80% of your total tax liability through withholding, estimated tax payments or with your extension. Form M-4868 is available at [mass.gov/dor](http://mass.gov/dor) or by calling (617) 887-6367 or toll-free in Massachusetts (800) 392-6089.

**Must I File on a Calendar Year Basis?**

No. You may file on a fiscal year basis if you keep your books and records on that fiscal year basis and if you receive permission from the Commissioner of Revenue. If you file on a fiscal year basis, you must file on or before the fifteenth day of the fourth month after the end of your fiscal year. Taxpayers filing on a fiscal year basis must complete and file Form 13, Notice of Designation of Fiscal Year, available at [mass.gov/dor](http://mass.gov/dor) or by calling (617) 887-6367 or toll-free in Massachusetts (800) 392-6089.

**Fiscal Year Filers**

File the 2020 return for calendar year 2020 and fiscal years that began in 2020 and ended in 2021. For a fiscal year return, fill in the tax year space at the top of page 1. Short year filers should file using the tax form for the calendar year within which the short year falls. If the short year spans more than one calendar year, the filer should file using the tax form for the calendar year in which the short year began. If the current form is not available at the time the short year filer must file, the filer should follow the rules explained in TIR 11-12.

**What If I Am Unable to Pay?**

If you are unable to pay the full amount of tax that you owe, you should pay as much of your tax liability as possible with this return. You will receive a bill from DOR for the remaining amount of tax due plus accrued interest and penalty charges. If the amount of that bill is less than \$10,000 and you still cannot pay it in full, you must apply formally to DOR for a small payment agreement in order to avoid collection activity. You can apply for a small payment agreement by visiting MassTaxConnect at [mass.gov/dor](http://mass.gov/dor).

**Note:** Do not mail your request for a payment agreement with your tax return. Requests can be made once a bill is issued through DOR's MassTaxConnect application at [mass.gov/dor](http://mass.gov/dor) or by calling DOR at (617) 887-6367 or toll-free

in Massachusetts (800) 392-6089. Setting up a small payment agreement will allow you to make monthly payments within a set time period to satisfy your unpaid liability.

**Name and Address**

Print the full name, address, and Social Security number of each person filing the return in the spaces provided. Enter names as they appear on your federal return.

**Social Security Number(s)**

Be sure to enter your Social Security number on your return. Also, enter your Social Security number on pages 2 through 5 of Form 1-NR/PY and on page 2 of Schedules B or C, if filed. Failure to show the correct Social Security number in the space provided will delay the processing of your return. If filing jointly, list your numbers in the order they appear on your federal return. Also, be sure your employer has listed the correct Social Security number on your Form W-2. If you are married, you must list your spouse's name and Social Security number even if you are filing a separate return.

Beginning January 1, 1997, each foreign person must use an identification number on any U.S. or Massachusetts tax return or refund claim filed. Certain aliens who cannot obtain Social Security numbers (SSNs) must obtain an IRS-issued individual taxpayer identification number (ITINs). This number can be obtained by filing Form W-7 with the IRS. The ITIN is not available for U.S. citizens or persons legally permitted to reside permanently or to work in the United States. These taxpayers qualify for SSNs and should obtain them from the Social Security Administration by filing Form SS-5. You may obtain Form SS-5 from your local Social Security Administration (SSA) or call the SSA at (800) 772-1213.

**Filing an Original Return or Amended Return****Original Return**

If this is the original filing of your 2020 tax return, fill in the **Original return** oval.

**Filing an Amended Return**

If you need to change a line item on your return, complete a new return with the corrected information and fill in the **Amended return** oval. Your amended return must include all schedules filed with the original return even if there are no changes to the schedules. Mail your amended return to the same address used for original returns. Do not file Form ABT with your amended return. An amended return can be filed to either increase or decrease your tax. An amended return should also be filed to correct a credit amount (such as withholding) or to dispute a health care penalty.

Generally, an amended return must be filed within three years of the date that your original return was filed. Visit [mass.gov/dor/amend](http://mass.gov/dor/amend) for more information about filing an amended return.

**Federal Changes**

If your amended return includes changes you have reported on an amended federal return filed with the IRS for the same tax year, check the **Amended return due to federal change** oval.

If your amended return does not report changes that result from the filing of a federal amended return or from a federal audit (for example, if the amended Massachusetts return is reporting a rental deduction not claimed on the original return) fill in only the **Amended return** oval.

**Consent to Extend the Time to Act on an Amended Return treated as Abatement Application**

In certain instances, an amended return showing a reduction of tax may be treated by DOR as an abatement application. Under such circumstances, by filing an amended return, you are giving your consent for the Commissioner of Revenue to act upon the abatement application after six months from the date of filing. See TIR 16-11. You may withdraw such consent at any time by contacting the DOR in writing. If consent is withdrawn, any requested reduction in tax will be deemed denied either at the expiration of six months from the date of filing or the date consent is withdrawn, whichever is later.

**Form 1-NR/PY Frequent Errors**

Not entering the information below correctly may result in an item being adjusted or removed.

- ▶ **Line 4c** – You must fill in the bubble for each spouse over 65 and enter a “1” or “2” in the Total box accordingly.
- ▶ **Line 5** – Employees of the Commonwealth of Massachusetts must report the State wages, tips etc. amount from box 16 of Form W-2.
- ▶ **Line 18** – Enter the total qualified rent paid in 2020 in the box, then divide by 2.
- ▶ **Line 42** – You must submit all documents that have Massachusetts withholding, including pass-through entity or K-1 withholding.
- ▶ **Lines 43 and 44** – Be sure to differentiate any overpayment from 2019 as a credit carry forward on line 43 and do not list it as 2020 estimated tax payment on line 44.
- ▶ **Line 48** – Schedule CB must be completed and submitted with your return.
- ▶ **Line 50** – Excess Paid Family Leave withholding (PFML) is not the amount shown on your Form W-2. You must use the worksheet for line

50 to see if you qualify and to calculate the excess amount. Each taxpayer would need to have multiple W-2's and to have paid PFML greater than \$520.51 to qualify. Or, have paid on the gross amount of self-employment income, not the net.

► **Schedules B, C, D** – Entries should be positive values unless there is a box to mark to indicate a negative value. You must complete and submit Schedule HC showing the FEIN and subscriber number.

► **Schedule HC** – If you did not receive a Form 1099-HC, fill in the bubble on line 4f or 4g indicating so and enter your subscriber number for your plan. Form 1095 is a federal form and cannot be used to report health care coverage in Massachusetts.

### **Voluntary Contribution to State Election Campaign Fund (part-year residents only)**

You, and your spouse if filing jointly, may voluntarily contribute \$1 each to the state Election Campaign Fund. The purpose of the fund is to provide limited public financing for campaigns of eligible candidates for statewide and elective office. This contribution will not change your tax or reduce your refund.

### **Veterans Benefits**

Fill in the appropriate oval(s) for you, and/or your spouse if married filing a joint return, if you are a veteran who served in the Armed Forces of the United States in active service as part of Operation Enduring Freedom, Operation Iraqi Freedom or Operation Noble Eagle and were discharged under honorable conditions and were domiciled for six months in Massachusetts immediately prior to entry into the Armed Forces. DOR will then forward the name and address to the Department of Veterans' Services and the adjutant general of the Massachusetts National Guard to verify eligibility for any benefits you may be entitled to.

### **Deceased Taxpayer**

Be sure to fill in the appropriate oval if a taxpayer died during the taxable year. For further information, refer to the section How Do I File a Decedent's Return? in the instructions.

### **Under Age 18**

If you are under age 18 as of January 1, 2021, be sure to fill in the oval(s).

**Note:** Lines without specific instructions are considered to be self-explanatory.

### **Residency Status**

Fill in the **Nonresident** oval if you were not a resident of Massachusetts and you received Massachusetts source income. See the section What is Massachusetts Source Income for Nonres-

idents? for an explanation of Massachusetts source income.

Fill in the **Part-year resident** oval if you were a resident of Massachusetts for less than the full year and you did not receive Massachusetts source income while a nonresident.

Fill in the **Filing both as a nonresident and part-year resident** oval if both categories apply to you in the same tax year. See the section Who Must File. You must also complete and enclose with your return Schedule R/NR, Resident/Nonresident Worksheet.

### **Nonresident Composite Return for Professional Athletic Team Members**

Massachusetts allows professional athletic teams to file a composite return and make estimated tax payments as an agent on behalf of two or more qualified electing nonresident team members. Eligible members of a composite return must meet the following requirements:

- Must be nonresidents for the entire taxable year;
- Must elect to be included in the composite return by signing a statement;
- Must agree to be subject to Massachusetts tax jurisdiction; and
- Must waive the right to claim deductions, exemptions and credits allowable under MGL ch 62, §§ 3, 5 and 6.. Taxpayers filing a nonresident composite return should enter 0 on Form 1-NR/PY, lines 20 (total deductions), 22 (exemption amount) and lines 33 to 35 (credits).

Each electing nonresident team member must sign under penalties of perjury a statement affirmatively stating such team member's qualifications and election to file a composite return. The composite return is filed on Massachusetts Form 1-NR/PY along with the applicable schedules and attachments. The total Massachusetts gross income reported on the composite Form 1-NR/PY must be the sum of all the qualified electing nonresident members' Massachusetts source income.

Be sure to fill in the **Nonresident composite return** oval if this category applies to you.

### **Name/Address Change**

If you legally changed your name or address in 2020, fill in the oval. If you changed your name, enclose a copy of your Social Security card or driver's license showing your new name. Failure to include this documentation could delay processing of your return. If you move after filing, be sure to leave a forwarding address with your local post office and file a Change of Address Form with the Massachusetts Department of Revenue. This form is available to be filed online at [mass.gov/dor](http://mass.gov/dor), or

by calling (617) 887-6367 or toll-free in Massachusetts (800) 392-6089.

### **Noncustodial Parent**

Fill in the oval if you are a noncustodial parent. A noncustodial parent is defined as a person who has a minor child, but does not live with the child.

**Note:** If you are the biological parent of a child, but your parental rights have been terminated, you are not the noncustodial parent of that child.

### **Schedule TDS. Inconsistent Filing Position Penalty**

Fill in the oval and enclose Schedule TDS, Taxpayer Disclosure Statement, if you are disclosing any inconsistent filing positions. Schedule TDS is available on our website at [mass.gov/dor](http://mass.gov/dor). The inconsistent filing position penalty (see TIR 06-5, section IV) applies to taxpayers that take an inconsistent position in reporting income. These taxpayers must "disclose the inconsistency" when filing their Massachusetts return. If such inconsistency is not disclosed, the taxpayer will be subject to a penalty equal to the amount of tax attributable to the inconsistency. This penalty is in addition to any other penalties that may apply.

A taxpayer is deemed to have taken an "inconsistent position" when the taxpayer pays less tax in Massachusetts based upon an interpretation of Massachusetts law that differs from the position taken by the taxpayer in another state where the taxpayer files a return and the governing law in that other state "is the same in all material respects" as the Massachusetts law. The Commissioner may waive or abate the penalty if the inconsistency or failure to disclose was attributable to reasonable cause and not willful neglect.

#### **a. Total Federal Income**

Enter your total federal income (from U.S. Form 1040, line 9). If married filing a separately and living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this section. If you did not have a requirement to file a U.S. return, you must enter 0 in this section.

**Note:** Failure to enter this information will delay the processing of your return.

#### **b. Federal Adjusted Gross Income**

Enter your federal adjusted gross income (from U.S. Form 1040, line 11 or U.S. Form 1040-NR, line 11). If married filing separately and living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this section. If you did not have a requirement to file a U.S. return, you must enter 0 in this section.



**Note:** Failure to enter this information will delay the processing of your return.

### Line 1. Filing Status

**Note:** More than one filing status may apply to you. If so, you may wish to figure your taxes based upon more than one filing status to see which status is to your benefit.

#### Single

Fill in the **Single** oval if you were single as of December 31, 2020. This status applies to you if, at the close of the taxable year, you fit into any of the following categories:

- ▶ You were unmarried;
- ▶ You were a widow or a widower whose spouse died before 2020; or
- ▶ You were legally separated under a final judgment of the probate court.

You are not single if:

- ▶ You have obtained a judgment of divorce which has not yet become final;
- ▶ You have a temporary support order; or
- ▶ You and your spouse simply choose to live apart.

#### Married Filing Joint Return

Fill in the **Married filing joint return** oval if you were legally married as of December 31, 2020, and you elect to file a joint return. A joint return is allowed even if only one spouse had income. Both spouses are responsible for the accuracy of all information entered on a joint return, and both must sign. If your spouse died during 2020, you may still choose to file a joint return.

Note that a joint Form 1-NR/PY is not allowed unless each spouse is reporting income for the same resident or nonresident period. For example, John (a Massachusetts resident) and Jane (a New Hampshire resident) both work in Massachusetts. After they were married in June 2020, John moved to New Hampshire to live with Jane. They cannot file a joint return because their nonresident tax years are different. (Jane lived in New Hampshire during the entire year, but John only lived there for six months.)

#### Married Filing Separate Return

Fill in the **Married filing separate return** oval if you were legally married as of December 31, 2020, but you elect to file separately. Enter your spouse's name and Social Security number in the space provided.

#### Head of Household

Fill in the **Head of household** oval if you qualify to file this status federally. This status is for unmarried people who paid over half the cost of keeping

up a home for a qualifying person, such as a child who lived with you or your dependent parent. Be sure to include such qualifying person on Schedule DI, Depending Information. Certain married people who lived apart from their spouse for the last six months of 2020 and who meet all of the other federal requirements may also be able to use this status. See IRS Publication 501, Exemptions, Standard Deduction, and Filing Information, for more information.

#### Custodial Parent

Fill in the **Custodial parent who has released claim to exemption for child(ren)** oval if you are claiming the head of household filing status and you have released your claim to one or more dependent exemptions on IRS Form 8332, or participated in a decree or agreement to allow the noncustodial parent to claim a dependency exemption.

#### Lines 2 and 3. Part-Year Resident Proration Formula

Part-year residents must fill out the proration formula in lines 2 and 3. Enter the dates you were a Massachusetts resident in the spaces provided. Then, enter the total days you were a Massachusetts resident and divide this number by 365 and carry this division out to four decimal places. Failure to do so may delay the processing of your return. This figure is used to determine the portion of certain deductions, exemptions, and the earned income credit a part-year resident may be eligible to claim.

#### Whole Dollar Method Required

DOR requires that the whole dollar method be used for entries made on forms or schedules. For example, amounts between \$1.00 and \$1.49 should be entered as \$1.00 and amounts between \$1.50 and \$2.00 should be entered as \$2.00. However, calculations on worksheets used to reach amounts shown on the return may be made in either of the following ways:

- ▶ Round amounts before adding them up and enter the resulting total on the form; or
- ▶ Add amounts to the penny, and then round to the whole dollar for entry on the form.

Either method is acceptable as long as one method is used consistently throughout the return.

#### Line 4. Exemptions

##### Line 4b. Number of Dependents

You may claim a \$1,000 exemption for each of your dependents if you claimed them on your U.S. return. Enter in the box in item b the number of dependents you listed on U.S. Form 1040 or U.S. Form 1040NR. Do not include yourself or your spouse. Then, multiply that total by \$1,000 and

enter the total amount in line 4b. Be sure to fill out Schedule DI, Dependent Information, if you are claiming a dependent exemption(s). Failure to do so will delay the processing of your return.

**Note:** Only one person (or married couple filing jointly) may claim the dependent exemption for any one child or other dependent.

In a few cases, the number of dependents claimed for Massachusetts purposes and for U.S. purposes may differ. Massachusetts allows a dependent exemption for each individual who qualifies for exemption as a dependent under § 151(c) of the Code. For purposes of § 151(c), the definition of dependent in § 152 is adopted. Under federal law, there are additional restrictions on the dependent exemption beyond the rules of § 152 that are not adopted by Massachusetts. For Massachusetts tax purposes, if an individual qualifies as a dependent under the rules of § 152, you can claim a dependent exemption for such a person. If you claim such a dependent in Massachusetts, increase the number reported in item b from your U.S. return by the number of such additional dependents.

##### Line 4d. Blindness Exemption

You are allowed an additional \$2,200 exemption if you are legally blind. If your spouse is also legally blind and you are filing a joint return, you may also claim a \$2,200 exemption for your spouse. Fill in the appropriate oval(s) and enter the total number of blindness exemptions in the small box. Then, multiply that total by \$2,200 and enter the total amount in line 4d.

##### Legal Definition of Blindness

You are legally blind and qualify for the blindness exemption if your visual acuity with correction is 20/200 or less in the better eye, or if your peripheral field of vision has been contracted to a 10-degree radius or less, regardless of visual acuity.

##### Line 4e. Medical/Dental Expenses

You may claim an exemption for medical and dental expenses paid during 2020 only if you itemized these expenses on your U.S. Form 1040, Schedule A. If you are married filing a joint U.S. Form 1040, you must file a joint Massachusetts Form 1-NR/PY to claim this exemption. Enter in line 4e the amount reported on your U.S. Form 1040, Schedule A, line 4.

##### Line 4f. Adoption Agency Fee

If you paid adoption fees to a licensed adoption agency during 2020, you are eligible for an exemption of the total amount of the fees paid during the year. Fees paid during 2020 to an agency licensed to place children for adoption on account of the adoption process of a minor child regardless of whether an adoption actually took place during

2020 should also be included for this exemption. Enter this amount in line 4f.

### Lines 5 through 11

Income received by nonresidents is taxed only when it is from Massachusetts sources. Refer to the general instructions in this booklet for a definition of Massachusetts source income. The instructions for each of these lines will describe Massachusetts source income in more detail. For part-year residents, income received while a resident, whether from sources inside or outside of Massachusetts, is taxable.

Your entries must agree with the appropriate amounts on your copies of Forms W-2 and 1099, and/or required schedules for lines 8 and 9. Nonresidents, if your actual Massachusetts income is not known, see the Nonresident Apportionment Worksheet in line 13 and accompanying instructions.

**Note:** You cannot apportion Massachusetts wages as shown on Form W-2.

## 5.0% Income

If filing as both a nonresident and part-year resident, you must complete Schedule R/NR, Resident/Nonresident Worksheet, before proceeding.

### Line 5. Wages, Salaries, Tips and Other Employee Compensation

Report in line 5 total state wages from Form(s) W-2. Enter the amount(s) stated as Massachusetts wages.

**Note:** Part-year residents, income earned while a Massachusetts resident in another state is subject to taxation in Massachusetts.

In most cases your total wages will be the same amount reported on your U.S. 1040, line 1 or U.S. 1040-NR, line 1a unless:

- ▶ You or your spouse earned income from employment outside Massachusetts (nonresidents only);
- ▶ You were a Massachusetts resident working in a foreign country (part-year residents only);
- ▶ You were a resident of Massachusetts for only a part of 2020; or
- ▶ You were a state or local employee and made contributions to a Massachusetts state or local pension plan.

### Differences Between Wages for Massachusetts Tax Purposes and Those Reported on Your U.S. Return

**Nonresidents earning a portion of income from employment outside Massachusetts.** If a portion of the wage income reported on your U.S. return

was earned outside Massachusetts, the amount in line 5 should not include wages earned in another state or country.

**Massachusetts residents working in a foreign country while a Massachusetts resident.** Income earned in a foreign country is subject to taxation in Massachusetts. If you excluded part or all of the compensation earned in a foreign country on your U.S. return (under § 911 of the IRC), you must include any such amount in line 5 for Massachusetts tax purposes.

**Part-year residents of Massachusetts.** If you earned only a portion of the income you reported on your U.S. return while you were a Massachusetts resident, subtract from your U.S. wages the amount earned and received while you were domiciled in another state or country.

**State or local employees contributing to pension plans.** If you are a Massachusetts state, city, town or county employee and contributed to your pension plan, enter in line 5 the Form W-2 state wage amount. This amount will be greater than the U.S. amount because your pension contributions are excluded from your income for U.S. tax purposes. Contributions up to \$2,000 may still be deducted in line 15a or 15b for Massachusetts tax purposes.

### Line 6. Taxable Pensions and Annuities

**Nonresidents.** Under Title 4 of the USC § 114, payments to nonresidents from certain qualified pension plans are not subject to tax.

Qualified plans include:

- ▶ A qualified trust under IRC § 401(a) exempt from taxation under IRC § 501(a);
- ▶ Simplified IRC § 408(k) plans;
- ▶ IRC § 403(a) annuity plans;
- ▶ IRC § 403(b) annuity contracts;
- ▶ IRC § 7701(a) (37) individual retirement plans;
- ▶ Eligible deferred compensation plans of state and local governments and tax exempt organizations as defined by IRC 457;
- ▶ IRC § 414(d) government plans; a trust or trusts described in IRC § 501(c) (18); and
- ▶ Any plan, program or arrangement described in IRC § 3121(v)(2)(C) or any plan, program, or arrangement that is in writing, that provides for retirement payments in recognition of prior service to be made to a retired partner, and that is in effect immediately before retirement begins if payments are made at least annually and spread over the actuarial life expectancy of the beneficiaries, or if payments are spread over at least a ten year period.

Such income is also protected from state taxation if the plans are trusts under IRC § 401(a), but exceed limits laid down in IRC §§ 401(k), 401(m), 402(g), 403(b), 408(k) or 415 or any other limitation on contributions or benefits which may apply in the Code.

Retirement or retainer pay of a member or former member of a uniformed service computed under 10 USC ch 71 (military pensions) received by a nonresident is also exempt.

Any income from pensions related to a Massachusetts trade, business or employment that is not derived from one of the qualified pension plans listed above is taxable. Enter in line 6 the portion of those pensions reported on your U.S. Form 1040, line 5a, that are taxable to Massachusetts nonresidents.

**Part-year residents.** Income from most private pensions or annuity plans is taxable in Massachusetts. You must report the taxable pension income you received while a resident of Massachusetts. Certain government pensions, however, are exempt under Massachusetts law. In general, exempt pensions include contributory pensions from the U.S. government or the Commonwealth of Massachusetts and its political subdivisions, and noncontributory military pensions. The following section describes some specific pensions which are exempt. If your pension is not exempt, you should generally enter in line 6 the taxable amount reported on your U.S. Form 1040, line 5b. In some cases, however, Massachusetts law requires an adjustment to the federal amount. Distributions from annuity, stock bonus, pension, profit-sharing or deferred payment plans or contracts described in §§ 403(b) and 404 of the IRC must be adjusted to account for your contributions that have been previously taxed. Subtract from such income (as reported on your U.S. Form 1040, line 5a) the amount of your contributions which were previously taxed by Massachusetts until the total of your taxed contributions is received. If your pension falls into this category, enter the adjusted amount in line 6 and explain briefly (in an enclosed statement) why this amount is different than the amount reported on your U.S. return. If you are receiving distributions from an IRA or Keogh plan, do not report the income here; instead, see to the instructions for Schedule X, line 2.

### What Pensions are Exempt?

- ▶ Pension income received from a contributory annuity, pension, endowment or retirement fund of the U.S. government or the Commonwealth of Massachusetts and its political subdivisions.
- ▶ Pension income from other states or their political subdivisions which do not tax such income



from Massachusetts, or its political subdivisions must be reported in line 4. However, this income may be eligible for a deduction on Schedule Y line 13. Refer to the instructions for Schedule Y line 13 to determine eligibility for this deduction.

▶ Noncontributory pension income or survivorship benefits received from the U.S. uniformed services (Army, Navy, Marine Corps, Air Force, Coast Guard, commissioned corps of the Public Health Service and National Oceanic and Atmospheric Administration) is exempt from taxation in Massachusetts.

▶ Massachusetts state court judges who were appointed on or after January 2, 1975 are participants in the Massachusetts contributory retirement system and their pensions are nontaxable. State court judges who were appointed prior to January 2, 1975 receive taxable noncontributory pensions.

If you retired under MGL ch 32, §§ 56–60 and are a veteran who began Massachusetts state service prior to July 1, 1939, all or part of your pension income may be subject to tax. If you elected to receive your proceeds from contributions in one lump-sum distribution, your original contributions to the retirement system are not taxable. Noncontributory pension income received after a lump-sum distribution is fully taxable and should be reported in line 6.

### How do I report lump-sum distributions?

If you were an employee of the U.S., Massachusetts or one of its political subdivisions and left public employment prior to retirement, you are not required to report as income the lump-sum distribution of your previously-taxed pension contributions.

**Lump-sum distributions** of qualified employee benefit plans in excess of the employee's contributions which were previously subject to Massachusetts tax (or not previously excluded from Massachusetts tax) must be reported in line 6. Generally, qualified rollovers are not taxable in Massachusetts to the extent they are not taxable on your U.S. return. Lump-sum distributions related to IRA/Keogh distributions should be reported on Schedule X, line 2.

**Rollover from a traditional IRA to a Roth IRA (part-year residents only).** Taxpayers are allowed to make partial or complete rollovers from existing IRAs to Roth IRAs. Any taxable portion of these rollovers included in federal gross income received while a resident of Massachusetts is also included in Massachusetts gross income, except for amounts previously subject to Massachusetts personal income tax. See Schedule X, line 2 instructions for further details.

**Note:** Massachusetts does not tax Social Security income, therefore, you should not report such income on Massachusetts Form 1-NR/PY.

### Line 7. Interest from Massachusetts Banks

**Nonresidents.** Interest income is only taxable if it is related to a Massachusetts trade, business, profession, partnership or S corporation, or to the ownership of real estate or tangible personal property located in Massachusetts.

**Part-year residents.** While a resident of Massachusetts, interest received from any savings banks, cooperative banks, national banks, trust companies, savings and loan associations or credit unions located in Massachusetts is taxable.

Nonresidents and part-year residents, report in line 7a such interest taxable by Massachusetts.

To report interest taxable to a nonresident or part-year resident from banks located in Massachusetts, enter in line 7a amounts of interest received or credited to these deposit accounts (term and time deposits, including certificates of deposit, savings accounts, savings shares, and NOW accounts). Combine all accounts at the same bank. Enclose a statement listing names of all savings banks, cooperative banks, national banks, trust companies, savings and loan associations or credit unions in which you have deposit accounts. In line 7b, enter the exemption amount (\$200 if married filing a joint return; otherwise enter \$100) and subtract this amount from line 7a. Enter the result in line 7, but not less than 0.

**Note:** This exemption amount does not apply to your U.S. tax return.

Do not subtract interest forfeited or penalties charged to you for early savings withdrawal. You may be allowed to deduct these amounts on Schedule Y, line 2. All other interest, unless exempt, should be entered on Massachusetts Schedule B. The return on an IRA/Keogh is not taxable until distributed.

### Line 8a. Business/Profession Income or Loss

Enter in line 8a the amount of income or loss from a business or profession from Massachusetts Schedule C, line 37. You must enclose Massachusetts Schedule C with this return.

**Note:** U.S. Schedule C is no longer allowed as a substitute for Massachusetts Schedule C.

### Line 8b. Farm Income or Loss

If you operate a farm as an individual or cooperative, enter in line 8b the amount of income or loss from operating a farm from U.S. Schedule F, Profit or Loss from Farming, line 34. Enclose a copy of U.S. Schedule F. Complete a pro-forma

U.S. Schedule F to report Massachusetts differences, such as bonus depreciation.

### Line 9. Rental, Royalty, REMIC, Partnership, S Corporation, Trust Income or Loss

Taxpayers with income or loss reported on a Schedule E must file his or her tax return using computer-generated forms produced by third-party software. The tax return may be generated by the taxpayer or by a tax professional. The taxpayer is encouraged, but not required, to submit the return electronically. Paper forms produced using the third-party software product will contain a two-dimensional (2D) bar code and will also be accepted. If the taxpayer hires an income tax preparer to complete the taxpayer's taxes, the preparer must follow the Commissioner's electronic filing rules. See TIR 08-22 for more information.

If you do not have access to a software package when filing your 2020 income tax return, you may file your Schedule(s) E on paper. Visit our website at [mass.gov/dor](http://mass.gov/dor) to download a paper copy of the 2020 Schedule(s) E, E-1, E-2, E-3 (and instructions) to file with your income tax return.

### Line 10a. Unemployment Compensation

**Nonresidents.** Enter in line 10a the portion of your unemployment compensation reported in U.S. Form 1040, Schedule 1, line 7, related to previous Massachusetts employment. Only unemployment compensation related to previous Massachusetts employment is taxable to nonresidents. If you elected voluntary withholding of Massachusetts state income taxes on your unemployment compensation, be sure to include the amount of Massachusetts state income tax withheld as reported on Form 1099-G on Form 1-NR/PY, line 42 and enclose Form 1099-G.

**Part-year residents.** Enter in line 10a the portion of unemployment compensation reported in U.S. Form 1040, Schedule 1, line 7, received while you were a resident of Massachusetts, whether related to employment inside or outside of Massachusetts. If you elected voluntary withholding of Massachusetts state income taxes on your unemployment compensation, be sure to include the amount of Massachusetts state income tax withheld as reported on Form 1099-G on Form 1-NR/PY, line 42 and enclose Form 1099-G.

If filing as both a part-year resident and nonresident, refer to Schedule R/NR.

### Line 10b. Massachusetts State Lottery Winnings

Enter in line 10b all winnings from the Massachusetts state lottery. Do not enter less than 0. You may only deduct the price of your winning ticket. Lottery losses claimed as itemized deductions on U.S. Form 1040, Schedule A are not allowed on your Massachusetts return.

**Line 11. Other Income (from Schedule X) Alimony received, taxable IRA/Keogh and Roth IRA distributions, other gambling winnings, fees and other 5.0% income.** “Other 5.0% income” includes the items listed above and must be included on Schedule X. Enter the total from Schedule X, line 5. Not less than 0. Be sure to enclose Schedule X with your return. Enclose an additional statement if more space is needed. Failure to enclose this schedule will delay the processing of your return. See Schedule X instructions.

## Apportionment — Nonresidents Only

Sometimes your business or employment requires you to work both inside and outside Massachusetts, but you do not know the actual amount of income you earned from working in Massachusetts. In this case, you must apportion your income so that only the correct portion (the amount attributable to Massachusetts) will be taxed by Massachusetts. Some nonresidents must use the Nonresident Apportionment Worksheet in line 13 for this purpose.

### Who Cannot Apportion Income?

If you know the actual amount of your Massachusetts source income, do not apportion. Report your income taxable in Massachusetts on your Massachusetts return.

Examples of nonresidents who cannot apportion include:

- ▶ An employee whose actual Massachusetts income is shown on Form W-2;
- ▶ An employee whose Form W-2 does not indicate initially his/her actual Massachusetts income but whose employer issues a corrected Form W-2 or other statement which breaks down this amount. Since your employer is required by law to withhold Massachusetts tax on your Massachusetts wages, this breakdown will be easy to obtain; and
- ▶ A self-employed person whose actual Massachusetts income is known, such as a surgeon who comes to Massachusetts to perform a specific operation for a set fee.

In the few cases when your employer fails to issue a separate Form W-2 that includes only Massachusetts earnings, you may use the Nonresident Apportionment Worksheet to adjust your earnings.

### Who Must Use the Nonresident Apportionment Worksheet?

If your employment or business took you both inside and outside Massachusetts and you do not know the actual amount of income you earned

in Massachusetts, or if you are a self-employed person or employee who is on an hourly, daily, weekly, monthly or mileage basis, or whose compensation depends upon sales, at least some of which take place outside of Massachusetts, you must use the Nonresident Apportionment Worksheet.

**Note:** If both you and your spouse both qualify to apportion your income or you have more than one job that is eligible for apportionment, you must complete a separate apportionment worksheet for the income that is eligible to be apportioned.

### Who Can Apportion Income But Cannot Use the Nonresident Apportionment Worksheet?

If you do not know the actual amount of income you earned in Massachusetts from one business or employment, but you do not fit into any of the categories listed in the preceding section, you should not use the Nonresident Apportionment Worksheet. See the section on Special Apportionment Methods for your apportionment method.

Examples of nonresidents who must apportion income using one of these special methods include:

- ▶ An independent business or professional person whose income does not depend on sales, days or mileage;
- ▶ An entertainer or athlete whose income does not depend solely on receipts or winnings;
- ▶ A general or limited partner in a partnership; and
- ▶ A shareholder of an S corporation with Massachusetts source income.

### Apportionment Methods

If you use the Nonresident Apportionment Worksheet, fill in the oval for the appropriate basis and then follow the instructions. If you have more than one business or employment requiring the use of the worksheet, complete and enclose one worksheet for each business or employment.

**Working days basis.** This basis should be used by employees or self-employed persons who qualify to use the Nonresident Apportionment Worksheet and who are compensated on an hourly, daily, weekly or monthly basis. The income of these taxpayers is to be allocated to Massachusetts in the proportion that the amount of time spent working in Massachusetts bears to the total working time.

**Mileage basis.** An employee or self-employed person whose compensation depends on miles traveled is taxed on that portion of total compensation received in which the miles traveled within Massachusetts bear to total miles traveled.

**Sales basis.** For an employee or self-employed person whose compensation depends upon sales or commissions, taxable income includes that

portion of total compensation received which the sales made inside Massachusetts bear to total sales. (For the purposes of making this allocation, all sales for which the taxpayer takes orders inside Massachusetts are attributable to this state, regardless of whether the formal acceptance of the contract of sale takes place inside or outside Massachusetts.)

### Special Apportionment Methods

If you earned income both inside and outside Massachusetts from one business or employment, and your actual Massachusetts income is not known and you cannot use the Nonresident Apportionment Worksheet in line 13, use the following appropriate apportionment method.

**Self-employed and professional persons.** If you earned income from both inside and outside Massachusetts and your books do not accurately reflect your Massachusetts source income, you must use a three-factor formula to apportion your Massachusetts income. Instructions for this method of apportionment are in Massachusetts Regulation 830 CMR 62.5A.1.

**Entertainers and professional athletes.** If you are a nonresident entertainer who performed in Massachusetts and you were not paid specifically for the performance in Massachusetts, or if you are a nonresident professional athlete who took part in performances, bouts, meets, matches or games that occurred in Massachusetts and you were not paid for the specific event played in Massachusetts, you must use the apportionment formula set forth in Massachusetts Regulation 830 CMR 62.5A.1.

**Nonresident partners.** If you are a nonresident general or limited partner, you are taxed on your distributive share of the income received by the partnership to the extent that the partnership income is Massachusetts source income, determined as if the partnership were a nonresident individual. If you are entitled to apportionment, the partnership will apportion its income and notify you of your share on a 3K-1.

**Nonresident shareholders of an S corporation.** If you are a nonresident shareholder in an S corporation, you are taxed on the distributive share of income received by the S corporation to the extent that the S corporation income is Massachusetts source income. If you qualify for apportionment, the S corporation will apportion its income and notify you of your share on an SK-1.

## Line 13. Nonresident Apportionment Worksheet

### Line 13a

If your income is measured by working days, enter the number of days you worked outside Massachusetts.

### Line 13b

Enter the number of days you worked inside Massachusetts. (If you spent a working day partly inside and partly outside Massachusetts, treat the day as having been spent a whole day inside the state.)

### Line 13d

Enter your nonworking days. Your nonworking days are those days during the year (or during the period you worked, if your job lasted less than a year) that you were not required to work, such as Saturdays, Sundays, holidays, sick days, vacation and leave with or without pay. Complete the remainder of the Nonresident Apportionment Worksheet as indicated, and enter your Massachusetts income from line 13g in the appropriate line on Form 1-NR/PY. For example, if you are apportioning your wages, enter the amount from line 13g in line 5.

If you are using the mileage or sales basis, substitute mileage or sales for working days and complete all items in the worksheet, except line 13d. Indicate what basis you are using by filling in the appropriate oval, and enter your Massachusetts income from line 13g in the appropriate line on Form 1-NR/PY.

# Nonresident Deduction and Exemption Ratio

Since nonresidents are only taxed on income from Massachusetts sources, the deductions and exemptions allowed to them are limited by the amount of this income. This happens in two ways. The deductions in line 15 and Schedule Y, lines 2, 4, 5, 7, 9 (certain amounts only; see instructions for Schedule Y, line 9), 13 and 17 must be matched to specific items of income taxed on Form 1-NR/PY. Other deductions and all exemptions must be prorated by the ratio of a taxpayer's Massachusetts source income to his/her total income.

## Line 14. Nonresident Deduction and Exemption Ratio

All nonresident taxpayers must complete lines 14a to 14g to arrive at this ratio. The ratio will be

used to determine what amounts, if any, you may deduct in:

- ▶ Lines 16 and 17;
- ▶ Schedule Y, line 3, alimony paid deduction;
- ▶ Schedule Y, line 6, Archer medical savings account (MSA) deduction;
- ▶ Schedule Y, line 8, health care accounts deduction;
- ▶ Schedule Y, line 10, student loan interest deduction;
- ▶ Schedule Y, line 12, undergraduate student loan interest deduction;
- ▶ Schedule Y, line 15, commuter deduction; and
- ▶ Schedule Y, line 18, prepaid tuition or college savings program deduction.

Nonresidents should use the line 14g ratio to determine the amount of the deduction for attorney's fees and court costs involving certain unlawful discrimination suits (from Schedule Y, line 9) only if it is directly related to Massachusetts income as reported on Form 1-NR/PY, line 12. If it is not directly related to income reported on Form 1-NR/PY, you are not allowed any deduction.

If married filing jointly, include in each line the income for both spouses. Enter any loss as 0.

If filing as both a nonresident and a part-year resident, be sure to read the instructions for Schedule R/NR before completing line 14. Also, enter in line 14a only the portion of Massachusetts source 5.0% income earned as a nonresident.

**Note:** If one or more composite returns are being filed on your behalf, you may not include amounts reported on any composite return in calculating your exemption and deduction ratios.

### Line 14a

Enter in line 14a total 5.0% income from line 12.

**Note:** If filing as both a nonresident and part-year resident, enter the total of Schedule R/NR, Part 1, column D, lines 5 through 11.

### Line 14b

Enter in line 14b Massachusetts bank interest from the smaller of line 7a or line 7b.

**Note:** If filing as both a nonresident and part-year resident, enter the smaller of Schedule R/NR, Part 1, column D, line 7 or Form 1-NR/PY, line 7b.

### Line 14c

Read the instructions for lines 24, 27 and 28. If these items apply to you, combine Schedule B, Part 1, line 7 and Part 2, line 13c (but not less than 0) and Schedule D, line 13 (but not less than 0), and enter the total in line 14c. If there is no entry in Schedule B, Part 1, line 7, enter the amount from Form 1-NR/PY, line 24.

**Note:** If filing as both a nonresident and part-year resident, enter the total of Schedule R/NR, Part 1, column D, lines 24 (interest and dividends), 27 (certain capital gains from Schedule B) and Schedule D (long-term capital gains and losses, excluding collectibles).

### Line 14e

Enter in line 14e the total income from non-Massachusetts sources you received during the tax year covered by this return. This is the additional income that would have been reported by you if you had been a Massachusetts resident that you received from non-Massachusetts sources. This amount is often not the same as the difference between your total U.S. income reported in line a and your Massachusetts source income reported in line 14d, due to the differences between Massachusetts and federal tax laws.

**Note:** Be certain not to include any amounts already reported in line 14d.

To reconcile the two amounts, the following types of income included in the U.S. total income (Form 1-NR/PY, line a), but not taxable in Massachusetts should be subtracted from the U.S. total before completing line 14e:

- ▶ Social Security and Tier I Railroad Retirement benefits;
- ▶ Pensions from contributory retirement plans of the U.S., or Massachusetts and its political subdivisions;
- ▶ Pension income from the U.S. military;
- ▶ U.S. bond interest;
- ▶ State tax refunds; and
- ▶ Keogh and 403(b) distributions related to contributions previously taxed by Massachusetts.

Income from the following categories which is not included in U.S. total income (Form 1-NR/PY, line a) must be added back to calculate the total income that would be reported as Massachusetts income had the taxpayer been a Massachusetts resident in line 14e:

- ▶ Bond interest from other states;
- ▶ Up to \$80,000 in foreign-earned income;
- ▶ Contributions to a pension plan by Massachusetts state or local employees; and
- ▶ Net operating loss carryforward.

**Note:** If filing as both a nonresident and part-year resident, see instructions for Schedule R/NR, Part 1.

### Line 14f

Add line 14d and line 14e. If your total income in line a exceeds the amount reported in line 14f by



more than 10%, you should enclose a statement explaining the reasons for the difference.

**Note:** If filing as both a nonresident and part-year resident, enter Schedule R/NR, Part 1, column C total.

**Line 14g**

Divide line 14d by line 14f. Carry this division out to four decimal places. Failure to do so may delay the processing of your return. Enter the result in line 14g. This is your ratio for deductions and exemptions. It represents the relationship of your Massachusetts source income to your total income.

# Deductions

**Lines 15 through 19**

Massachusetts allowable deductions differ from itemized deductions on Schedule A of U.S. Form 1040. You may claim only the deductions specified on Massachusetts Form 1-NR/PY, lines 15 through 18 and Schedule Y.

**Line 15. Amount Paid to Social Security (FICA), Medicare, Railroad, U.S., Massachusetts Retirement Systems**

**Nonresidents.** If, as a condition of Massachusetts business or employment, you have paid into any of the retirement systems listed above during 2020, you may deduct those contributions, up to a maximum of \$2,000.

**Part-year residents.** You may deduct contributions attributable to business or employment while a Massachusetts resident, up to a maximum of \$2,000.

Enter in lines 15a and 15b the amount you, and your spouse if filing jointly, paid to Social Security (FICA), Medicare or Railroad Retirement and the U.S. or Massachusetts Retirement Systems during 2020 as shown on your Form W-2 that is directly related to income taxable by Massachusetts included in line 12, but not more than \$2,000 each. Payment amounts may not be combined or transferred from one spouse to the other. Be sure to add any amount of Medicare tax withheld as shown on Form W-2 and any amount of self-employment tax as reported on your U.S. Form 1040 to the amount of Social Security tax withheld, the total not to exceed \$2,000 per person.

**Note:** Medicare premiums deducted from your Social Security or retirement payments are not deductible.

Payments to an IRA, Keogh, Simplified Employee Pension plan (SEP) or Savings Incentive Match Plan for Employees (SIMPLE) Account are not deductible for Massachusetts income tax purposes.

**Lines 16 and 17**

Massachusetts law allows an option for deducting expenses related to dependent children. Read instructions for both lines 16 and 17 to determine if you qualify and to decide which deduction is better for you. You cannot claim a deduction in both lines 16 and 17.

**Line 16. Child Under Age 13, or Disabled Dependent/Spouse Care Expenses**

Massachusetts allows taxpayers to exceed the federal limit on employment-related expenses for the care of a qualified child under the age of 13, a disabled dependent or a disabled spouse. The maximum deduction is \$4,800 for one qualifying individual, and \$9,600 for two or more qualifying individuals. Complete the following Form 1-NR/PY, Line 16 Worksheet to calculate your Massachusetts child or disabled dependent/spouse care expense deduction.

**Note:** You cannot claim this deduction if married filing a separate U.S. 1040 return. If you are filing a joint U.S. 1040 return but are married filing separately for Massachusetts purposes, either spouse may claim the deduction for expenses he or she incurred, but their combined deduction cannot exceed \$4,800 for one qualifying individual or \$9,600 for two or more qualifying individuals.

Taxpayers who received dependent care benefits should complete a pro forma U.S. Form 2441. When completing this pro forma form, taxpayers should enter \$4,800 (or \$9,600 for two or more qualifying persons) in line 27 of U.S. Form 2441. The amount from this pro forma Form 2441, line 31 should then be entered in line 1 of the following worksheet.

**Note:** If you choose to take a deduction in Form 1-NR/PY, line 16, you cannot take the deduction in Form 1-NR/PY, line 17.

**Form 1-NR/PY, Line 16 Worksheet. Child Under 13 or Disabled Dependent/Spouse Care Deduction**

1. Enter the amount of qualified expenses you incurred and paid in 2020 for a qualifying person(s). This amount may exceed the federal limit of \$3,000 for one qualifying person or \$6,000 for two or more persons. However, do not enter more than \$4,800 for one qualifying person or \$9,600 for two or more persons. Part-year residents, enter amounts paid while a Massachusetts resident. . . . .

2. Enter the amount from U.S. Form 2441, line 4 . . . .

3. Enter the amount from U.S. Form 2441, line 5 . . . .

4. Enter the smallest of line 1, 2 or 3. . . . .

5. If you paid 2019 expenses in 2020, enter the amount of the allowed 2019 expenses used to compute the credit on U.S. Form 2441, line 9. Otherwise, enter 0. . . . .

6. Add lines 4 and 5. Not to exceed more than \$4,800 for one qualifying person or \$9,600 for two or more persons. . . . .

7. Part-year residents, enter here the amount from line 6 and in Form 1-NR/PY, line 16; nonresidents, multiply line 6 by Form 1-NR/PY, line 14g and enter the result here and in Form 1-NR/PY, line 16. . . . .

**Line 17. Dependent Member(s) of Household Under Age 12, or Dependents Age 65 or Over (not you or your spouse) as of December 31, 2020, or Disabled Dependent**

You may deduct \$3,600 for a dependent member of household, or \$7,200 for two or more dependents, under age 12, or dependent age 65 or over (not you or your spouse) as of December 31, 2020, or disabled dependent. Enter the number of qualified dependents in line 17a, not to exceed two, and multiply that amount by \$3,600. Enter the result in line 17. Only if single, head of household or married filing jointly. You cannot claim this deduction if married filing a separate return.

**Note:** You may claim an amount in line 17 only if there is no entry in line 16.

► Nonresidents, multiply this amount by line 14g and enter the result in line 17 of Form 1-NR/PY. Part-year residents, multiply this amount by line 3 and enter the result in line 17 of Form 1-NR/PY.

**Line 18. Rental Deduction**

**Nonresidents** are allowed a deduction equal to 50% of the rent they pay, up to a maximum of \$3,000, for their principal residence only if it is located in Massachusetts and is their sole residence. (Non-Massachusetts rent is never deductible.) Many nonresidents rent a house or apartment in Massachusetts, but few qualify for this deduction. This is because the house or apartment rented here is not their principal residence. Only those nonresidents who rented a house or apartment in Massachusetts and have no family home or other dwelling to which they normally return (or to which they could return in the future) in any other state or country, can claim this



deduction. Complete line 18 only if you filled in the oval below line 18. Enter the total amount of qualified rent paid by you during 2020 in line 18a. Divide line 18a by 2 and enter the result, or \$3,000 (\$1,500 if married filing a separate return) — whichever is smaller — in line 18. Part-year residents are entitled to the rental deduction equal to 50% for the rent they paid during 2020 (up to a maximum of \$3,000 per return) for their principal residence while a resident of Massachusetts. Enter the total amount of qualified rent paid by you during 2020 in line 18a. Divide line 18a by 2 and enter the result, or \$3,000 (\$1,500 if married filing a separate return) — whichever is smaller — in line 18.

**Note:** This deduction does not apply to your U.S. tax return.

**What Qualifies for the Rental Deduction?**

The deduction must be for rent you paid to a landlord for the rental or lease of your principal residence in Massachusetts. If two or more persons jointly rent a unit, each occupant using it as his/her principal residence is entitled to a deduction based on the amount of rent that each person paid. If the rent is paid by a third party (such as a parent) who maintains a principal residence elsewhere, no 50% rental deduction is allowed for either party. A principal residence does not include any residence for vacation, an apartment for a person on a temporary assignment or a student or faculty member who has a principal residence elsewhere. It also does not include any apartment or house in Massachusetts of a nonresident who has a residence in another state or country. Payment for occupying a hotel, motel or rooming house is not considered rent unless a rental agreement exists. Nor are payments by a tenant-stockholder of a cooperative housing corporation to the corporation and payments by an owner of a condominium unit to the condominium association considered rent. All separately stated charges such as utilities, furnishings or parking cannot be included in rent for purposes of this deduction. Also, rent does not include any advance payments (such as security deposit, last month's rent, etc.) until actually applied as rent.

**How Do I Calculate My Rental Deduction If I Am Married Filing Separately?**

If married taxpayers file separate returns, they are each entitled to a rental deduction equal to 50% of the rent each pays, not to exceed \$1,500 per return. However, a married couple filing separately may allocate the rent deduction differently, provided the amount taken by each spouse does not exceed 50% of the rent actually paid by that spouse, and provided their combined rental deductions do not exceed \$3,000. If this results in one spouse claiming a deduction in excess of

\$1,500, that spouse must enclose with his/her return a statement signed by the other spouse indicating consent to the allocation. The statement must contain the name, address and Social Security number of the consenting spouse and the amount of rental deduction taken by that spouse.

**Line 22. Exemption Amount**

Enter amount from Exemption section, line 4, item g in line 22a.

**Nonresidents.** Prorate your exemptions using the ratio of your Massachusetts income to your total income by multiplying line 22a by line 14g and entering the result in line 22. This amount represents your prorated exemptions.

**Part-year residents.** Prorate your total exemptions claimed on Form 1-NR/PY by multiplying line 22a by line 3 and entering the result in line 22. This amount represents your prorated exemptions as a part-year resident.

**Filing as both nonresident and part-year resident.** Enter the amount from Schedule R/NR, line 22, column e in line 22.

**Line 23. 5.0% Income After Exemptions**

Subtract line 22 from line 21. Enter the result in line 23, but not less than 0.

If line 22 exceeds line 21 and you received interest income (other than interest from Massachusetts banks), dividends or capital gain income, complete the Schedule B, Line 36 and Schedule D, Line 20 Worksheet, if applicable. All others proceed to line 24.

**Line 24. Interest and Dividend Income**

If you have any interest income other than interest from deposits in banks located in Massachusetts, dividend income in excess of \$1,500, certain capital gains or losses, or any adjustments to interest income (other than interest from Massachusetts banks), you must complete Schedule B. Be sure to enclose Massachusetts Schedule B. To determine if you need to file Schedule B, refer to the Schedule B instructions of this booklet.

Enter in line 24 the amount from Schedule B, line 38. If not required to file Schedule B, enter dividend income of \$1,500 or less (from U.S. Form 1040, line 3b) in line 24.

**Tax on 5.0% Income**

**Line 26. 5.0% Tax (from Tax Table)**

If line 25 is not more than \$24,000, find the proper tax by using the tax tables found in the back of this booklet. If line 25 is greater than \$24,000 multiply by 0.05 and enter the result in line 26.

**Note:** Personal income tax forms must provide an election to voluntarily pay tax at a rate of 5.85% on taxable income which would otherwise be taxed at a rate of 5.0%. The election to pay tax at the rate of 5.85% does not apply to items of income taxed at 12% (short-term capital gains and gains on collectibles). If choosing the optional 5.85% tax rate, multiply line 25 and Schedule D, line 21 by .0585 and fill in the oval.

**12% Income & Tax**

**Line 27. 12% Income from Certain Capital Gains**

Enter in line 27a the amount from Schedule B, line 39. Multiply this amount by .12 (12%) and enter the tax in line 27. Be sure to enclose Massachusetts Schedule B. To determine if you need to file Schedule B, refer to the Schedule B instructions of this booklet.

**Long-Term Capital Gain Tax**

**Line 28. Schedule D (Long-Term Capital Gains and Losses Excluding Collectibles)**

Enter in line 28 the amount from Schedule D, line 22, but not less than 0. To determine if you need to file Schedule D, refer to the Schedule D instructions of this booklet.

**Schedule B, Line 36 and Schedule D, Line 20 Worksheet. Excess Exemptions from Interest and Dividend Income, 12% Income and Long-Term Capital Gain Income (Only if Single, Head of Household, or Married Filing Jointly)**

*If your total exemptions in Form 1-NR/PY, line 22 are more than the amount of your 5.0% income after deductions in Form 1-NR/PY, line 21, the excess may be applied against any interest and dividend income and income taxed at 12%. Any remaining excess amount may then be applied against any long-term capital gain income.*

*Complete this worksheet only if Form 1-NR/PY, line 21 is less than Form 1-NR/PY, line 22 and you received interest income (other than interest from Massachusetts banks), dividends or capital gain income to determine if you qualify for the excess exemption.*

Enter all losses as 0.

1. Enter amount from Schedule B, line 35. Not less than 0 . . . . .

2. Enter amount from Form 1-NR/PY, line 22 . . . . .

3. Enter amount from Form 1-NR/PY, line 21 . . . . .

4. Subtract line 3 from line 2. If 0 or less, you do not qualify for this exemption. Omit remainder of worksheet . . . . .

5. Excess exemptions applied against interest and dividend income and 12% income. If line 1 is larger than line 4, enter line 4 here and in Schedule B, line 36. If line 4 is equal to or larger than line 1, enter line 1 here and in Schedule B, line 36. Complete lines 6 through 8.

6. Subtract line 5 from line 4. If 0, omit remainder of worksheet . . . . .

7. Enter Schedule D, line 19. Not less than 0 . . . . .

8. Excess exemptions applied against long-term capital gain income. If line 7 is larger than line 6, enter line 6 here and in Schedule D, line 20. If line 6 is equal to or larger than line 7, enter line 7 here and in Schedule D, line 20. .

**Excess Exemptions**

If excess exemptions were used in calculating lines 24, 27 or 28 (see Schedule B, line 36 and/or Schedule D, line 20), be sure to fill in the oval in line 28.

**Line 29. Credit Recapture Amount**

If any Brownfields Credit (BC), Economic Opportunity Area Credit (EOA), Low-Income Housing Credit (LIH), Historic Rehabilitation Credit (HR) or Farming and Fisheries (FAF) property is disposed of or ceases to be in qualified use prior to the end of its useful life, the difference between the credit taken and the total credit allowed for actual use must be added back to your tax on Form 1-NR/PY. Complete and enclose Schedule CRS, Credit Recapture Schedule.

**Line 30. Additional Tax on Installment Sale**

An addition to tax applies for taxpayers who have deferred the gain, and the tax associated with that gain, on certain installment sales. This addition to tax is measured by an interest charge on the tax that has been deferred.

Include in the total on line 30 an additional tax amount representing an interest charge on the deferred tax on gain from certain installment sales with a sales price over \$150,000 if you are not a dealer and the aggregate face amount of installment obligations arising during the tax year and

outstanding as of the close of the tax year exceeds \$5 million. For more information see MGL ch 62C, § 32A (a) and IRC § 453A (a)–(c).

Also include in the total on line 30 an additional tax amount representing an interest charge on the deferred gain from the installment sale of timeshares and residential lots, if the sale meets one of the following criteria:

- ▶ The sale is of a timeshare right for six weeks or less;
- ▶ The sale is for the recreational use of specified campgrounds;
- ▶ The sale is for a residential lot and neither the dealer nor someone related to the dealer is obligated to make any improvements on the lot. For more information see MGL ch 62C § 32A (b) and IRC § 453(l)(2)(B).

If you are a partner in a partnership or a shareholder in an S corporation, the entity is required to send you the information you need to calculate the addition to tax under this provision.

To the extent practicable, Massachusetts follows federal income tax rules in determining the deferred gain from installment sales subject to the interest-charge addition to tax. For more information visit DOR’s website at [mass.gov/dor](http://mass.gov/dor) and Internal Revenue Service Publication 537.

**Massachusetts AGI**

**No Tax Status — Single, Married Filing a Joint Return or Head of Household Only**

If your Massachusetts Adjusted Gross Income (Massachusetts AGI) was \$8,000 or less if single, \$14,400 or less plus \$1,000 per dependent if head of household, or \$16,400 or less plus \$1,000 per dependent if married filing a joint return, you qualify for No Tax Status and are not required to pay any Massachusetts income taxes.

To see if you may qualify for No Tax Status, complete Schedule NTS-L-NR/PY. See Schedule NTS-L-NR/PY instructions.

**Massachusetts Adjusted Gross Income for No Tax Status and Limited Income Credit**

Massachusetts Adjusted Gross Income (Massachusetts AGI) is not the same as taxable income. Massachusetts AGI includes the following sources of income from inside and outside of Massachusetts:

- ▶ Wages, salaries, tips;
- ▶ Taxable pensions and annuities;
- ▶ Pension income from another state or political subdivision before any deduction;
- ▶ Taxable IRA/Keogh and Roth IRA distributions;

- ▶ Fees and unemployment compensation;
- ▶ Income or loss from a business or profession;
- ▶ Income or loss from partnerships, S corporations and trusts;
- ▶ Rents, royalties and REMIC income;
- ▶ Alimony and other 5.0% income;
- ▶ Interest from Massachusetts banks before exemptions; and
- ▶ Other interest, dividends, and capital gains.

**Line 31. No Tax Status**

If you qualify for No Tax Status, fill in the oval in line 31, enter 0 in line 32 and omit lines 33 through 35. Be sure to enclose Schedule NTS-L-NR/PY with your return. Also, enter 0 in line 36 and complete Form 1-NR/PY. However, if there is an amount entered in line 29, Credit Recapture Amount and/or line 30, Additional Tax on Installment Sale, enter that amount in line 32 and complete lines 34 and 35.

**Note:** If married filing separately you do not qualify for No Tax Status or the Limited Income Credit.

**Line 33. Limited Income Credit — Single, Married Filing a Joint Return or Head of Household Only**

If you do not qualify for No Tax Status, but you are single and your Massachusetts AGI is between \$8,000 and \$14,000, or if you are filing as head of household and your Massachusetts AGI is between \$14,400 and \$25,200 plus \$1,750 per dependent, or if you are married filing a joint return and your Massachusetts AGI is between \$16,400 and \$28,700 plus \$1,750 per dependent, you may qualify for the Limited Income Credit. This credit is an alternative tax calculation that can result in a significant tax reduction for people whose income is close to the No Tax Status threshold. Be sure to complete Schedule NTS-L-NR/PY to see if you may qualify for this credit. If you qualify for this credit be sure to enclose Schedule NTS-L-NR/PY with your return.

**Line 34. Taxes Due Any Other State (part-year residents only)**

If any of the income earned while a part-year resident and reported on this return is subject to taxation in another state or jurisdiction and you have filed a return and paid taxes in the other state or jurisdiction, complete the following worksheet and enter the amount of credit in line 34. The credit is not available for taxes paid to another state or jurisdiction on Massachusetts source income earned while a nonresident. Do not include taxes paid to the U.S. government. (This credit does not apply to city or local taxes.) You are allowed to claim a credit for taxes due to the following jurisdictions:

▶ Other states in the U.S., including payments made under the Rhode Island Temporary Disability Insurance Act (see DOR Directive (DD) 12-1) and payments related to pass-through entity taxes (see DD 19-1);

▶ Any territory or dependency of the U.S. (including Puerto Rico, the Virgin Islands, Guam, the District of Columbia); or

▶ The Dominion of Canada or any of its provinces (less any U.S. credit amount allowable from U.S. Form 1116).

The total credit that you calculate on the worksheet is the smaller of the amount of taxes due to other jurisdictions (net of certain adjustments) or the portion of your Massachusetts tax due on your gross income that is taxed in such other jurisdictions.

Credit is not given for a property tax due to another jurisdiction on account of capital stock or property. This does not refer to a tax on gain or income from the sale of capital stock or property, as included on Schedule B or Schedule D. Credit is also not given for any interest and penalties paid on a tax due to another jurisdiction.

You must complete separate worksheets if you had 5.0% income and interest income (other than interest from Massachusetts banks), dividends or capital gain income taxed by another jurisdiction. If you use this worksheet to calculate a credit for interest income (other than interest from Massachusetts banks), dividends or capital gain income, substitute interest income (other than interest from Massachusetts banks), dividends or capital gain income for 5.0% income in line 1 of the worksheet. You must also substitute Schedule B, line 7 (interest and dividend income) and Schedule B, line 13 (taxable 12% capital gains) or Schedule D, line 13, (gross long-term capital gains and losses), but not less than 0, for Form 1-NR/PY, line 12 in line 2 of the worksheet, and the total of Form 1-NR/PY, line 24 multiplied by 0.05 (tax on interest and dividend income) and Form 1-NR/PY, line 27 (12% tax) or line 24 (tax on long-term capital gains) for Form 1-NR/PY, line 23 in line 4 of the worksheet.

▶ When using the worksheet to calculate credit for interest income (other than interest from Massachusetts banks), dividends or capital gain income, enter in line 1 such income taxed in another jurisdiction calculated as if it was earned in Massachusetts.

▶ If you choose to pay the optional 5.85% tax rate, substitute 0.0585 for 0.05 in line 4 of the worksheet.

**Note:** Be sure to complete and enclose Schedule OJC, Income Tax Due to Other Jurisdictions, and enter the two-letter state or jurisdictional postal

code for each state or jurisdiction for which you are taking the credit. Taxpayers from a territory or dependency of the U.S., or the Dominion of Canada or any of its provinces, must enter “FC” as the postal code.

**Taxes Due Any Other State**

**Note:** Part-year residents only. Do not include Massachusetts source income earned while a nonresident.

1. Enter the total 5.0% income included in Form 1-NR/PY, line 12 on which you paid taxes to another jurisdiction . . . . .

2. Enter the total of Form 1-NR/PY, line 12 and the total Massachusetts bank interest or the interest exemption amount, whichever is smaller, from Form 1-NR/PY, line 7a or line 7b . . . . .

3. Divide line 1 by line 2. Not greater than “1”. . . . .

4. Multiply Form 1-NR/PY, line 23 by 0.05 . . . . .

5. Enter any Limited Income Credit from Form 1-NR/PY, line 33 . . . . .

6. Subtract line 5 from line 4 . . . . .

7. Multiply line 6 by line 3 . . . . .

8. Enter the total tax liability before credits, W-2 withholding and payments to other jurisdictions on income also reported on this return, including payments made under the Rhode Island Temporary Disability Insurance Act, unless the tax was paid to Canada. If the tax was paid to Canada, the amount reported in this line must be reduced by the amount claimed as a foreign tax credit on U.S. Form 1040, Schedule 3, line 1. Credit is only allowable for amount of tax paid. . . . .

9. Enter the smaller of lines 7 or 8 here and on Form 1-NR/PY, line 34 . . . . .

**Line 35. Other Credits (from Schedule CMS)**

Enter the total from Schedule CMS, Credit Manager Schedule. Be sure to enclose Schedule CMS with your return. Failure to do so will delay the processing of your return or result in the credit being adjusted or disallowed.

**Line 37. Voluntary Contributions**

You may contribute any amount to the following funds. Remember, these amounts are added to

your tax. They increase the amount of your payment or reduce the amount of your refund.

**a. Endangered Wildlife Conservation.** The Natural Heritage and Endangered Species Fund is administered by the Division of Fisheries and Wildlife. Contributions are used to protect and restore rare and endangered wildlife and plants, and their habitats. This fund has helped restore and conserve in the Commonwealth populations of the Bald Eagle, Hessel’s Hairstreak Butterfly, the Redbelly Turtle and the Plymouth Gentian.

**b. Organ Transplant Fund.** The Organ Transplant Fund is administered by the Massachusetts Department of Public Health. All contributions received by the Fund assist patients with the costs of medications without which they might lose their transplanted organs. For information on how to become an organ donor, visit the Registry of Motor Vehicle’s website at [mass.gov/rmv](http://mass.gov/rmv).

**c. Massachusetts Public Health HIV and Hepatitis Fund.** The Massachusetts Public Health HIV and Hepatitis Fund is administered by the Massachusetts Department of Public Health. Contributions are used for research, experimental treatment and education related to Acquired Immune Deficiency Syndrome (AIDS). Massachusetts residents living with AIDS receive experimental treatment through clinical trials which are wholly supported with this Fund. The Fund also educates people with AIDS about treatment options and how to gain access to medication and experimental treatment.

**d. Massachusetts United States Olympic Fund.** Contributions to this fund are used to assist Massachusetts residents in paying all or part of any costs associated with the development, maintenance and operation of the United States Olympic Team participating in the Olympics and the United States Paralympic Team participating in the Paralympics.

**e. Massachusetts Military Family Relief Fund.** The Massachusetts Military Family Relief Fund is administered by the Friends of Massachusetts National Guard and Reserve Families. Contributions to this fund are used to help members of the Massachusetts National Guard and Massachusetts residents who are members of the reserves of the armed forces of the United States and who have been called to active duty after the September 11, 2001 terrorist attacks, and their families, to defray the costs of food, housing, utilities, medical services, and other expenses.

**f. Homeless Animal Prevention and Care Fund.** The Homeless Animal Prevention and Care Fund is administered by the Department of Agricultural Resources. Contributions will help animals by reducing the number of homeless cats and dogs by spaying, neutering and vaccinating animals in



shelters and animal control facilities and assisting families who would not otherwise be able to afford these services for their pets. The Fund also provides training to municipal animal control officers so that they can safely and effectively protect animals and people in their communities.

**Line 38. Massachusetts Use Tax Due On Internet, Mail Order and Other Out-of-State Purchases Made in 2020 (part-year residents only)**

If, while a Massachusetts resident, you purchased taxable tangible personal property out of state, over the Internet or from a catalog and did not pay Massachusetts sales tax at purchase, a Massachusetts use tax is due. If an item is exempt from sales tax (such as food, or clothing that costs \$175 or less), it would be exempt from use tax.

If you paid a sales or use tax to another state or territory of the United States when purchasing this item, you are generally entitled to a credit against the Massachusetts use tax, up to 6.25%. See TIR 03-01 for more information. No credit is allowed for a value-added tax (VAT) paid to another country.

The following are some items that are often purchased without paying sales tax. Residents would then owe use tax based on the purchase price.

- ▶ Electronics
- ▶ Appliances
- ▶ Furniture
- ▶ Jewelry
- ▶ Books
- ▶ Artwork
- ▶ Software
- ▶ Computers
- ▶ CDs and DVDs
- ▶ Video games
- ▶ Carpet
- ▶ Antiques

**Example 1**

▶ You purchased several DVDs on the Internet for \$100 and paid no sales tax. Your use tax liability to Massachusetts on these items is \$6.25 (\$100 x .0625 = \$6.25).

**Example 2**

▶ You purchased a computer for \$1,550 from a seller located outside of Massachusetts and paid no sales tax. Your use tax liability to Massachusetts on this item is \$96.88 (\$1,550 x .0625 = \$96.88).

**Example 3**

▶ On a trip to Maine in November you purchased an antique desk for \$4,000 and paid Maine sales tax at the rate of 5.5%. The difference, \$30 (.75% of the purchase price), is due Massachusetts as use tax.

Taxpayers may choose the safe-harbor option for purchases of individual items each having a total sales price of less than \$1,000. The safe-harbor provision makes it easier to comply with the use tax law by allowing taxpayers to self-report an es-

timated amount of use tax based on the average amount of online and/or out of state purchases a taxpayer in their income bracket would likely make during the year. Taxpayers do not need to keep receipts with safe-harbor reporting and will not be assessed additional use tax if audited, even if the actual amount of use tax due is greater than the safe-harbor amount reported.

| <i>Mass. AGI per return*</i> | <i>Use tax liability</i> |
|------------------------------|--------------------------|
| \$ 0 – \$ 25,000             | \$ 0                     |
| 25,001 – 40,000              | 20                       |
| 40,001 – 60,000              | 31                       |
| 60,001 – 80,000              | 44                       |
| 80,001 – 100,000             | 56                       |

If the Massachusetts AGI per return\* is more than \$100,000, multiply by .000625.

\*From line 10 of Schedule NTS-L-NR/PY.

If you did not purchase any items with a total sales price of \$1,000 or more, you may enter the “safe harbor” amount from the table above directly on Form 1-NR/PY, line 38.

Complete the Form 1-NR/PY, line 38 Worksheet below to calculate your use tax if you are not reporting a safe-harbor amount or if you purchased any individual items with a sales price of \$1,000 or more. If you did purchase items with a sales price over \$1,000 and you are reporting a safe-harbor amount, add the amount from the worksheet line 4 to the safe-harbor amount.

**Form 1-NR/PY, Line 38 Worksheet. Use Tax Due on Internet, Mail Order and Other Out-of-State Purchases (Part-Year Residents Only)**

1. Total of purchases in 2020, made while a Massachusetts resident, subject to Massachusetts use tax.
2. Use tax. Multiply line 1 by .0625 (6.25%)
3. Credit for sales/use tax paid to other states or jurisdictions. Add the amount of any sales/use tax paid to another state or jurisdiction, made while a Massachusetts resident, 6.25% of the sales price, whichever is less, on each purchase reported in line 1.
4. Total amount due. Subtract line 3 from line 2. Not less than 0. Enter here and on Form 1-NR/PY, line 38.

**Line 39. Health Care Penalty (part-year residents only)**

If you are subject to the Health Care Penalty for 2020 and are not appealing the application of the

penalty, enter the penalty amount from line 8 of the Health Care Penalty Worksheet in line 39a for you and/or line 39b for your spouse.

If married filing a joint return and both you and your spouse are subject to the penalty, separate Health Care Penalty Worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income.

A taxpayer who does not have health insurance that meets the Massachusetts standard of minimum creditable coverage may be subject to a Massachusetts penalty.

Enter the total of lines 39a and 39b in line 39, but not less than 0.

Be sure to enclose Schedule HC with your return. Failure to do so will delay the processing of your return.

**Line 40. Overpayment from Original Return (amended return only)**

Include the amount listed on line 52 of your original return.

**Line 42. Massachusetts Income Tax Withheld**

This represents all income taxes withheld for the Commonwealth of Massachusetts as indicated on your copies of Forms W-2, W-2G, PWH-WA (Promoter Withholding), LOA (Loan Out Affidavit), 2G, K-1, 2K-1, 3K-1 and certain 1099s, if applicable. Enter the total of all Massachusetts withholdings in line 42. Enclose state copies to your return; otherwise, your claim of amounts withheld will not be allowed. If you have lost any state copy, ask the payer for a duplicate. Copies of 1099s need only be enclosed if they show an amount for Massachusetts tax withheld.

**Line 43. 2019 Overpayment Applied to Your 2020 Estimated Tax**

Include the exact amount of any 2019 overpayment you applied to your 2020 estimated taxes. This amount can be found on your 2019 Massachusetts Form 1-NR/PY, line 53 or Form 1, line 49. Do not include any 2019 refund in this line.

**Line 44. 2020 Massachusetts Estimated Tax Payments**

If you paid Massachusetts estimated income taxes for 2020, enter in line 44 the total of all Massachusetts estimated tax payments, but do not include the amount entered in line 43. Be sure to include any last quarter (of 2020) payment made on or before January 15, 2021.

Every taxpayer (whether a resident or nonresident) who expects to pay more than \$400 in Massachusetts income taxes on income which is not covered by Massachusetts withholding must



pay Massachusetts estimated taxes. Estimated tax payments can be made online by using MassTaxConnect by visiting [mass.gov/dor](http://mass.gov/dor) or by filing Form 1-ES.

Income which is not subject to withholding includes:

- ▶ Salaries or wages earned in Massachusetts where the employer is not subject to Massachusetts withholding;
- ▶ Unemployment compensation (if you did not elect voluntary Massachusetts withholding);
- ▶ Taxable REMIC income;
- ▶ Dividends and interest, including interest from Massachusetts banks;
- ▶ Gains from capital assets;
- ▶ Income from an individual trade, business or profession;
- ▶ Income from any estate or trust not taxed directly;
- ▶ Lottery or gambling winnings;
- ▶ Certain pensions;
- ▶ Taxable Keogh or IRA distributions (only if you elected not to have federal withholding);
- ▶ Rental income and royalty income;
- ▶ Alimony received (part-year residents only);
- ▶ Illegal income; and
- ▶ Any other income received taxable in Massachusetts from which Massachusetts tax will not be withheld.

Generally, the first payment must be filed on or before April 15 of the taxable year. The estimated tax may be paid in full with the first payment voucher or in four installments on or before April 15, June 15, September 15 of the current taxable year and January 15 of the following year.

Due to the COVID-19 pandemic, the first and second quarter estimates were due on July 15, 2020. For more information please see TIR 20-4: Tax Filing and Payment Relief for Personal Income and Corporate Excise Taxpayers Affected by COVID-19.

If you wish to verify estimated tax payments that have already been made, check through your MassTaxConnect account. If you don't have a MassTaxConnect account, you can sign up at [www.mass.gov/masstaxconnect](http://www.mass.gov/masstaxconnect).

You may request your employer to withhold additional amounts from your salary on Form M-4, Massachusetts Employee's Withholding Exemption Certificate, to cover the taxes on other income so that you do not have to file and pay estimated taxes.

If 80% of the tax is not paid throughout the year through withholding and/or estimated payments, a penalty may be imposed.

#### Line 45. Payments Made with Extension

If you filed an Application for Automatic Six-Month Extension of Time to File Massachusetts Income Tax Return, Massachusetts Form M-4868, for 2020 on or before April 15, 2021, enter in line 45 the amount you paid with Form M-4868.

#### Line 46. Payment with Original Return (amended return only)

Use this line only if you are amending the original return. Enter in line 46 the amount of tax you paid with the original return from line 55, "Tax Due." If estimated tax payments were made on the original return, they should be reflected on line 44, as on the original return. Select the appropriate amended return oval on page 1. Complete the entire return, correct the appropriate line(s) with the new information and recompute the tax liability. If you owe additional tax, mail the amended Form 1-NR/PY to Massachusetts Department of Revenue, PO Box 7003, Boston, MA 02204.

#### Line 47. Earned Income Credit (part-year residents only)

The earned income credit is a tax credit for certain taxpayers who work and/or have earned income under \$56,844 (maximum amount may be lower depending on filing status and number of eligible children). In general, the Massachusetts earned income credit is equal to 30% of the federal earned income credit, with the amount adjusted downward in some cases if the taxpayer is a part-year resident. If the credit due the taxpayer exceeds the amount of the total income tax payable for the year by the taxpayer, the excess amount of the credit will be refunded to the taxpayer without interest. Earned income includes all the taxable income and wages you get from working; earned income is obtained by working for someone who pays you, or from working in a business that you own or run. In order to qualify for the Massachusetts earned income credit, a part-year resident must have earned income. You must enter the number of qualifying children, if any, in line 47a. Then, enter in line 47b the federal earned income credit amount from your U.S. Form 1040, line 27. Multiply this amount by 0.30 (30%) and enter the result in the line provided. Part-year residents, and taxpayers filing as both a nonresident and part-year resident, multiply this amount by line 3. Enter the result in line 47.

If you choose to have the IRS compute your federal earned income credit, wait until the IRS notifies you of that amount before making an entry in line 47. If you have not received your earned

income credit amount as computed by the IRS by April 15, 2021, you may file Massachusetts Form M-4868, Application for Automatic Six-Month Extension of Time to File Massachusetts Income Tax Return. See the Form 1-NR/PY Extension Worksheet for information about filing your extension via the Web. For more information about the federal earned income tax credit, see IRS Publication 596, available at [irs.gov](http://irs.gov). Be sure to fill out Schedule DI, Dependent Information, if you are claiming this credit for one or more qualifying children/dependents. Failure to do so will delay the processing of your return.

**Note:** If you are considered married for federal and Massachusetts income tax purposes, you must file a joint return with your spouse to claim the EITC. However, if you are a victim of domestic abuse, you can file a return as married filing separately and still claim the EITC if the following apply to you:

- ▶ You are living apart from your spouse at the time you file your tax return; and
- ▶ You are unable to file a joint return because you are a victim of domestic abuse.

If you have a filing status of married filing separately and you claim the EITC under this exception, you should keep records demonstrating the existence of domestic abuse. What constitutes adequate records will vary depending upon your circumstances. Some examples of documents that may meet this record-keeping requirement include (do not enclose these records with your tax return):

- ▶ Protective and/or restraining order;
- ▶ Police report;
- ▶ Doctor's report or letter;
- ▶ A statement from someone who was aware of, or who witnessed, the abuse or the results of the abuse. The statement should be notarized if possible; or
- ▶ A sworn statement from you attesting to the abuse.

To claim this exception, you must fill in the oval on line 47.

To determine if you qualify for the Credit with a filing status exception as a victim of domestic abuse, you should complete the IRS Earned Income Credit (EIC) worksheet.

**Note:** You should answer No to question 4 of the IRS Earned Income Credit (EIC) worksheet and when looking up the amount of the credit in the EIC Table you should use the column for the filing status "single" and the number of children you have.

To determine line 47, "Amount from U.S. return":

- ▶ U.S. Form 1040, EIC Worksheet A filers should use the amount from Worksheet A, line 6.
- ▶ U.S. Form 1040, EIC Worksheet B filers should use the amount from Worksheet B, line 11.

See TIR 17-10.

**Line 48. Senior Circuit Breaker Credit (part-year residents only)**

Certain senior citizens in Massachusetts may be eligible to claim a refundable credit on their state income taxes for the real estate taxes paid on the Massachusetts residential property they own or rent and which they occupy as their principal residence. The maximum credit allowed is \$1,150 for the tax year beginning January 1, 2020. If the credit due the taxpayer exceeds the amount of the total income tax payable for the year by the taxpayer, the excess amount of the credit will be refunded to the taxpayer without interest. To determine if you qualify for this credit, refer to Schedule CB, Senior Circuit Breaker Credit and instructions. Schedule CB is available on DOR's website at [mass.gov/dor](http://mass.gov/dor) or by calling (617) 887-6367, or toll-free in Massachusetts (800) 392-6089.

If you qualify for this credit and you are a homeowner, enter the amount from Schedule CB, Circuit Breaker Credit, line 17; if you are a renter, enter the amount from line 21. Be sure to complete and enclose Schedule CB with your return.

**Line 49. Other Refundable Credits**

Enter in line 49 the amount from Schedule CMS, Credit Manager Schedule.

Be sure to enclose Schedule CMS with your return. Failure to do so will delay the processing of your return.

**Line 50. Excess Paid Family Leave withholding**

Businesses are required to withhold Paid Family and Medical Leave (PFML) contributions from employees and individuals whose payments for services are reported on U.S. Form 1099-MISC (1099-MISC workers) up to the annual income limit set by the Social Security Administration for the Social Security Program.

Self-employed individuals not otherwise covered by PFML may opt to participate in the PFML program and pay PFML contributions from their net earnings from their self-employment income, subject to this same limitation. For the 2020 tax year, the income limit is set at \$137,700 and the maximum PFML contribution amount for most individuals is \$520.51. For a self-employed individual not subject to PFML withholding who opts into PFML, the maximum PFML contribution is \$1,032.75. A single employer may not withhold,

and a self-employed individual may not contribute, more than the maximum PFML contribution amount in a tax year. If a single employer withholds more than the maximum yearly PFML contribution amount, the employee should contact their employer directly regarding a refund.

If your PFML contributions or the amount of PFML contributions withheld on your behalf during the tax year exceeded the maximum PFML contribution amount, or you are self-employed and your contributions were made based on your gross earnings and did not take into account your business expenses, you may have excess PFML contributions that entitle you to seek a credit on your individual tax return, subject to certain requirements.

- **W-2 filers:** If you worked for two or more Massachusetts businesses that each remitted PFML contributions on your behalf during the 2020 tax year, and the total amount of your combined Massachusetts W-2 wage income exceeded \$137,700, you should complete the below worksheet to determine if you have excess PFML withholding. To be eligible for a credit the total PFML contribution amount remitted on your behalf must exceed \$520.51.

- **1099-MISC workers:** If you worked for one or more Massachusetts businesses that remitted PFML contributions on your behalf based on your 1099-MISC gross earnings during the 2020 tax year, you should complete the below worksheet to determine if you have any excess PFML contributions.

- **Self-employed individuals that opt in to PFML:** If you are a self-employed individual that has opted to participate in the PFML program, your required PFML contributions are based on your net earnings from self-employment. You may complete the below worksheet to determine if you have any excess PFML contributions.

- **Joint returns:** The maximum PFML contribution amount applies on an individual basis. If filing a joint return, figure the amount of excess PFML withholding separately for each spouse and enter the combined total.

For more information about the PFML program, including how PFML contributions are calculated, see the Department of Family and Medical Leave's (DFML) regulation at 458 CMR 2.00, and DFML's website at [mass.gov/orgs/departments-of-family-and-medical-leave](http://mass.gov/orgs/departments-of-family-and-medical-leave).

**Line 50. Excess Paid Family and Medical Leave Contributions Worksheet**

If you are eligible to claim a credit for excess PFML contributions, enter in line 50 the amount of excess PFML contributions as determined by completing the below worksheet.

1. Enter your income as shown on your combined Form W-2s. If greater than \$137,700, then enter \$137,700. . . . .

2. W-2 PFML contribution amount. Multiply line 1 by 0.00378. . . . .

3. Enter the lesser of your 1099-MISC worker net income or (\$137,700 - line 1). If you have a loss, enter 0. . . . .

4. 1099-MISC PFML contribution amount. Multiply line 3 by 0.00378. . . . .

5. Enter the lesser of your self-employed opt-in net income or (\$137,700 - (line 1 + line 3)). If you have a loss, enter 0. . . . .

6. Self-employed opt-in PFML contribution amount. Multiply line 5 by 0.0075 . . . . .

7. Total combined PFML contribution amount. Add lines 2, 4 and 6. . . . .

8. Combine actual amounts of PFML contributions shown as withheld on Forms W-2, 1099-MISC and all amounts actually contributed by a self-employed individual that opted in (No single employer can exceed the maximum PFML contribution amount) . . . . .

9. Excess PFML Contributions withheld. If line 8 is equal to or less than line 7, enter zero in line 9. If line 8 is greater than line 7, subtract line 7 from line 8 and enter difference in line 9 . . . . .

Enter total in line 9 on line 50 of Form 1-NR/PY.

\*If filing a joint return add the amounts on line 9 from each spouse's worksheet and enter the total, in whole dollars only, on line 50 of Form 1-NR/PY.

## Refund Amount

### Line 52. Overpayment

If line 41 is smaller than line 51, subtract line 41 from line 50 and enter the amount in line 52. This is the amount of your overpayment. If line 41 is larger than line 51, skip to line 55. If line 41 and line 51 are equal, enter 0 in line 54.

### Line 53. Amount of Overpayment You Want Applied to Your 2021 Massachusetts Estimated Taxes

Enter the amount of your 2020 overpayment you wish to apply to your 2021 Massachusetts estimated taxes. Once an election is made to apply your overpayment to your 2021 estimated tax, it cannot be refunded after the due date of the return or applied to any additional tax you may owe for 2020. The amount entered in this line can only be claimed as a credit on your 2021 Massachusetts return.

### Line 54. Refund Amount

Subtract line 53 from line 52. Enter the result in line 54. This is the amount of your refund.

**Note:** Your state tax refund may be taxable on your U.S. tax return if you deducted state income tax paid as an itemized deduction on U.S. Schedule A.

### Direct Deposit

You may elect to have your refund deposited directly into your savings or checking account. Check with your financial institution to make sure that it accepts direct deposit and verify the routing transit number (RTN) of the issuing financial institution. If we are unable to honor your request for a direct deposit, a paper check will be sent to you.

The routing number of your financial institution is nine digits and begins with 01 through 12 or 21 through 32. The account number can be up to 17 characters (both numbers and letters). Omit hyphens, spaces and special symbols. Enter the number from left to right and leave any unused boxes blank. You must enter the routing number and the account number in the spaces provided in line 53 if you are requesting direct deposit. Failure to do so will result in your request for direct deposit being denied.

## Tax Due

### Line 55. Tax Due

If line 41 is larger than line 51, subtract line 51 from line 41, and enter the result in line 55. This is the amount of tax you owe with your return. Pay in full with your return. Go to [mass.gov/dor/masstaxconnect](https://mass.gov/dor/masstaxconnect) for online payment options. If you need to mail your payment, make your check or money order payable to the Commonwealth

of Massachusetts and write your Social Security number on the front of your check or money order in the lower left corner. Enclose the check with your return. Be sure to use the light blue mailing label when mailing your Form 1-NR/PY.

Failure to file or failure to pay the proper amount of tax when due will result in an increasing amount of interest and penalties. It is advantageous to file when your return is due even if you are unable to make full payment.

If you owe any interest, penalty or addition for the underpayment of estimated taxes, add those amounts to the tax you owe when making your payment.

### What Are Interest and Penalties?

**Interest.** If you fail to pay the tax when due, interest will be charged. For further information see TIR 92-6, available at [mass.gov/dor](https://mass.gov/dor).

**Penalty for late payment.** The penalty for late payment is 1% of the tax due per month (or fraction thereof), up to a maximum of 25%.

**Penalty for failure to file.** The penalty for failure to file a tax return by the due date is 1% of the tax due per month (or fraction thereof), up to a maximum of 25%. If you were required to file a tax return for income received in any prior year and you did not file, you must file for that prior year.

**Penalty for protested ("bad") payment.** If your payment is not honored by your bank because of insufficient funds or any other reason, a penalty may be added of \$30 or the amount of the payment, whichever is less.

**Addition for underpayment of estimated tax.** You will generally be subject to this addition to tax if you did not have withholding and/or estimated payments equal to 80% of the total tax liability required to be paid and your 2020 tax due after credits and withholding is greater than \$400. The 80% requirement is reduced to 66.67% for individuals who receive two-thirds of their income from fishing or farming. If you failed to meet these requirements, you must complete and enclose Massachusetts Form M-2210 to calculate the amount you must add to line 55. You do not have to complete Form M-2210 if the balance due with your return is \$400 or less.

You may not be subject to an underpayment penalty if you qualify for one of the following exceptions:

- ▶ You are a qualified farmer or fisherman and are paying the full amount of the tax due on or before March 1, 2021;
- ▶ You were a Massachusetts resident and were not liable for 2019 taxes (where the taxable year was 12 months); or

- ▶ The sum of your estimated payments and withholding equals or exceeds your 2019 tax (where the taxable year was 12 months and a return was filed).

If you qualify for one of these exceptions, fill in the **Exception** oval under line 55 on Form 1-NR/PY and enclose Form M-2210 indicating which of the exceptions applies to your circumstances.

A limited number of taxpayers may also qualify for a waiver of the underpayment penalty for one or more installments if:

- ▶ The underpayment was because of casualty or disaster; or
- ▶ During 2019 or 2020 you retired after reaching age 62 or became disabled and the underpayment was due to reasonable cause and not willful neglect.

If you think you qualify for one of these waivers, go to [mass.gov/dor](https://mass.gov/dor) and use DOR's online application for abatement return or enclose Form M-2210 and an explanatory statement with your return and fill in the **Exception** oval under line 55. If your waiver is not for all four installments, complete Form M-2210 to calculate the underpayment penalty for the installments which are not covered by the waiver. Form M-2210 is available by visiting [mass.gov/dor](https://mass.gov/dor).

## Sign Here

Now that you have completed Form 1-NR/PY, sign your name at the bottom of page 1. Your spouse must also sign if this is a joint return. Write the date you signed the return.

**Note:** Be sure to include all five pages of Form 1-NR/PY and, if applicable, Schedule HC and all other schedules.

Enclose with your Form 1-NR/PY, all state copies of your Forms W-2, W-2G, PWH-WA, 2G, K-1 and any Forms 1099 which included Massachusetts withholding. If making a payment, go to [mass.gov/dor/masstaxconnect](https://mass.gov/dor/masstaxconnect) for online payment options. If you need to mail your payment, enclose a check or money order payable to Commonwealth of Massachusetts and be sure to sign the check and write your Social Security number on it. Also, be sure to use the light blue mailing label when mailing your Form 1-NR/PY.

### Paid Preparer Must Sign Your Return

Generally, anyone you pay to prepare your return must sign it in the space provided at the bottom of page 5 of the Form 1-NR/PY. Tax return preparers are authorized to sign the return by means of a rubber stamp, mechanical device, or computer software program, which must include either a facsimile or printed name of the preparer.



Preparers are personally responsible for affixing their signatures to returns. Preparers must also provide their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and Employer Identification Number (EIN) in the spaces provided at the bottom of page 5. The preparer must give you a copy of the return for your records. Someone who prepares your return but does not charge you should not sign your return.

### Paid Preparer Authorization

If you want to allow DOR to discuss your 2020 tax return with the paid preparer who signed it, fill in the **Yes** oval in the signature area of the return at the bottom of page 5 of the Form 1-NR/PY. This authorization applies only to the individual whose signature appears in the paid preparer section of your return. It does not apply to the firm, if any, shown in that section.

If you fill in the **Yes** oval, you, and your spouse if filing a joint return, are authorizing DOR to call the paid preparer to answer any questions that may arise during the processing of your return. You are also authorizing the paid preparer to:

- ▶ Give DOR any information that is missing from your return;
- ▶ Call DOR for information about the processing of your return or the status of your refund or payment(s); and
- ▶ Respond to certain DOR notices that you have shared with the preparer about math errors, offsets and return preparation. The notices will not be sent to the preparer.

You are not authorizing the paid preparer to receive any refund check, bind you to anything (including any additional tax liability), or otherwise represent you before DOR. If you want to expand the paid preparer's authorization, see Form M-2848, Power of Attorney and Declaration of Representative.

The authorization cannot be revoked. However, the authorization will automatically end no later than the due date (without regard to extensions) for filing your 2021 tax return. This is April 15, 2022 for most people.

### E-File Opt Out

Income tax return preparers who completed more than 10 original Massachusetts Forms 1 and 1-NR/PY, including those E-filed, during the previous calendar year are required to use electronic means to file all personal income tax returns, unless the taxpayer specifically directs on the paper form that the filing be on paper and signs Form EFO, Personal Income Tax Declaration of Paper Filing. Fill in the oval at the bottom of page 5 of Form 1-NR/PY if you do not want your preparer

to file your return electronically. See TIR 11-13 for more information.

### Mailing

If you are expecting a refund or if you have no tax due, use the white mailing label on the back of the envelope that came in the forms booklet. If you do not have one, mail Form 1-NR/PY to **Massachusetts Department of Revenue, PO Box 7000, Boston, MA 02204**.

If you have a tax due, use the light blue mailing label on the back of the envelope that came in the forms booklet. If you do not have one, mail Form 1-NR/PY to **Massachusetts Department of Revenue, PO Box 7003, Boston, MA 02204**

**Note:** If using a tax software product, be sure to use the correct PO box. See the inside front cover.

**Note:** Schedule lines without specific instructions are considered to be self-explanatory. Be sure to list on each schedule the name and Social Security number that appears first on Form 1-NR/PY. Do not cut or separate schedules.

## Schedule NTS-L-NR/PY

### Massachusetts Adjusted Gross Income for No Tax Status or Limited Income Credit

**Note:** All nonresidents and part-year residents having income that is not taxable to Massachusetts but would be if a full-year resident must complete line 7 of Schedule NTS-L-NR/PY.

Massachusetts Adjusted Gross Income (Massachusetts AGI) is not the same as taxable income. Massachusetts AGI includes all:

- ▶ Wages, salaries, tips;
- ▶ Taxable pensions and annuities;
- ▶ Pension income from another state or jurisdiction before any deductions;
- ▶ Taxable IRA/Keogh and Roth IRA distributions;
- ▶ Fees and unemployment compensation;
- ▶ Income or loss from a business or profession;
- ▶ Income or loss from partnerships, S corporations and trusts;
- ▶ Rents, royalties and REMIC income;
- ▶ Alimony and other 5.0% income;
- ▶ Interest from Massachusetts banks before exemption; and
- ▶ Interest, dividends, and capital gains.
- ▶ The No Tax Status provision applies if your Massachusetts AGI on Schedule NTS-L-NR/PY

(line 8) is \$8,000 or less if single; \$14,400 or less plus \$1,000 per dependent if head of household, or \$16,400 or less plus \$1,000 per dependent if married filing a joint return.

**Note:** If married, you must file a joint return in order to qualify for No Tax Status. For purposes of computing No Tax Status all losses must be entered as 0.

### Line 6. Long-Term Capital Gain Income

If filing Schedule D-IS, Installment Sales, see the Schedule D-IS instructions for the amount to enter in line 6. Schedule D-IS and instructions are available on DOR's website at [mass.gov/dor](http://mass.gov/dor).

### Line 7. Additional Income/Loss While a Nonresident/Part-Year Resident

Enter in line 7 any income/loss not reported on Form 1-NR/PY because of your nonresidency or part-year residency status but would have been reported on Form 1 if you were a full-year resident.

**Note:** Nonresidents, do not include any military compensation received during the taxable year as non-Massachusetts source income. See TIR 04-6 for more information.

### Line 9. Additional Adjustments to Income While a Nonresident/Part-Year Resident

Enter in line 9 any deductions not originally reported on Schedule Y, lines 1 to 10 and 18 because of your nonresidency or part-year residency status but would have been reported on Schedule Y if you were a full-year resident.

### Line 10. Massachusetts Adjusted Gross Income

Subtract line 9 from line 8. If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status. Fill in the oval in Form 1-NR/PY, line 31, enter 0 in line 32 and omit lines 33 through 35. Also, enter 0 on line 36 and continue on Form 1-NR/PY. However, if there is an amount entered in line 29, Credit Recapture Amount and/or line 30, Additional Tax on Installment Sales, enter that amount in line 32 and complete lines 34 and 35.

If you are single but do not qualify for No Tax Status and your total in line 10 is \$14,000 or less, go to line 13 to see if you qualify for the Limited Income Credit. If married filing jointly or head of household, go to line 11.

### Line 11. No Tax Status for Married Filing Jointly or Head of Household

If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount. Enter the result here. If line 10 is less than or equal to line 11, you qual-



ify for No Tax Status. Fill in the oval in Form 1-NR/PY, line 31, enter 0 in line 32 and omit lines 33 through 35. Also, enter 0 on line 36 and continue on Form 1-NR/PY. However, if there is an amount entered in line 29, Credit Recapture Amount and/or line 30, Additional Tax on Installment Sales, enter that amount in line 32 and complete lines 34 and 35.

**Line 12. Limited Income Credit Threshold**

If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY line 4b) by \$1,750 and add \$25,200 to that amount. Enter the result here. If line 10 is less than or equal to line 12, you may qualify for the Limited Income Credit. Go to line 13.

**Line 17. Limited Income Credit**

If line 15 is smaller than line 16, you are not eligible for this credit. If line 15 is larger than line 16, subtract line 16 from line 15, and enter the result here and in line 33 on Form 1-NR/PY.

**Note:** If married filing a separate return, you do not qualify for this credit.

# Schedule DI

**Dependent Information**

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1-NR/PY, lines 16, 17 or 47 (if applicable). Failure to provide this information will delay the processing of your return. You must complete the information for each dependent.

In the spaces provided, enter the name, Social Security number, date of birth and the relationship of the dependent to you (son, daughter, mother, father, etc.). Also, if the dependent is a qualifying child for the Earned Income credit, fill in the **Yes** oval. If you are claiming more than ten dependents, enclose a statement listing the name, Social Security number, date of birth and the relationship of the dependent to you and if the dependent is a qualifying child for the Earned Income credit.

# Schedule X

**Other Income**

**Line 1. Alimony Received (part-year residents only)**

Enter in Schedule X, line 1 the total amount of alimony or separate maintenance received under a court judgment or decree, or for excess alimony

amounts recaptured, as reported on U.S. Form 1040, Schedule 1, line 2a, received while you were a Massachusetts resident. Payments specified as child support are not taxable if you made alimony payments, you will be allowed to deduct these amounts on Form 1-NR/PY, line 19.

**Line 2. Taxable IRA/Keogh, Qualified Charitable IRA Distributions and Roth IRA Conversion Distributions (part-year residents only)**

Complete the Schedule X, Line 2 Worksheet to calculate the taxable portion of any amount you received from an Individual Retirement Account (IRA), Keogh, qualified charitable IRA distribution or Roth IRA conversion distribution while a Massachusetts resident, whether derived from sources inside or outside of Massachusetts. Since Massachusetts does not allow a deduction for amounts originally contributed to an IRA or Keogh, the distributions are not taxable until the full amount of your contributions which were previously subject to Massachusetts taxes are recovered.

Contributions made to Keogh accounts prior to 1975 were deductible when made. Therefore, no deduction may be taken from a Keogh distribution for amounts contributed before 1975.

**Note:** Contributions from a deferred plan, such as a 401(k), that were rolled over into an IRA are not considered pre-taxed contributions.

**Schedule X, Line 2 Worksheet. Taxable IRA/Keogh Plan, Qualified Charitable IRA Distributions and Roth IRA Conversion Distributions**

- 1. Total IRA/Keogh plan distributions, qualified charitable IRA distributions, Roth IRA conversion distributions received during 2020 . . . . .
- 2. Total contributions previously taxed by Massachusetts . . . . .
- 3. Total distributions received in previous years . . . . .
- 4. Subtract line 3 from line 2. If line 3 is larger than line 2, enter 0. . . . .
- 5. Subtract line 4 from line 1 and enter the result here. Not less than 0. . . . .
- 6. Total qualified charitable IRA distributions in 2020 included in line 1. . . . .

7. Taxable IRA/Keogh distributions or Roth IRA conversion distributions. Subtract line 6 from line 5. Enter the result here and on Schedule X, line 2. Not less than 0. . . . .

**Note:** You must complete separate worksheets if married filing a joint return and both you and your spouse received IRA/Keogh Plan, qualified charitable IRA distributions, and/or Roth IRA conversion distributions.

**Line 3. Other Gambling Winnings**

Enter in Schedule X, line 3 all gambling winnings from casinos, raffles, races, beano or other events of chance held in Massachusetts (part-year residents, whether held inside or outside of Massachusetts). Do not enter less than 0. You may only deduct the price of the winning ticket. Certain gambling losses are now deductible under Massachusetts law. See Schedule Y, line 17 and TIR 15-14 for more information.

**Note:** Do not report Massachusetts state lottery winnings in Schedule X, line 3. Instead, report them on Form 1-NR/PY, line 10b.

**Line 4. Fees and Other 5.0% Income**

“Other 5.0% income” includes the following items. Enter the amounts and sources of each item. Do not enter less than 0. Enclose additional statements if more space is needed.

- ▶ All fee income, such as payments for jury duty, election worker payments, director’s fees, compensation received as executor or administrator of an estate, and commission income or tips not reported in line 5 of Form 1-NR/PY is taxable. Also, report all bartering income not reported on Schedule C (the fair market value of goods or services received in payment for your services).
- ▶ All prizes and awards won by a nonresident in a quiz program, drawing, beauty contest, etc. held in Massachusetts (part-year residents, whether held inside or outside of Massachusetts) are taxable at fair market value. Awards and bonuses received from your employer for performance of services in Massachusetts (part-year residents, whether received from sources inside or outside of Massachusetts) are also taxable.
- ▶ Other 5.0% income from Massachusetts sources or received while a part-year resident, reported on U.S. Form 1040, Schedule 1, line 8, and not reported elsewhere in “5.0% Income” section on Massachusetts Form 1-NR/PY, must be reported in line 4 of Schedule X.
- ▶ Pre-1996 installment sales classified as ordinary income for Massachusetts purposes (from Massachusetts Schedule D, line 10) are taxed as 5.0% income and must be reported on Schedule X, line 4.

▶ Embezzled or other income from illegal activities from Massachusetts sources or received while a part-year resident is taxable.

The following items should not be reported on your Massachusetts return:

- ▶ Any net operating loss reported as a negative amount on U.S. Form 1040, Schedule 1, line 8 cannot be entered on Schedule X. A net operating loss from a business or profession cannot be carried forward or backward to offset individual income in any other year under Massachusetts law.
- ▶ Refunds of U.S. and Massachusetts income taxes are not considered income under Massachusetts law. If you received interest on refunds, report such interest on Massachusetts Schedule B.

## Schedule Y

### Other Deductions

#### Line 2. Penalty on Early Savings Withdrawal

If you were charged a penalty because of early withdrawal of savings, and interest on the savings that such a penalty relates to income reported in line 7a or 24 of this return or on a prior year Massachusetts return, you may deduct the penalty. This deduction is the same as the amount allowable on U.S. Form 1040, Schedule 1, line 17. Enter this amount in line 2 of Schedule Y.

#### Line 3. Alimony Paid

This deduction includes only amounts paid by you to your former spouse during 2020 for alimony or separate maintenance under court decree, or for excess alimony amounts recaptured. Nonresidents, multiply the amount of alimony paid on your U.S. Form 1040, Schedule 1, line 18a by Form 1-NR/PY, line 14g to determine the amount you may claim against Massachusetts income. Enter the result in line 3. Part-year residents, enter the amount of alimony paid while a Massachusetts resident in line 3.

**Note:** Alimony payments specified as child support are not deductible.

#### Line 4. Amounts Excludible Under MGL ch 41, § 111F or U.S. Tax Treaty Included Line 5

Massachusetts allows an exclusion from income of amounts received by a firefighter or police officer incapacitated in the line of duty, per MGL ch 41, § 111F, and an exclusion from income of amounts received by qualifying students exempt under a U.S. tax treaty.

Enter any excludible amount of income received while you were a firefighter or police officer inca-

pacitated in the line of duty in line 4 of Schedule Y that was included in Form 1-NR/PY, line 5, and fill in the appropriate oval.

If you were a qualifying student or a taxpayer with income exempt under a U.S. tax treaty, enter any excludible amount of income received that was exempt under a U.S. tax treaty in line 4 of Schedule Y that was included in Form 1-NR/PY, line 5, and fill in the appropriate oval.

#### Line 5. Moving Expenses

If you moved due to a change in your job or business location or because you started a new job or business, you can deduct reasonable unreimbursed moving expenses if you meet all of the following requirements:

- ▶ Your move was closely related to the start of work;
- ▶ You meet a distance test; and
- ▶ You meet a time test.

Under the TCJA, a deduction for moving expenses is no longer allowed except for certain members of the Armed Forces. Massachusetts does not adopt this change. A deduction for moving expenses, related to Massachusetts employment, continues to be allowed if the above requirements are met as Massachusetts follows IRC § 217 in effect as of January 1, 2005. See TIR 18-14 for more information.

#### Schedule Y, Line 5 Worksheet. Moving Expenses Deduction

1. *Transportation and storage of household goods and personal effects in 2020* . . . . .

2. *Travel (including lodging) from your old home to your new home. Do not include cost of meals* . . . . .

3. *Add lines 1 and 2* . . . . .

4. *Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 16 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 and code P* . . . . .

5. *If line 4 is more than line 3, you are not entitled to this deduction. If line 4 is less than line 3, subtract line 4 from line 3 and enter the result here and on Schedule Y, line 5* . . . . .

#### Line 6. Medical Savings Account

**Nonresidents.** Multiply the amount of Medical Savings Account included in U.S. Form 1040,

Schedule 1, line 22, "MSA," by line 14g and enter the result in Schedule Y, line 6.

**Part-year residents.** Multiply the amount of Medical Savings Account included in U.S. Form 1040, Schedule 1, line 22, "MSA," by line 3 and enter the result in Schedule Y, line 6.

#### Line 7. Self-Employed Health Insurance

Enter in Schedule Y, line 7 the amount from U.S. Form 1040, Schedule 1, line 16 that is related to Massachusetts self-employment.

**Note:** If you elected to claim the federal credit under § 35 and had to reduce the amount on U.S. Form 1040, Schedule 1, line 16 by the amount of the federal credit, you may not add back the amount of the credit to the amount entered on U.S. Form 1040, Schedule 1, line 16.

#### Line 8. Health Savings Accounts

**Nonresidents.** Multiply the amount from U.S. Form 1040, Schedule 1, line 12 by line 14g and enter the result in Schedule Y, line 8.

**Part-year residents.** Multiply the amount from U.S. Form 1040, Schedule 1, line 12 by line 3 and enter the result in Schedule Y, line 8.

#### Line 9. Other Qualified Deductions

You may claim only the following deductions for Schedule Y, line 9. If you are entitled to claim any of the deductions in line 9, fill in the appropriate oval(s) and enter the total amount of deductions claimed in line 9.

**Certain qualified deductions from U.S. Form 1040.** Do not include any amounts reported on U.S. Form 1040, Schedule 1, lines 10 through 21 that are included in Form 1040, Schedule 1, line 22 total. Enter only amounts included in U.S. Form 1040, Schedule 1, line 22 as a write-in adjustment, except amounts contributed to § 501(c)(18) pension plans. For Massachusetts purposes, contributions to § 501(c)(18) pension plans are not deductible. Also, the IRC § 404 deduction for contributions on behalf of IRC § 401(c)(1) employees (sole proprietors and partners) is disallowed. See TIR 02-18 (I)(D) and DOR Directive 01-7 for more information.

**Nonresidents.** If you are claiming a deduction for attorney's fees and court costs involving certain unlawful discrimination suits (only if directly related to Massachusetts income as included on Form 1-NR/PY, line 12). See TIR 05-16.

The following deductions may be claimed only if they are related to Massachusetts income as included on Form 1-NR/PY, line 12; jury duty pay given to your employer; reforestation amortization; repayment of supplemental unemployment benefits under the Trade Act of 1974; attorney's fees and court costs involving certain unlawful

discrimination suits (part-year residents only); and deductible expenses related to income reported on U.S. Form 1040, Schedule 1, line 8 and Massachusetts Schedule X, line 4 from the rental of personal property engaged in for profit. If you are entitled to claim any of these deductions, fill in the appropriate oval in line 9 of Schedule Y.

On the dotted line next to line 9, be sure to indicate the type of deduction being taken, as identified on U.S. Form 1040, Schedule 1, line 22. Identify jury duty pay given to your employer as "Jury pay"; reforestation amortization as "RFST"; repayment of supplemental unemployment benefits under the Trade Act of 1974 as "Sub-pay TRA"; attorney fees and court costs involving certain unlawful discrimination claims as "UDC"; and deductible expenses related to income reported on U.S. Form 1040, Schedule 1, line 8 and Massachusetts Schedule X, line 4 from the rental of personal property engaged in for profit as "PPR." Fill in the appropriate oval in line 9 of Schedule Y.

**Business expenses of National Guard and Reserve members, performing artists and fee-based government officials.** Nonresidents and part-year residents, enter the amount from U.S. Form 1040, Schedule 1, line 11 that is related to Massachusetts employment and fill in the appropriate oval of Schedule Y, line 9. Also, the IRC § 404 deduction for contributions on behalf of IRC § 401(c)(1) employees (sole proprietors and partners) is disallowed. See TIR 02-18 (I)(D) and DOR Directive 01-7 for more information.

**Line 10. Student Loan Interest Deduction**  
**Nonresidents.** Multiply the amount from U.S. Form 1040, Schedule 1, line 20 (not to exceed \$2,500) by line 14g and enter the result in Schedule Y, line 10.

**Part-year residents.** Multiply the amount from U.S. Form 1040, Schedule 1, line 20 (not to exceed \$2,500) by line 3 and enter the result in Schedule Y, line 10. This deduction is only allowed if not claiming the same expenses in line 12 of Schedule Y, Undergraduate Student Loan Interest Deduction.

**Line 12. Undergraduate Student Loan Interest Deduction**  
 A deduction is allowed for interest paid on a qualified undergraduate student loan. To be eligible for the deduction, the "education debt" must be a loan that is administered by the financial aid office of a two-year or four-year college at which you, or a qualified dependent, were enrolled as an undergraduate student. Additionally, the loan must have been secured through a state student loan program, a federal student loan program, or a commercial lender, and must have been spent solely for the purposes of paying tuition and other

expenses directly related to the school enrollment. Enter the amount of such interest paid in Schedule Y, line 12. This deduction is only allowed if not claiming the same expenses in line 10 of Schedule Y, Student Loan Interest Deduction.

**Nonresidents.** Multiply the amount of such interest paid by Form 1-NR/PY, line 14g and enter the result in Schedule Y, line 12.

**Part-year residents.** Multiply the amount of such interest paid by Form 1-NR/PY, line 3 and enter the result in Schedule Y, line 12.

**Line 13. Deductible Amount of Qualified Contributory Pension Income from Another State or Political Subdivision Included in Form 1-NR/PY, Line 6**

Massachusetts allows a deduction for contributory pension income received from another state or one of its political subdivisions which does not tax such income from Massachusetts or its political subdivisions. For guidelines to determine which state's pensions are exempt in Massachusetts, see TIR 95-9. Enter any deductible amount of such income in line 13 of Schedule Y that was included in Form 1-NR/PY, line 6.

**Line 14. Claim of Right Deduction**

Taxpayers who have paid Massachusetts personal income taxes in a prior year on income attributed to them under a "claim of right" may deduct the amount of that income from their gross income if it later develops that they were not in fact entitled to the income, and have repaid the amounts in question. The deduction is allowed in the year of repayment, provided that the repayment is not otherwise deductible in determining Massachusetts income taxable under MGL ch 62. Some examples in which the claim of right may be applied for are:

- ▶ **Stock under claim of ownership.** Gains from sales of stock under a claim of ownership must be included, regardless of whether the taxpayer actually owned it;
- ▶ **Employment contracts.** Amounts in settlement of employment contracts must be included notwithstanding the prospect of eventual repayment to the employer of an amount equivalent to or greater than the amount received;
- ▶ **Dividends.** Where a taxpayer receives a dividend that must be repaid in a later year (e.g., because it impaired corporate capital), the dividend must be included in the year of receipt;
- ▶ **Corporate notes.** Where a taxpayer receives a distribution with respect to holding of notes, the income must be included regardless of whether it could be challenged by senior creditors;

▶ **Mistake in validity of claim.** The claim of right doctrine applies where a taxpayer merely mistakes the validity of his claim; or

- ▶ **Advanced insurance commissions;** or
- ▶ **Repayment of unemployment compensation and supplemental unemployment benefits in a subsequent year.**

If you are entitled to claim this deduction, enter the amount claimed in Schedule Y, line 14. For more information, see TIR 06-4.

**Line 15. Commuter Deduction**

A deduction is allowed for certain amounts paid by an individual for tolls paid for through an E-ZPass account or for weekly or monthly transit commuter passes for MBTA transit, bus, commuter rail or commuter boat, not including amounts reimbursed or otherwise deductible.

In the case of a single person or a married person filing a separate return or a head of household, this deduction applies only to the portion of such expended amount that exceeds \$150, and the total amount deducted cannot exceed \$750. In the case of a married couple filing a joint return, this deduction applies only to the portion of such amount expended by each individual that exceeds \$150, and the total amount deducted cannot exceed \$750 for each individual. Also, one spouse cannot transfer his or her excess deduction to the other spouse; separate worksheets must be completed to calculate the deduction. See TIR 06-14 for additional information.

The deduction is allowed where an individual purchases an MBTA pass for a dependent who is claimed on that individual's tax return, provided the dependent does not also claim the deduction. However, the total amount deducted cannot exceed \$750 for each individual taxpayer who is filing a return. In the case of married taxpayers filing a joint return, the total amount deducted cannot exceed \$750 per taxpayer; thus, the maximum deduction for a joint return is \$1,500.

**Schedule Y, Line 15 Worksheet. Commuter Deduction**

1. Enter amount paid in 2020 for tolls through an E-ZPass account . . . . .

2. Enter amount paid in 2020 for weekly or monthly transit commuter passes for MBTA transit or commuter rail. (Do not include amounts reimbursed or otherwise deductible) . . . .

3. Add lines 1 and 2. If \$150 or less, you do not qualify for this deduction. Omit remainder of this worksheet. Otherwise,



4. Enter \$150 . . . . .

5. Subtract line 4 from line 3

6. Enter the lesser of line 5 or \$750 . . . . .

7. Nonresidents, multiply line 6 by Form 1-NR/PY, line 14g. Enter the result here and in line 15 on Schedule Y. Part-year residents, multiply line 6 by Form 1-NR/PY, line 3. Enter the result here and in line 15 on Schedule Y. . . . .

**Line 17. Certain Gambling Losses**

Massachusetts has adopted a new deduction from 5.0% income, allowing a deduction for losses from wagering transactions, that were incurred at a Massachusetts gaming establishment licensed in accordance with MGL ch 23K or a racing meeting licensee or simulcasting licensee, only to the extent of the gains from such transactions.

Under the new provision a taxpayer may claim a deduction for gambling losses incurred in a calendar year only if the losses were incurred at any Massachusetts gaming establishment licensed in accordance with MGL ch 23K or a racing meeting licensee or simulcasting licensee and only if the taxpayer had wagering winnings from any such gaming establishment licensed in accordance with MGL ch 23K or a racing meeting licensee or simulcasting licensee in the same calendar year. The deduction allowed for such losses may not exceed the amount of such winnings included in gross income for the calendar year.

Because Massachusetts does not adopt the deductions under IRC § 165(d), the deduction for gambling losses set forth in MGL ch 62, § 3(B)(a) (18) is the only deduction for gambling losses allowed a Massachusetts taxpayer, unless the gambling activities of the taxpayer constitute a trade or business.

**Example 1**

For calendar year 2020, taxpayer, while a Massachusetts resident, has:

- ▶ Gambling winnings of \$500 from Massachusetts state lottery,
- ▶ Gambling winnings of \$800 from a casino licensed under MGL ch 23K,
- ▶ Gambling winnings of \$1200 from a Las Vegas casino,
- ▶ Gambling losses of \$1600 from a Las Vegas casino,
- ▶ Gambling losses of \$510 from Massachusetts Lottery scratch tickets, and

- ▶ Gambling losses of \$1000 from a casino licensed under MGL ch 23K.

For Massachusetts income tax purposes, the taxpayer must include \$500 of their gambling winnings on Form 1-NR/PY, line 10b (Massachusetts state lottery) and the remaining \$2,000 of their gambling winnings on Schedule X, line 3. The taxpayer may claim a deduction for gambling losses from a casino licensed under MGL ch 23K but only to the extent of winnings from a casino licensed under MGL ch 23K. No deduction is available for the taxpayer's gambling losses from other sources. The taxpayer had winnings of \$800 and losses of \$1,000 from a casino licensed under MGL ch 23K. Thus, the taxpayer may claim a deduction of \$800. The remaining \$200 of loss from the casino licensed under MGL ch 23K may not be deducted.

**Example 2**

For calendar year 2020, nonresident taxpayer has:

- ▶ Gambling winnings of \$500 from Massachusetts state lottery,
- ▶ Gambling winnings of \$800 from a casino licensed under MGL ch 23K,
- ▶ Gambling winnings of \$1200 from a Las Vegas casino,
- ▶ Gambling losses of \$1600 from a Las Vegas casino,
- ▶ Gambling losses of \$510 from Massachusetts Lottery scratch tickets, and
- ▶ Gambling losses of \$1000 from a casino licensed under MGL ch 23K.

For Massachusetts income tax purposes, the nonresident taxpayer must include \$500 of their gambling winnings on Form 1-NR/PY, line 10b (Massachusetts state lottery) and the \$800 of their gambling winnings from a casino licensed under MGL ch 23K on Schedule X, line 3. The taxpayer may claim a deduction for gambling losses from a casino licensed under MGL ch 23K but only to the extent of winnings from a casino licensed under MGL ch 23K. No deduction is available for the taxpayer's gambling losses from other sources. The taxpayer had winnings of \$800 and losses of \$1,000 from a casino licensed under MGL ch 23K. Thus, the taxpayer may claim a deduction of \$800. The remaining \$200 of loss from the casino licensed under MGL ch 23K may not be deducted.

If you are entitled to claim this deduction, enter the qualified amount in Schedule Y, line 17.

**Line 18. Prepaid Tuition or College Savings Plan Deduction**

A deduction is available for purchases of or contributions made to an account in a pre-paid tuition

program or a college savings program established by the Commonwealth. The deduction is capped at \$1,000 for a single person, married filing separate, or head of household and \$2,000 for a married couple filing a joint return. The deduction is subject to recapture in the taxable year or years in which distributions or refunds are made from the tuition or college savings account for any reason other than:

- ▶ To pay qualified higher education expenses, as defined by IRC § 529(e)(3); or
- ▶ The beneficiary's death, disability or receipt of a scholarship.

**Nonresidents.** Multiply the allowable amount, not to exceed the capped amount based on filing status, by Form 1-NR/PY, line 14g and enter the result in Schedule Y, line 18.

**Part-year residents.** Multiply the allowable amount, not to exceed the capped amount based on filing status, by Form 1-NR/PY, line 3 and enter the result in Schedule Y, line 18.

Enter the allowable amount on Schedule Y, line 18. For more information, see TIR 16-15.

# Schedule CMS

Be sure to enclose with Form 1-NR/PY.

**Credit Manager Schedule**

You must complete Schedule CMS to claim most credits available for use in the current taxable year (the Earned Income, Limited Income and Circuit Breaker Tax credits are claimed directly on the tax return). Credits may be used to offset a tax due, may be passed or shared with another person or entity, or, in some cases credits may be fully or partially refundable.

For each credit claimed on a Schedule CMS, report the amount of the credit available for use and the amount of credit claimed to reduce tax for the current taxable year. For pass-through entities, report the amount of credit distributed to partners/shareholders/beneficiaries in the credit shared column. Taxpayers also report the amount of a refundable credit they are using to request a refund of tax. See the Credit Manager Schedule Instructions for more information on how to complete the Schedule CMS and claim the credits.

Credits reported on the Schedule CMS are generally identified either by a certificate number assigned by the issuing agency (which may be the Department of Revenue) or by the tax period end date in which the credit originated. If a credit has been assigned a certificate number, the certificate number must be included on the Schedule CMS. A taxpayer that does not include an assigned certificate number on the Schedule CMS will not be



allowed the credit on the tax return and will have their tax liability adjusted by the Department of Revenue. Be sure to omit hyphens, spaces, decimals and other special symbols when entering the certificate number. Also, enter the number from left to right.

Likewise, a taxpayer that is required to complete a separate schedule to claim a credit must include the separate schedule with the taxpayer's return filing. Failure to do so may result in the credit being disallowed.

If, by operation of MGL ch 63, § 32C or another provision of law, a credit normally identified by tax period end date is eligible for indefinite carryover, the credit should be reported as "non-expiring" and identification of the tax period of origin is not necessary.

**Overview of Schedule CMS**

The following is a brief overview of the Schedule CMS sections and where certain credits should be reported. If a taxpayer is using a credit to reduce a taxpayer's current year tax liability, whether it is a non-refundable credit or a refundable credit, the credit should be reported in Section 1 or 3 of the Schedule CMS. Only a refundable credit that the taxpayer is seeking a refund for should be reported in either Section 2 or 4 of the Schedule CMS. Generally, a credit should only be reported in one section on the Schedule CMS unless a portion of it is being used to offset a tax and a portion is being refunded.

**Section 1. Non-Refundable Credits**

Section 1 is for reporting credits the taxpayer is using (i) to offset or reduce the taxpayer's total tax due (ii) to pass to any partner, shareholder

or eneficiary of the taxpayer or (iii) to share with taxpayer affiliates. The Brownfields Credit, Film Incentive Credit, or Medical Device Credit should always be included in Section 1, unless the taxpayer is requesting a refund of the Film Incentive Credit. However, a taxpayer that received a credit on a Massachusetts K-1 schedule from a pass-through entity or a credit transfer should report such credit in Section 3 or 4, as applicable.

**Section 2. Refundable Credits**

Section 2 is for reporting refundable credits the taxpayer is using to request a refund. The Film Incentive Credit should always be included in Section 2 to the extent that the taxpayer is requesting a refund. However, a taxpayer that received a refundable credit on a Massachusetts K-1 from a pass-through entity or a credit transfer should report such credit in Section 4, to the extent that the taxpayer is requesting a refund. For each refundable credit, report the amount of the credit available after taking into consideration any amount of the credits that may have been taken to offset a tax or shared as reported in Section 1 of this schedule. Enter the amount by which the available credit balance is being reduced and the amount to be treated as a refundable credit, which may be either 90% or 100% of the reduction. See TIR 13-6, Example 3, for an illustration.

**Section 3. Non-Refundable Credits Received from Massachusetts K-1 Schedules**

Section 3 is for reporting credits the taxpayer received on a Massachusetts K-1 schedule (SK-1, 2K-1 or 3K-1) that the taxpayer is using (i) to offset or reduce the taxpayer's total tax due (ii) to pass to any partner, shareholder or beneficiary

of the taxpayer or (iii) to share with taxpayer affiliates. The Brownfields Credit, Film Incentive Credit, or Medical Device Credit should never be included in Section 3.

**Note:** You do not report the Brownfields Credit, Film Incentive Credit, and Medical Device Credit in this section because these credits are issued new certificate numbers from the Department of Revenue when they are received from a pass-through entity or a credit transfer. These credits should always be reported in Section 1, unless the taxpayer is requesting a refund of the Film Incentive Credit.

**Section 4. Refundable Credits Received from Massachusetts K-1 Schedules**

Section 4 is for reporting credits the taxpayer received on a Massachusetts K-1 schedule (SK-1, 2K-1 or 3K-1) and that the taxpayer is using to request a refund.. The Film Incentive Credit should never be included in Section 4. For each refundable credit, report the amount of the credit available after taking into consideration any amount of the credits that may have been used to offset a tax or shared as reported in Section 3 of this schedule. Enter the amount by which the available credit balance is being reduced and the amount to be treated as a refundable credit, which may be either 90% or 100% of the reduction. See TIR 13-6, Example 3, for an illustration.

**Note:** You do not report the refundable Film Incentive Credit in this section because these credits are issued new certificate numbers from the Department of Revenue when they are received from a pass-through entity or a credit transfer. If the taxpayer is requesting a refund of the Film Incentive Credit, it should be reported in Section 2.

**Schedule CMS, Example 1**

| 2a. Credit type | 2b. Period end date (mm/dd/yyyy) | 2c. Certificate number | 2d. Credit available or certificate balance | 2e. Reduction in balance for refund | 2f. Refundable credit taken (100% or 90%) |
|-----------------|----------------------------------|------------------------|---|-------------------------------------|---|
| FLMCRD          |                                  | 0000000011             | \$10,000                                    | \$10,000                            | \$9,000                                   |
| CNSLND          |                                  | 1110000000             | \$ 1,000                                    | \$ 1,000                            | \$1,000                                   |

The total of the amounts shown in column f are shown on the appropriate line of the taxpayer's return.

**Schedule CMS, Example 2**

| 1a. Credit type | 1b. Fill in if non-expiring | 1c. Period end date (mm/dd/yyyy) | 1d. Certificate number | 1e. Credit available or certificate balance | 1f. Credit taken this year | 1g. Credit shared this year |
|-----------------|-----------------------------|----------------------------------|------------------------|---|----------------------------|-----------------------------|
| SEPTIC          | <input type="radio"/>       | 12/31/2020                       |                        | \$6,000                                     | \$1,500                    |                             |
| LEAD PAINT      | <input type="radio"/>       | 12/31/2020                       |                        | \$1,000                                     | \$1,000                    |                             |

The Credit Manager Schedule will now also be used by individual taxpayers for certain credits. In Example 2, the taxpayer is an individual filing a return for the taxable year ending December 31, 2020 and has an available Septic Credit of \$6,000 in the current year. Since this is the first year the taxpayer is claiming the Septic Credit, the individual taxpayer must also enclose a Schedule SC. The individual should file Part 1 of the Schedule CMS to reflect a claimed credit of \$1,500 (Schedule SC, line 13).

**List of Credit Names and Credit Codes**

The following table identifies various credits that may be available to a taxpayer subject to tax under MGL ch 62 and that must be claimed on a Schedule CMS.

| <i>Credit name</i>                   | <i>Credit type code</i> |
|--------------------------------------|-------------------------|
| <i>Angel Investor Credit</i>         | <i>AGLCRD</i>           |
| <i>Apprenticeship Tax Credit</i>     | <i>APPCRD*</i>          |
| <i>Brownfields</i>                   | <i>BRWFLD</i>           |
| <i>Certified Housing</i>             | <i>CRTHOU</i>           |
| <i>Community Investment</i>          | <i>CMMINV*</i>          |
| <i>Conservation Land</i>             | <i>CNSLND*</i>          |
| <i>Dairy Farm</i>                    | <i>DAIFRM*</i>          |
| <i>EDIP</i>                          | <i>EDIPCR*</i>          |
| <i>EDIP-Vacant Storefront Credit</i> | <i>VACSTR*</i>          |
| <i>Employer Wellness</i>             | <i>EMPWLL</i>           |
| <i>EOAC</i>                          | <i>EOACCR</i>           |
| <i>Farming &amp; Fisheries</i>       | <i>FRMFSH</i>           |
| <i>Film Incentive</i>                | <i>FLMCRD*</i>          |
| <i>Historic Rehabilitation</i>       | <i>HISRHB</i>           |
| <i>Lead Paint</i>                    | <i>LEDPNT</i>           |
| <i>Life Science (FDA)</i>            | <i>LFSFDA*</i>          |
| <i>Life Science (ITC)</i>            | <i>LFSITC*</i>          |
| <i>Life Science (Jobs)</i>           | <i>LFSJOB*</i>          |
| <i>Low-Income Housing</i>            | <i>LOWINC</i>           |
| <i>Low-Income Housing Donation</i>   | <i>LIHDON</i>           |
| <i>Medical Device</i>                | <i>MEDDVC</i>           |
| <i>Septic</i>                        | <i>SEPTIC</i>           |
| <i>Solar &amp; Wind Energy</i>       | <i>SLRWND</i>           |
| <i>Veteran's Hire</i>                | <i>VETHIR</i>           |

\*These credits are potentially refundable.

**Brief Summary of Available Credits on Schedule CMS**

The following are brief summaries describing the specific credits that may be available to a taxpayer subject to tax under MGL ch 62 and that must be claimed on a Schedule CMS.

**Angel Investor Credit**

Taxpayers subject to tax under MGL ch 62 may be eligible for an Angel Investor Credit (AIC) equal to 20% of the amount of qualifying investments in a qualifying business, and 30% of the amount of qualifying investments made by a taxpayer investor in a qualifying business located in a "Gateway municipality," as defined in MGL ch 23A, § 3A. The taxpayer must be an accredited investor, as defined in 15 USC § 77b(15)(ii), who is not the principal owner of the qualifying business and who is not involved in the qualifying business as a

full-time professional activity. For purposes of the AIC, a taxpayer may make qualifying investments of up to \$125,000 per qualifying business per year up to a maximum of \$250,000. A taxpayer cannot claim more than \$50,000 of the AIC for a single calendar year. The credit may be taken in either the tax year of the initial investment or may be carried forward to any of the 3 subsequent taxable years, as long as the qualifying business maintains its principal place of business in Massachusetts. If the qualifying business does not maintain its principal place of business in Massachusetts for this 3 year period, the taxpayer investor must repay the total amount of AIC claimed. The AIC is neither transferrable nor refundable. The Massachusetts Life Sciences Center is responsible for determining eligibility for the AIC and the actual amount awarded to a taxpayer. For further information, see the Department of Revenue's "Angel Investor Tax Credit" regulation; 830 CMR 62.6.5 and TIR 16-15.

To claim the AIC, enter the AIC certificate number and the amount of this AIC using credit code AGLCRD on the Schedule CMS.

**Apprenticeship Tax Credit**

Businesses subject to tax under MGL ch 62 that employ qualified apprentices may be eligible for an Apprenticeship Tax Credit (ATC). The credit is equal to the lesser of \$4,800 or 50% of the wages paid by the business to each qualified apprentice it hires. Businesses are eligible for up to \$100,000 in credits each calendar year. To claim the credit, the primary place of employment of the apprentice must be in Massachusetts, the business employing the apprentice must register with the Division of Apprentice Standards as an apprenticeship program sponsor and enter into apprenticeship agreements with each apprentice for whom the credit is claimed, and the apprentice must be employed for at least 180 calendar days in the taxable year in which the credit is claimed. A business claiming the credit in a taxable year may also be eligible for a credit in the subsequent taxable year, provided that the Division of Apprentice Standards again certifies that the apprentice remains employed as an apprentice during the subsequent taxable year.

The ATC is not transferrable but is refundable. The ATC is available for tax years beginning on or after January 1, 2019. See TIR 18-13 for further information.

To claim the ATC, enter the ATC certificate number and the amount of the ATC using credit code APPCRD on the Schedule CMS.

**Brownfields Tax Credit**

Taxpayers subject to tax under MGL ch 62 and nonprofit organizations may be eligible to claim

a Brownfields Tax Credit (BTC) for amounts expended to clean up contaminated property in Massachusetts in an amount equal to either 25% or 50% of the cost. The cleanup must begin on or before August 5, 2023, and costs must be incurred before January 1, 2024, and equal or exceed 15% of the assessed value of the property before the beginning of the cleanup. Contaminated properties must be owned or leased for business purposes, reported to the Department of Environmental Protection (DEP), cleaned up in compliance with DEP's standards, and located in an economically distressed area identified by DEP. Unused portions of the BTC may be carried forward for the next 5 years. If a credit recipient does not maintain the property in compliance with standards set out by DEP, the credit may be recaptured. The BTC is not refundable.

The BTC may be transferred, sold or assigned to another taxpayer with a liability under MGL ch 62 or 63, or to a nonprofit organization. A taxpayer must complete a Form BCA, Brownfields Credit Application, and submit it to the Department of Revenue. If approved, the Department of Revenue will issue a certificate reflecting the amount of the BTC. The party receiving the BTC must include the certificate number with each tax return in which the credits are being applied. BTC application forms and additional information are available at [mass.gov/dor](http://mass.gov/dor).

To claim the BTC, enter the BTC certificate number and the amount of the BTC using credit code BRWFLD on the Schedule CMS.

**Certified Housing Development Tax Credit**

Taxpayers subject to tax under MGL ch 62 that invest in housing development projects in Massachusetts may be eligible to claim the Certified Housing Development Credit

(CHDC) in an amount up to 25% of the costs of qualified project expenditures as defined in MGL ch 40V, § 1. Eligibility and the amount of CHDC awarded are determined and administered by the Department of Housing and Community Development (DHCD). The CHDC is not refundable, but unused amounts may be transferred or carried forward for 10 years. See TIRs 16-15, 10-15 and 10-14 for further information.

To claim the CHDC, enter the CHDC certificate number and the amount of the CHDC using credit code CRTHOU on the Schedule CMS.

**Community Investment Tax Credit**

Taxpayers subject to tax under MGL ch 62 may be able to claim a Community Investment Tax Credit (CITC) for cash contributions made to a community partner to support the implementation of its community investment plan, or to a community partnership fund. The CITC is equal to 50% of

the total contribution made by the taxpayer and cannot be claimed for contributions of less than \$1,000. The Department of Housing and Community Development (DHCD) is responsible for determining which contributions qualify for the CITC and the actual amount of the CITC awarded. The CITC is not transferrable. However, the CITC is refundable, or, alternatively, may be carried forward for 5 years. See DHCD's "Community Investment Grant and Tax Credit Program" regulation, 760 CMR 68.00, the Department of Revenue's "Community Investment Tax Credit" regulation, 830 CMR 62.6M.1, and TIRs 16-15 and 13-15 for further information.

To claim the CITC, enter the CITC certificate number and the amount of the CITC using credit code CMMINV on the Schedule CMS.

### **Conservation Land Tax Credit**

Taxpayers subject to tax under MGL ch 62 that make qualified donations of certified land to a public or private conservation agency in Massachusetts may be eligible for a Conservation Land Tax Credit (CLTC). The Executive Office of Energy and Environmental Affairs (EEA) ultimately determines which donations qualify for the CLTC and the actual amount of the CLTC attributable to the donation. The CLTC is equal to 50% of the fair market value of the donated certified land, but may not exceed \$75,000. The credit is refundable, but is not transferable. Taxpayers who claim the CLTC may not claim any other credit or deduction in the same tax year for the costs related to the same donated, certified land.

For more information, please see the EEA's "Conservation Land Tax Credit" regulation, 301 CMR 14.00, which sets forth the EEA's criteria for authorizing and certifying the credit. See also the Department of Revenue's "Conservation Land Tax Credit" regulation, 830 CMR 62.6.4, which explains the calculation of the allowable CLTC.

To claim the CLTC, enter the CLTC certificate number and the amount of the CLTC using credit code CNSLND on Schedule CMS.

### **Dairy Farm Tax Credit**

Massachusetts dairy farmers taxable under MGL ch 62 may be eligible for a Dairy Farm Tax Credit (DFTC) based on the amount of milk produced and sold during the taxable year when the cost of milk drops below a price based on federal standards. The dairy farm must have a certificate of registration as a Massachusetts dairy farmer from the Massachusetts Department of Agricultural Resources (MDAR). The total amount of DFTC granted through the program cannot exceed \$6,000,000 in any year. The DFTC is refundable, but is not transferrable.

To claim the DFTC, enter the MDAR-issued certificate number and the amount of the DFTC from the MDAR's Dairy Farmer Certified Tax Credit Statement using credit code DAIFRM on Schedule CMS.

## **Economic Opportunity Area/ Economic Development Incentive Program Credits**

### **Economic Opportunity Area Credit**

Taxpayers subject to tax under MGL ch 62 that participated in projects certified by the Economic Assistance Coordinating Council (EACC) before January 1, 2010, may be eligible to claim an Economic Opportunity Area Credit (EOAC) equal to 5% of the cost of qualifying property purchased for business use within a certified project within an Economic Opportunity Area (EOA). To qualify for the EOAC, the property must be used exclusively by the certified project in an EOA and must meet the same tests imposed for the 3% Investment Tax Credit (ITC). A certified project is a project approved by the EACC. The 5% EOAC cannot offset more than 50% of the tax due. Any unused EOAC may be carried forward for 10 years. The EOAC may be subject to recapture if a taxpayer's business is decertified by the EACC, or a taxpayer stops using the qualifying property in a certified project before the end of the property's useful life. The EOAC is neither refundable nor transferrable. The EOAC is not available to certified projects that were certified by the EACC on or after January 1, 2010. See TIRs 16-15 and 10-01 for further information.

To claim the EOAC, complete Schedule EOAC and enter the amount of the credit using credit code EOACCR on the Schedule CMS. Include both the completed Schedule EOAC and Schedule CMS with the return.

### **Economic Development Incentive Program Credit**

For projects certified by the EACC on or after January 1, 2010, the Economic Development Incentive Program Credit (EDIPC) is available to taxpayers subject to tax under MGL ch 62 with respect to certified projects as defined under MGL ch 23A. The EDIPC is equal to a percentage of the cost of qualifying property purchased by a certified project for business use within Massachusetts. As part of the project certification, the EACC may (but is not required to) award a credit under the program and determine the percentage of the cost of the property to be used to determine the credit. In addition the EACC may award an EDIPC that is refundable. To qualify for the EDIPC, the qualifying property must be used exclusively in the certified project in Massachusetts and must meet the same tests imposed for the 3% ITC.

Unless the EDIPC awarded is refundable, the credit may not offset more than 50% of the tax due. Carryover of unused credit is available only to the extent authorized by the EACC. The EACC may, in consultation with the Department of Revenue, limit (but not expand) the EDIPC to a specific dollar amount or time duration or in any other manner deemed appropriate by the EACC. St. 2009, c. 166, § 18. For example, the EACC may limit the EDIPC available with respect to a particular project to a specific dollar maximum, even if the actual dollar amount of the qualifying purchases would otherwise generate a higher credit amount. Similarly, the EACC may limit the otherwise applicable credit carry forward period provided by MGL ch 62, § 6(g). The EDIPC may be subject to recapture if a taxpayer's business is decertified by the EACC, or a taxpayer stops using the qualifying property in a certified project before the end of the property's useful life. The EDIPC is not transferable. See TIRs 16-15, 14-3, 10-15, and 10-1 for further information.

To claim the EDIPC, complete Schedule EDIP and enter the amount of the EDIPC using credit code EDIPCR on Schedule CMS. Also, enter the EACC-issued certificate number on Schedule CMS. Include both the completed Schedule EDIP and Schedule CMS with the return.

### **EDIP Credit for Projects Certified on or after January 1, 2017**

The EDIPC provisions were significantly changed for projects certified on or after January 1, 2017. For projects certified by the EACC on or after January 1, 2017, the EDIPC allowed to taxpayers subject to tax under MGL ch 62 is determined by the EACC based on numerous factors set forth in MGL ch 23A § 3D. The EACC may award a refundable EDIPC to any certified project. Carryover of unused EDIPC is available only to the extent authorized by the EACC. Recapture is required only if the EACC revokes the certification of a project. The EDIPC is not transferable. See TIRs 16-15 and 10-01 for further information.

To claim the EDIPC, complete Schedule EDIP and enter the amount of the EDIPC using credit code EDIPCR on Schedule CMS. Also, enter the EACC-issued certificate number on Schedule CMS. Include both the completed Schedule EDIP and Schedule CMS with the return.

### **EDIP Credit for Vacant Storefronts**

Effective January 1, 2019, awards of EDIPC are also available as a Vacant Storefront Credit (VSC) to taxpayers subject to tax under MGL ch 62 that occupy vacant storefronts in downtown areas that have been designated as Certified Vacant Storefront Districts. To claim the VSC a taxpayer must apply for and obtain certification from the EACC



and must commit to occupy the vacant storefront for not less than 1 year. The taxpayer does not need to invest in improvements or create new jobs to claim the VSC. The EACC awards the VSC on a competitive basis, taking into account the factors set forth in MGL ch 23A § 3C. The amount of VSC available to taxpayers occupying vacant storefronts is limited to \$500,000 in a calendar year.

The VSC is not transferrable but is refundable. For additional information about the credit, contact the Massachusetts Office of Business Development at 617-973-8600.

To claim the VSC, enter the amount of the VSC using credit code VACSTR on Schedule CMS. Also, enter the EACC-issued certificate number on Schedule CMS.

### Employer Wellness Credit

**Note:** The Employer Wellness Credit (EWC) program expired on December 31, 2017 and no new EWC amounts are being awarded. However, remaining credits awarded for the 2015 through 2017 tax years and carried over by a taxpayer may be applied in the 2020 tax year.

Effective for tax years beginning on or after January 1, 2013, a Massachusetts business that employed 200 or fewer workers was eligible for the EWC for up to 25% of its costs associated with implementing a “certified wellness program” for its employees. Prior to the EWC program’s expiration on December 31, 2017, a taxpayer could claim the EWC by applying to the Department of Public Health (DPH) to certify its wellness program. The amount of the credit available to be claimed could not exceed \$10,000 in any tax year and the credit was not refundable. A taxpayer may carry forward any unused portion of the EWC for up to 5 taxable years. Since the EWC program expired on December 31, 2017, a taxpayer may only claim a previously awarded EWC that was carried over to subsequent tax years. Information about the criteria DPH utilized for authorizing and certifying the EWC may be found in DPH’s “Massachusetts Wellness Tax Credit Incentive” regulation, 105 CMR 216.000.

To claim the EWC, enter the amount of EWC using credit code EMPWLL on Schedule CMS. Also, enter the DPH issued certificate number on Schedule CMS.

### Farming and Fisheries Credit

Taxpayers primarily engaged in agriculture or farming and subject to tax under MGL ch 62 may be eligible for a Farming and Fisheries Credit (FFC) equal to 3% of the cost or other basis for federal income tax purposes of qualifying property acquired, constructed or erected during the tax year. Qualifying property is defined as tangible personal property and other tangible property,

including buildings and structural components thereof which are located in Massachusetts, used solely in farming, agriculture or fishing, and are depreciable with a useful life of at least 4 years. Lessees are also eligible for the FFC. However, where the lessee is eligible for the FFC, the lessor is generally not eligible, with the exception of “equine-based businesses where care and boarding of horses is a function of the agricultural activity.” A taxpayer may carry forward any unused portion of the FFC for up to 3 years. See TIR 14-3 for further information.

To claim the FFC, complete Schedule FAF, Farming and Fisheries Credit, and enter the amount of the FFC using credit code FRMFSL on Schedule CMS. Include both the completed Schedule FAF and Schedule CMS with the return.

### Film Incentive Credit

Motion picture production companies subject to tax under MGL ch 62 may be eligible to claim the Film Incentive Credit (FIC) for certain payroll and production expenses. Production companies that incur at least \$50,000 of production costs in Massachusetts are eligible for a credit equal to 25% of the total Massachusetts payroll for the production, excluding salaries of \$1 million and higher. In addition, production companies whose Massachusetts production expenses exceed 50% of the total production cost may receive a credit equal to 25% of the total Massachusetts production expense. The FIC may be applied against the taxpayer’s liability, reduced by any other available credits, and then 90% of any remaining credits may be refunded. Subject to certain conditions, unused credits may be carried over, refunded, or transferred by the taxpayer for the following 5 tax years. Transferees may carry forward unused FIC for the 5 tax years subsequent to the first tax year the FIC was allowed to the initial transferor. The FIC is not refundable to the transferee. See TIR 07-15 for further information.

To claim the FIC, enter the FIC certificate number and the amount of the FIC using credit code FLMCRD on the Schedule CMS. Supporting documentation must be available to the Department of Revenue upon request. Certificate application forms and additional information are available at [mass.gov/dor](http://mass.gov/dor).

### Historical Rehabilitation Credit

Taxpayers subject to tax under MGL ch 62 who have made qualified expenditures in the rehabilitation of a qualified historic structure may be eligible to claim a Historic Rehabilitation Tax Credit (HRTC). The HRTC is up to 20% of the taxpayer’s rehabilitation expenditures made in substantially rehabilitating a historic structure that has received final certification from the Massachusetts Histor-

ical Commission and placed into service (where occupancy of the entire structure or some identifiable portion of it is permitted). Unused portions of the HRTC may be carried forward for the next 5 tax years. The HRTC may be transferred or sold to another taxpayer but is not refundable. HRTC awards also may be transferred to other qualifying taxpayers that acquire a historic structure, as long as certain criteria are met. The HRTC may be subject to recapture if the taxpayer disposes of its interest in the structure within 5 years of its placement into service. HRTC awards however are not subject to recapture. For further information, see the Department of Revenue’s “Massachusetts Historic Rehabilitation Tax Credit” regulation, 830 CMR 63.38R.1, and TIRs 16-15 and 10-11.

To claim the HRTC, enter the HRT certificate number and the amount of the HRTC using credit code HISRHB on the Schedule CMS. Supporting documentation must be enclosed with the return or the HRTC may be disallowed. For further information on documentation see the Transfer/Sale HRC: Historic Rehabilitation Credit Certificate form and Allotment Schedule HRC: Historic Rehabilitation Credit Summary form.

### Lead Paint Tax Credit

Taxpayers subject to tax under MGL ch 62, who own residential premises in Massachusetts constructed prior to 1978 and who incurred expenses for covering or removing lead paint on such residential premises, may claim a Lead Paint Tax Credit (LPTC) for these expenses in an amount equal to up to \$1,500 for each residential unit. A taxpayer may carry forward any unused portion of the LPTC for up to 7 taxable years. See the Department of Revenue’s “Lead Paint Removal Credit” regulation, 830 CMR 62.6.3, and other rules as explained on Massachusetts Schedule LP, Credit for Removing or Covering Lead Paint on Residential Premises.

To claim the LPTC, complete Schedule LP and enter the amount of the LPTC using credit code LEDPNT on the Schedule CMS. Be sure to enter in line 1a of the Schedule CMS the total number of units indicated in Schedule LP, line(s) 1a and 3a. Include both the completed Schedule LP and Schedule CMS with the return.

### Life Sciences Refundable FDA User Fees Tax Credit

Certified life sciences companies subject to tax under MGL ch 62, to the extent authorized by the Life Sciences Tax Incentive Program, may be eligible to claim a Life Sciences Refundable FDA User Fees Tax Credit. The credit is equal to 100% of the user fees paid on or after June 16, 2008, to the US Food and Drug Administration (FDA) upon submission of an application to manufacture



a human drug in Massachusetts. The credit may be claimed in the tax year in which the application for licensure of an establishment to manufacture the drug is approved by the FDA. To be eligible for the credit, more than 50% of the research and development costs for the drug must have been incurred in Massachusetts. Certified life sciences companies may use the FDA user fees credit to reduce their tax to zero. At the option of the taxpayer and to the extent authorized pursuant to the Life Sciences Tax Incentive Program, where the credit exceeds the tax due, 90% of the balance of the excess credit is refundable. A life sciences company claiming the credit may not also deduct the FDA user fees for which the credit is claimed on its return. In the event a company's certification as a life sciences company is revoked, the recapture of the Life Sciences ITC may be required. The credit is not transferrable. For further information, see TIRs 13-6 and 08-23. To claim the credit, complete a Schedule RLSC and enter the amount of the credit using credit code LFSFDA on the Schedule CMS.

### **Life Sciences Refundable Investment Tax Credit**

Certified life sciences companies subject to tax under MGL ch 62, to the extent authorized by the Life Sciences Tax Incentive Program, may claim a Life Sciences Refundable Investment Tax Credit (LSRITC) equal to 10% of the cost of qualifying property acquired, constructed, reconstructed, or erected and used exclusively in Massachusetts. If the LSRITC exceeds the tax due, 90% of the balance of such LSRITC may, at the option of the taxpayer and to the extent authorized pursuant to the Life Sciences Tax Incentive Program, be refundable to the taxpayer for the tax year in which the qualified property giving rise to such LSRITC is placed in service. If the taxpayer does not opt to make the LSRITC refundable, the the LSRITC may be carried forward for up to 10 years. If the taxpayer elects to make the LSRITC refundable, then the carryover provisions for this credit that would otherwise apply shall not be available. Certified life sciences companies qualifying for the Economic Development Incentive Program Credit (EDIPC) may only take EDIPC to the extent of an additional 2% of the cost of the qualifying property. In the event a company's certification as a life sciences company is revoked, the recapture of the LSRITC may be required. The LSRITC is not transferrable. For further information, see TIRs 13-6 and 08-23. To claim the LSRITC, complete a Schedule RLSC and enter the amount of the LSRITC using credit code LFSITC on the Schedule CMS.

### **Life Sciences Refundable Jobs Tax Credit**

Certified life sciences companies subject to tax under MGL ch 62, to the extent authorized by the

Life Sciences Tax Incentive Program, may receive a Life Sciences Refundable Jobs Tax Credit (LSRJTC) in an amount determined by the Massachusetts Life Sciences Center in consultation with the Department of Revenue. A taxpayer claiming the LSRJTC must commit to the creation of a minimum of 50 net new permanent full-time positions in Massachusetts. If the LSRJTC claimed by a taxpayer exceeds the tax otherwise due, 90% of the balance of such LSRJTC may, at the option of the taxpayer and to the extent authorized by the Life Sciences Tax Incentive Program, be refundable. Excess LSRJTC cannot be carried forward to subsequent taxable years. The LSRJTC is not transferrable. The LSRJTC is subject to all of the requirements of the Life Sciences Tax Incentive Program under MGL ch 23I. In the event of the revocation of a company's certification as a life sciences company or other disqualifying events, the LSRJTC may be subject to recapture. For more information, see TIRs 13-6, 11-6, and 08-23.

To claim the LSRJTC, complete a Schedule RLSC and enter the amount of the LSRJTC using credit code LFSJOB on the Schedule CMS.

### **Low Income Housing Tax Credit**

Taxpayers subject to tax under MGL ch 62 who invest in a qualified low-income housing project located in Massachusetts may be eligible for the Low Income Housing Tax Credit (LIHTC). The Department of Housing and Community Development (DHCD) determines which low-income housing projects will qualify for the LIHTC, which properties may generate a LIHTC for investors, and ultimately allocates the amount of credit a taxpayer may claim based on a total pool of \$20,000,000. This LIHTC may be claimed in the year that a "qualified Massachusetts project" is placed in service and for each of the four subsequent taxable years. The properties must also meet the requirements established by Massachusetts and federal laws, and be owned by a taxpayer who enters into a regulatory agreement with DHCD.

Any unused LIHTC may be carried forward for the next 5 tax years. Alternatively, unused credits may be transferred. If an event or circumstance occurs that results, or would have resulted, in the recapture of any portion of a federal Low Income Housing Credit, then the Massachusetts LIHTC may also be subject to recapture. The LIHTC is not refundable.

To claim the LIHTC, enter the LIHTC certificate number and the amount of the LIHTC using credit code LOWINC on the Schedule CMS. Supporting documentation must be enclosed with the return or the LIHTC may be disallowed. For further information on documentation see the Transfer LIHC: Low-Income Housing Credit Statement form and

Allotment Schedule LIHC: Low-Income Housing Credit Summary form. For further information regarding this credit, contact DHCD, Division of Private Housing, at (617) 727-7824.

### **Low Income Housing Donation Tax Credit**

Taxpayers subject to tax under MGL ch 62 that make a "qualified donation" of real or personal property to certain non-profit entities for use in purchasing, constructing or rehabilitating a "qualified Massachusetts project" may be eligible to claim a Low Income Housing Donation Tax Credit (LIHDTIC). This credit operates in the same manner as the Low Income Housing Tax Credit (LIHTC), but the LIHDTIC is limited to 50% of the amount of the "qualified donation," which may be increased to 65% by DHCD. In addition, the LIHDTIC may only be claimed in the year that the "qualified donation" is made. However, any unused LIHDTIC may be carried forward for the next 5 years. The Department of Housing and Community Development (DHCD) determines eligibility and ultimately allocates the LIHDTIC a taxpayer may claim based on a total pool of \$20,000,000 shared with the LIHTC. Only one-fifth of awarded LIHDTIC will count towards this pool. The LIHDTIC is not refundable, but is transferrable in the same manner as the LIHTC.

The property must also meet the requirements established by Massachusetts and federal laws and be owned by an owner who enters into a regulatory agreement with DHCD. If an event or circumstance occurs that results, or would have resulted, in the recapture of any portion of a federal Low Income Housing Credit, then the Massachusetts LIHDTIC may also be subject to recapture.

To claim the LIHDTIC, enter the LIHDTIC certificate number and the amount of the LIHDTIC using credit code LIHDON on the Schedule CMS. Supporting documentation must be enclosed with the return or the LIHDTIC may be disallowed. For further information on documentation see the Transfer LIHC: Low-Income Housing Credit Statement form and Allotment Schedule LIHC: Low-Income Housing Credit Summary form. For further information regarding this credit, contact DHCD, Division of Private Housing, at (617) 727-7824.

### **Medical Device Tax Credit**

Medical Device Companies taxable under MGL ch 62 may be eligible to claim a Medical Device Tax Credit (MDTC). The MDTC is equal to 100% of the user fees actually paid by the medical device company to the United States Food and Drug Administration (FDA). To qualify for the MDTC, the user fees must be paid during the tax year for which the tax is due for pre-market submissions (e.g., applications, supplements, or 510(k) submissions) to

market new technologies developed or manufactured in Massachusetts.

The MDTC may not be carried forward to subsequent tax years. The MDTC is not refundable. However, unused portions of the credit may be transferred to a purchasing company, who may carry over the MDTC but must use it within 5 years of the issuance of the certificate. The purchasing company may not transfer the MDTC.

To claim the MDTC, enter the MDTC certificate number and the amount of the MDTC using credit code MEDDVC on the Schedule CMS. Certificate application forms and additional information are available at [mass.gov/dor](http://mass.gov/dor).

### Septic System Tax Credit

Individual taxpayers subject to tax under MGL ch 62 who own and occupy residential property located in Massachusetts as their principal residence may be eligible for a Septic System Tax Credit (SSTC). Taxpayers may claim the SSTC in an amount up to \$1,500 per taxable year for expenses incurred to comply with the sewer system requirements of Title V as promulgated by the Department of Environmental Protection or to connect to a municipal sewer system pursuant to a federal court order, administrative consent order, state court order, consent decree or similar mandate. The amount of the SSTC is 40% of the cost, up to \$15,000, for design and construction expenses for repair or replacement of a failed cesspool or septic system. The maximum aggregate amount of the SSTC is \$6,000. Any unused portion of the SSTC may be carried forward for 5 years. Betterment assessments do not qualify for this SSTC. See Department of Revenue Directive 01-6 and TIRs 99-20, 99-5, 98-8, and 97-12 for further information.

To claim the SSTC, complete Schedule SC, Septic Credit, and enter the amount of the SSTC using credit code SEPTIC on the Schedule CMS. Include both the completed Schedule SC and Schedule CMS with the return.

### Solar and Wind Energy

Individual taxpayers subject to tax under MGL ch 62 that made expenditures for certain renewable energy source items, such as equipment which uses or transmits solar or wind energy to heat, cool, or provide hot water for their principal residence in Massachusetts, may qualify for a Solar and Wind Energy Credit (SWEC). The SWEC is not refundable. However, unused portions of the credit may be carried forward for the next three years.

To claim the SWEC, complete Schedule EC, Residential Energy Credit, and enter the amount of the SWEC using credit code SLRWND on Schedule CMS. Include both the completed Schedule EC and Schedule CMS with the return.

### Veteran's Hire Tax Credit

Businesses subject to tax under MGL ch 62 that hire veterans who live and work in Massachusetts may be eligible for a Veteran's Hire Tax Credit (VHTC). The credit is equal to \$2,000 for each qualified veteran hired. The business must employ fewer than 100 employees; be certified by the Commissioner of Veteran's Services; and qualify for and claim the federal Work Opportunity Credit allowed under IRC § 51. A business may be eligible for a second VHTC for the next taxable year if the veteran continues to work for the business. The VHTC is neither refundable nor transferrable. Any amount of VHTC that exceeds the tax due in the current taxable year may be carried forward to any of the 3 subsequent taxable years. The VHTC is available for qualified veterans hired after July 1, 2017. See TIR 17-10 for further information.

To claim the VHTC, enter the VHTC certificate number and the amount of the VHTC using credit code VETHIR on the Schedule CMS.

## Schedule B

**Note:** If showing a loss, be sure to mark over the X in the box to the left. Also, be sure to enclose with Form 1-NR/PY.

### Interest, Dividends and Certain Capital Gains and Losses

You must file Massachusetts Schedule B if you had:

- ▶ Dividend income in excess of \$1,500;
- ▶ Any interest income other than from Massachusetts banks taxed at 5.0%;
- ▶ Short-term capital gains or losses;
- ▶ Carryover short-term losses from prior years;
- ▶ Long-term gains on collectibles and pre-1996 installment sales classified as capital gain income for Massachusetts purposes;
- ▶ Gains or losses from the sale, exchange or involuntary conversion of property used in a trade or business;
- ▶ Net long-term capital gains and losses; or
- ▶ Excess exemptions.

Collectibles are defined as any capital asset that is a collectible within the meaning of IRC § 408(m), as amended and in effect for the taxable year, including works of art, rugs, antiques, metals, gems, stamps, alcoholic beverages, certain coins, and any other items treated as collectibles for federal tax purposes.

- ▶ You need not file Massachusetts Schedule B if all interest income you had was from Massachusetts banks (reportable in Form 1-NR/PY, line

7a), and your gross dividend income was \$1,500 or less (dividend income of \$1,500 or less is reportable on Form 1-NR/PY, line 24 and, if applicable, see Schedule C instructions), and you have no short-term capital gains or losses, long-term gains on collectibles and pre-1996 installment sales, gains or losses from the sale, exchange or involuntary conversion of property used in a trade or business, allowable deductions from your trade or business, carryover short-term losses from prior years, net long-term capital gains or losses, or excess exemptions.

- ▶ You must complete Massachusetts Schedule B if your interest or dividend income includes: dividends taxed directly to trusts or estates on a Massachusetts Fiduciary Return, Form 2; or distributions that are returns of capital.

## Part 1. Interest and Dividend Income

### Line 3. Other Interest and Dividends

Enter the following amounts and their sources (enclose additional statement if more space is necessary):

- ▶ Interest from obligations of other states and their political subdivisions (including your share, if any, from a partnership, an S corporation and a grantor-type trust or non-Massachusetts trust). Do not include exempt interest already included in Schedule B, line 1;
- ▶ Taxable distributions from Massachusetts S corporations not reported in Schedule B, line 2. Distributions in excess of the Massachusetts accumulated adjustments account are dividends to the extent of the corporation's Massachusetts accumulated earnings and profits. For more information, see 830 CMR 62.17A.1;
- ▶ Interest and dividends from a partnership, S corporation, grantor-type trust, or non-Massachusetts estate or trust from Massachusetts Schedule E. Generally, portfolio interest and dividend income from partnerships and S corporations should already be included in Schedule B, line 1 and line 2 amounts;
- ▶ Interest from a trade or business that is reported on Massachusetts Schedule C; or
- ▶ Interest or dividends from a mutual fund, if such distributions are not included in Schedule B, line 1 or line 2. See Schedule B, line 6a.

### Lines 5 and 6

Enter only amounts related to income that you have already included in lines 1, 2, and 3.

**Line 5. Total Interest from Massachusetts Banks**

Enter the total interest included in Form 1-NR/PY, line 7a (prior to the exemption amount being subtracted) only if it has been included in lines 1 or 3 of this schedule.

**Line 6a. Other Interest and Dividends to Be Excluded**

Enter the total interest and dividends from the following sources (enclose an additional statement, if necessary) only if it has been included in lines 1 or 3 of this schedule:

- ▶ Interest on U.S. debt obligations. Enter interest received on treasury bills, notes and bonds, savings bonds or other obligations of the United States, including its territories or dependencies. Such interest is tax-exempt in Massachusetts. For further information concerning exempt obligations of the United States, see TIR 89-8;
- ▶ Interest and dividends taxed directly to Massachusetts estates and trusts. Enter the interest and dividends that are taxed directly to a Massachusetts estate or trust (reportable on a Massachusetts Fiduciary Return, Form 2);
- ▶ Any distribution which is a return of capital included in total gross dividends, line 2;
- ▶ Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions held by you;
- ▶ Any exempt portion of interest or dividends from a mutual fund included in lines 1, 2 or 3 of this schedule. Enter only the exempt portion of interest or dividends derived from obligations of the U.S. government or the Commonwealth of Massachusetts or its political subdivisions; or
- ▶ Any interest on pre-retirement distributions from state and municipal contributory pension plans.

Do not enter in line 6a either of the following:

- ▶ Dividends from the earnings and profits accumulated prior to January 1, 1971, by any corporate trust which was not taxed directly by Massachusetts in prior years, even though such an entity is taxed directly now (obtain from the entity the taxable status of dividends paid to you); or
- ▶ Dividends from any corporate trust which is not taxed directly by Massachusetts. Such entities include: those not doing business in Massachusetts; regulated investment companies or real estate investment trusts (as defined under IRC §§ 851 and 856 respectively); or holding companies (as defined in MGL ch 62, § 8).

**Line 6b. Part-Year/Nonresidents only.**

**Part-year residents.** Any amounts included in lines 1, 2 or 3 which you received while domiciled in another state or country from sources other than Massachusetts; or

**Nonresidents.** Any amounts included in lines 1, 2 and 3 which you received from sources other than Massachusetts.

**Line 8. Allowable Deductions from Your Trade or Business**

Enter the appropriate amount from Massachusetts Schedule C-2 if you qualify for an excess trade or business deduction. Generally, taxpayers may not use excess 5.0% deductions to offset other income. However, where the taxpayer files a Massachusetts Schedule C or Schedule E, Massachusetts law allows such offsets if the following requirements are met: the excess 5.0% deductions must be adjusted gross income deductions allowed under MGL ch 62, § 2(d); and these excess deductions may only be used to offset other income which is effectively connected with the active conduct of a trade or business or any other income allowed under IRC, § 469(d)(1)(B) to offset losses from passive activities.

**Part 2. Short-Term Capital Gains and Losses and Long-Term Gains on Collectibles and Pre-1996 Installment Sales**

If you do not have short-term capital gains or losses, long-term capital gains on collectibles, pre-1996 installment sales, short-term capital gains or losses from the sale, exchange or involuntary conversion of property used in a trade or business, or Massachusetts short-term losses from prior year carryover, omit Part 2, lines 10-28 and go to Part 3, line 29.

If there are any differences between U.S. and Massachusetts amounts reported in lines 10, 11, 12, 16 and 17, be sure to enter the Massachusetts amount. Possible differences include:

- ▶ Short-term capital gains taxed directly to Massachusetts estates and trusts (reportable on a Massachusetts Fiduciary Return, Form 2);
- ▶ Upon the sale of stock of an S corporation, the federal basis must be modified according to Massachusetts Income Tax Regulation, 830 CMR 62.17A.1; and
- ▶ Massachusetts has adopted basis adjustment rules to take into account differences between Massachusetts and federal tax laws. For more information regarding basis adjustment rules, see TIR 88-7.

Part-Year/Nonresident filers do not exclude your transactions not associated with a trade or business in Massachusetts from lines 10, 12, 16 and 17. See the lines 13b and 19b for these adjustments.

**Line 10. Massachusetts Short-Term Capital Gains**

Enter the gross short-term capital gains from U.S. Schedule D, lines 1 through 5, column h.

**Note:** If there are any differences between U.S. and Massachusetts complete the line 10 worksheet.

**Schedule B, Line 10 Worksheet**

1. Gross short-term capital gains from U.S. Schedule D, lines 1 through 5, column h.
2. U.S. and Massachusetts differences
3. Combine lines 1 and 2
4. Capital loss transactions now included in line 3. Enter here and on line 6 of the Schedule B, Line 16. Worksheet.
5. Subtract line 4 from line 3
6. Capital gain transactions from line 4 of the Schedule B, Line 16 Worksheet.
7. Total Massachusetts short-term capital gains. Add lines 5 and 6. Enter here and on Schedule B, line 10.

**Line 11. Long-Term Capital Gains on Collectibles and Pre-1996 Installment Sales**

Enter the amount of long-term capital gains on collectibles and pre-1996 installment sales classified as capital gain income for Massachusetts purposes, from Massachusetts Schedule D, line 12.

**Line 12. Gain on Sale of Business Property**

Enter from U.S. Form 4797 the amount of gain from the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less.

**Schedule B, Line 12 Worksheet.**

1. Gross gain on sale of business property held for one year or less from U.S. Form 4797
2. U.S. and Massachusetts differences

continue on next page ...



- 3. Combine lines 1 and 2 . . .
- 4. Loss transactions now included in line 3. Enter here and in line 6 of the Schedule B, Line 17 Worksheet. . . . .
- 5. Subtract line 4 from line 3
- 6. Gain transaction from line 4 of the Schedule B, Line 17 Worksheet. . . . .
- 7. Total Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less. Add lines 5 and 6. Enter here and on Schedule B, line 12. . . . .

**Line 13b. Part-Year/Nonresidents only.**

Part-year residents, enter the amount of gain transactions included in lines 10 and 12 conducted while you were domiciled in another state or country that were not associated with a trade or business in Massachusetts;

Nonresidents, enter the amount of gain transactions included in lines 10 and 12 that were not associated with a trade or business in Massachusetts.

**Line 14. Allowable Deductions from Your Trade or Business**

Enter the appropriate amount from Massachusetts Schedule C-2 if you qualify for an excess trade or business deduction. Generally, taxpayers may not use excess 5.0% deductions to offset other income. However, where the taxpayer files a Massachusetts Schedule C or Schedule E, Massachusetts law allows such offsets if the following requirements are met: the excess 5.0% deductions must be adjusted gross income deductions allowed under MGL Ch 62, § 2(d); and these excess deductions may only be used to offset other income which is effectively connected with the active conduct of a trade or business or any other income allowed under IRC, § 469(d)(1)(B) to offset losses from passive activities.

**Line 16. Short-Term Capital Losses**

Enter the gross short-term capital losses included in U.S. Schedule D, lines 1 through 5, column h. If there are any differences between U.S. and Massachusetts complete the line 16 worksheet.

**Schedule B, Line 16 Worksheet**

- 1. Gross short-term capital losses from U.S. Schedule D, lines 1 through 5, column h. . . . .
- 2. U.S. and Massachusetts differences . . . . .
- 3. Combine lines 1 and 2 . . .
- 4. Capital gain transaction now included in line 3. Enter here and on line 6 of the Schedule B, Line 10 Worksheet. . . . .
- 5. Subtract line 4 from line 3
- 6. Capital loss transactions from line 4 of the Schedule B, Line 10 Worksheet. . . . .
- 7. Total Massachusetts Short-term Capital losses. Add lines 5 and 6. Enter here and on Schedule B, line 16. . . . .

**Line 17. Loss on Sale of Business Property**

Enter from U.S. Form 4797 the amount of loss from the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less. If there are any differences between U.S. and Massachusetts complete the line 17 worksheet.

**Schedule B, Line 17 Worksheet**

- 1. Gross loss on sale of business property held for one year or less from U.S. Form 4797 . . . . .
- 2. U.S. and Massachusetts differences . . . . .
- 3. Combine lines 1 and 2 . . .
- 4. Gain transactions now included in line 3. Enter here and in line 6 of the Schedule B, Line 12 Worksheet. . . . .
- 5. Subtract line 4 from line 3
- 6. Loss transactions from line 4 of the Schedule B, Line 12 Worksheet. . . . .

- 7. Total Massachusetts losses on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less. Add lines 5 and 6. Enter here and on Schedule B, line 17. . . . .

**Line 19b. Part-Year/Nonresidents only.**

Part-year residents, enter the amount of loss transactions included in lines 16 and 17 conducted while you were domiciled in another state or country that were not associated with a trade or business in Massachusetts;

Nonresidents, enter the amount of loss transactions included in lines 16 and 17 that were not associated with a trade or business in Massachusetts.

**Line 21. Available Short-Term Losses**

Combine lines 19c and 20. This amount should be 0 or less. If line 21 is less than 0, go to line 22. If line 21 is 0, omit lines 22 through 28 and go to Part 3.

If Schedule B, line 21 is a loss and Schedule D, line 13 is a loss, omit line 22, enter the amount from line 21 in line 23 and line 40, omit lines 24 through 28 and complete Part 3.

**Line 22. Short-Term Losses Applied Against Long-Term Gains**

If Schedule B, line 21 is a loss and Schedule D, line 13 is greater than 0, enter the smaller of Schedule B, line 21 (considered as a positive amount) or Schedule D, line 13 in Schedule B, line 22 and in Schedule D, line 14.

**Line 24. Short-Term Gains and Long-Term Gains on Collectibles**

Enter the amount from Schedule B, line 19c. Not less than 0. If Schedule D, line 13 is 0 or greater, omit line 25 and enter the amount from line 24 in line 26. If Schedule D, line 13 is a loss, go to Schedule B, line 25.

**Line 25. Long-Term Losses Applied Against Short-Term Gains**

If Schedule B, line 24 is greater than 0, and Schedule D, line 13 is a loss, enter the smaller of Schedule B, line 24 or Schedule D, line 13 (considered as a positive amount) in Schedule B, line 25 and in Schedule D, line 14.

**Line 27. Long-Term Gains Deduction**

Complete only if line 26 is greater than 0 and there is an entry on line 11.

If there are no losses reported on lines 19c plus line 15 and 25, enter 50% of line 11.



▶ If the losses reported on lines 19c plus line 15 and 25 do not exceed the total amount of gains on line 13c minus line 11, enter 50% of line 11.

▶ If the losses reported on lines 19c plus line 15 and 25 exceed the total amount of gains on line 13c minus line 11 enter 50% of line 11 minus 50% of the excess loss (total of lines 19c plus line 15 and 25 minus the total of Line 13c minus line 11).

**Example**

▶ Jack has a long-term capital gain on collectibles of \$1,000 entered in line 11 and line 15. He does not have any other interest income (other than interest from Massachusetts banks) and dividend income. Jack also has a short-term capital loss of \$100 entered in line 16 and a prior-year short-term unused loss of \$200 entered in line 18. Jack enters \$350 in line 27: \$500 (50% of \$1,000) – \$150 (50% of \$300) = \$350.

**Part 3. Adjusted Gross Interest, Dividends Short-Term Capital Gains and Long-Term Gains on Collectibles**

**Line 31. Subtotal Interest and Dividends**

If Schedule D, line 15 is 0 or greater, omit Schedule B, line 32 and enter the amount from Schedule B, line 31 in Schedule B, line 33. If Schedule D, line 15 is a loss, go to Schedule B, line 32.

**Line 32. Long-Term Losses Applied Against Interest and Dividends**

If Schedule B, line 31 is a positive amount and Schedule D, line 15 is a loss, complete the Long-Term Capital Losses Applied Against Interest and Dividends Worksheet for Schedule B, Line 32 and Schedule D, Line 16. When completing the worksheet, be sure to enter all losses as a positive amount.

**Schedule B, Line 32 and Schedule D, Line 16 Worksheet. Long-Term Capital Losses Applied Against Interest and Dividends**

Complete only if Schedule B, line 31 is a positive amount and Schedule D, line 15 is a loss. Enter all losses as positive amounts.

1. Enter amount from Schedule B, line 29 . . . . .
2. Enter the lesser of line 1 or \$2,000 . . . . .
3. Enter the amount from Schedule B, line 30 . . . . .
4. Subtract line 3 from line 2. If 0 or less omit the remainder of worksheet. Otherwise, complete lines 5 and 6. . . . .

5. Enter any loss from Schedule D, line 15 as a positive amount.   
Otherwise, enter 0. . . . .

6. If line 4 is less than or equal to line 5, enter line 4 here and in Schedule B, line 32 and in Schedule D, line 16. If line 4 is larger than line 5, enter line 5 here and in Schedule B, line 32 and in Schedule   
D, line 16. . . . .

**Line 36. Excess Exemptions**

Enter the amount from line 5 of the Schedule B, Line 36 and Schedule D, Line 20 Worksheet on page 17 (only if single, head of household or married filing a joint return and Form 1-NR/PY, line 22 is greater than Form 1-NR/PY, line 21).

**Schedule D**

**Note:** If showing a loss, be sure to mark over the X in the box to the left. Also, be sure to enclose with Form 1-NR/PY.

**Long-Term Capital Gains and Losses Excluding Collectibles**

You must complete Massachusetts Schedule D if you had long-term gains or losses from the sale or exchange of capital assets or from similar transactions which are granted capital gain or loss treatment on your U.S. return, or if you had capital gain distributions. If you did not file U.S. Schedule D but are reporting capital gain distributions on U.S. Form 1040, line 7, you must complete Massachusetts Schedule D (see line 6 instructions). Include gains from all property, wherever located. Long-term capital gains are gains on the sale or exchange of capital assets that have been held for more than one year on the date of the sale or exchange. Long-term capital losses are losses on the sale or exchange of capital assets that have been held for more than one year on the date of the sale or exchange.

The law defines capital gain income as gain from the sale or exchange of a capital asset. The definition of capital asset includes:

- ▶ An asset which is a capital asset under IRC § 1221; or
- ▶ Property that is used in a trade or business within the meaning of IRC § 1231(b) without regard to the holding period as defined in said § 1231(b).

For a detailed explanation of the law, see DOR's Regulation on Capital Gains and Losses at 830 CMR 62.4.1.

**Differences**

Significant differences between the U.S. and Massachusetts capital gain provisions are:

▶ IRC § 1244 losses reported as ordinary losses on your U.S. return must be reported on Massachusetts Schedule D;

▶ If you made a federal election under § 311 of the Tax Relief Act of 1997 to recognize gain on the deemed sale of a capital asset held on January 1, 2001, Massachusetts does not follow the federal rules at § 311 for determining the basis of the asset. See TIR 02-3. If you sold a capital asset in 2020 for which you made a federal § 311 election, the Massachusetts initial basis will not be the federal basis. The Massachusetts initial basis will be determined as of the date the asset was first acquired;

▶ Upon the sale of stock of an S corporation, the federal basis must be modified according to 830 CMR 62.17A.1; and

▶ Massachusetts has adopted basis adjustment rules to take into account differences between Massachusetts and federal tax laws. For more information regarding basis adjustment rules, see TIR 88-7.

Net ordinary losses that are itemized deductions on U.S. Schedule A are not allowable.

**Installment Sales**

If a sale was treated as an installment sale for U.S. income tax purposes, it may be treated the same way on your Massachusetts income tax return. Gains from pre-1996 installment sales are classified as either capital gains or ordinary income under the Massachusetts law in effect on the date the sale or exchange took place.

Gains from pre-1996 installment sales that are classified as capital gains should be reported as 12% income on Massachusetts Schedule B. If the asset was held for more than one year when it was sold, the gain will be eligible for a 50% long-term deduction. Gains from pre-1996 installment sales that are classified as capital gains included on Massachusetts Schedule D, line 4 should be reported on Massachusetts Schedule D, line 12 (Long-term gains on collectibles and pre-1996 installment sales). The amount of such gain is then reported on Massachusetts Schedule B, Part 2, line 11.

Gains from pre-1996 installment sales classified as ordinary income and that are included on Massachusetts Schedule D, line 4 should be reported on Massachusetts Schedule D, line 10 (Differences). The amount of such gain classified as ordinary income should then be reported on Form 1-NR/PY, line 11 (Other income) and included on Schedule X, line 4 and identified as 2020 gain from pre-1996 installment sale.

**Note:** If you are reporting an installment sale occurring on or after January 1, 2003, report those

gains on Schedule D. If you are reporting capital gains on installment sales that occurred during January 1, 1996 through December 31, 2002, do not file Schedule D. Instead, you must file Schedule D-IS, Installment Sales. Schedule D-IS can be obtained on DOR's website at [mass.gov/dor](http://mass.gov/dor).

Effective for sales on or after January 1, 2005, if you wish to report a sale on your Massachusetts return as an installment sale and the Massachusetts gain is \$1 million or greater, you must apply in writing to DOR's Installment Sales Unit. See TIR 04-28. The Commissioner of Revenue must approve your application to report the sale on the installment basis in Massachusetts before you file your return, and appropriate security must be posted. An explanatory statement must be enclosed with each return for the life of the installment sale. For further information contact the Installment Sales Unit at (617) 887-6950.

### Lower Capital Gains Tax Rate for Gains from the Sale of Stock in Certain Massachusetts-Based Start-Up Corporations

Gains derived from the sale of investments which meet certain requirements are taxed at a rate of 3% instead of 5.0%. In order to qualify for the 3% rate, investments must have been made within five years of the corporation's date of incorporation and must be in stock that generally satisfies the definition of qualified small business stock under IRC § 1202 (c), other than the requirement that the stock be stock of a C corporation. In addition, the stock must be held for three years or more and the investments must be in a corporation which:

- ▶ Is domiciled in Massachusetts;
- ▶ Is incorporated on or after January 1, 2011;
- ▶ Has less than \$50 million in assets at the time of investment; and
- ▶ Complies with certain of the active business requirements of § 1202 of the IRC, i.e., §§ 1202 (e) (1), (e)(2), (e)(5), and (e)(6).

To be eligible as qualified small business stock under IRC § 1202(c), the stock must be acquired by the taxpayer at its original issue (directly or through an underwriter) in exchange for money, property, or as compensation for services provided to the corporation. During substantially all of the taxpayer's holding period, at least 80 percent of the value of the corporation's assets must be used in the active conduct of one or more qualified businesses.

**Note:** If you are reporting a sale of stock in a certain Massachusetts-based start-up corporation(s), do not file Schedule D. Instead, you must report that gain(s) on Schedule D-IS, Installment

Sales or qualified small business stock gains. Schedule D-IS can be obtained on DOR's website at [mass.gov/dor](http://mass.gov/dor).

### Long-Term Capital Gains and Losses, Excluding Collectibles

#### Line 1. Long-Term Capital Gains and Losses

Enter the gain or loss from U.S. Schedule D, lines 8a and 8b, column h.

#### Line 2. Long-Term Capital Gains and Losses

Enter the gain or loss from U.S. Schedule D, line 9, column h.

#### Line 3. Long-Term Capital Gains and Losses

Enter the gain or loss from U.S. Schedule D, line 10, column h.

#### Line 4. Gain from Sales of Business Property and Other Long-Term Gains and Losses

Enter the gain or loss from U.S. Schedule D, line 11, column h.

#### Line 5. Net Long-Term Gain or Loss from Partnerships, S Corporations, Estates and Trusts

Enter the gain or loss from U.S. Schedule D, line 12, column h.

#### Line 6. Capital Gain Distributions

If you did not file U.S. Schedule D, enter the capital gain distributions reported to you by a mutual fund or real estate investment trust from U.S. Form 1040, line 7.

If you did file a U.S. Schedule D, enter the capital gain distributions reported to you by a mutual fund or real estate investment trust from U.S. Schedule D, line 13, column h.

#### Line 7. Massachusetts Long-Term Capital Gains and Losses from U.S. Form 4797, Part II

Enter amounts from U.S. Form 4797, Part II treated as capital gains or losses for Massachusetts purposes (not included in lines 1 through 6). These include ordinary gains from the sale of 1231 property, recapture amounts under §§ 1245, 1250 and 1255, § 1244 losses and the loss on the sale, exchange or involuntary conversion of property used in a trade or business not held for one year or less.

#### Line 8. Massachusetts Carryover Losses from Previous Years

If you have a carryover loss from a prior year, enter in line 8 the total amount of Massachusetts

carryover losses from your 2019 Massachusetts Schedule D, line 23.

### Line 10a. Massachusetts Adjustments

Enter any differences between the gains or losses reportable for Massachusetts tax purposes and the U.S. gains or losses reported in Massachusetts Schedule D, lines 1 through 8. Differences include:

- ▶ Pre-1996 installment sales classified as ordinary income for Massachusetts purposes;
- ▶ Long-term capital gains or losses from transactions reported as installment sales for U.S. income tax purposes but not for Massachusetts (**Note:** Income and gain transactions should be reported as positive and loss transactions should be reported as negative in line 10a.); and
- ▶ Massachusetts has adopted basis adjustment rules to take into account differences between Massachusetts and federal tax laws (**Note:** Massachusetts basis adjustment increases should be reported as negative and Massachusetts basis adjustment decreases should be reported as positive in line 10a).

### Line 10b. Part-year/nonresident only.

Enter non-Massachusetts source adjustments.

**Nonresidents.** Enter in line 10b any long-term capital gains and losses included on Schedule D, lines 1 through 8 which are not Massachusetts source income and thus not taxable to you as a nonresident. A nonresident's capital gains and losses are subject to tax if the gain or loss resulted from the sale or exchange of property connected with a Massachusetts trade or business or from the ownership of real or tangible personal property located in Massachusetts.

**Part-year residents.** Enter in line 10b any longterm capital gains or losses included on Schedule D, lines 1 through 8 that occurred while you were domiciled in another state or country during the taxable year.

### Line 11. Massachusetts Capital Gains and Losses

Exclude/subtract line 10c from line 9 and enter the result in line 11.

- ▶ If line 9 is positive and line 10c is positive, subtract line 10c from line 9.
- ▶ If line 9 is positive and line 10c is negative, add line 10c as a positive value to line 9

▶ If line 9 is negative and line 10c is negative, subtract line 10c from line 9.

▶ If line 9 is negative and line 10c is positive, add line 10c as a negative value to line 9.

### Line 12. Long-Term Gains on Collectibles and Pre-1996 Installment Sales

Enter in line 12 the amount of long-term gains on collectibles and pre-1996 installment sales classified as capital gain income for Massachusetts purposes that are included in line 11.

Long-term gains on collectibles and pre-1996 installment sales classified as capital gain income for Massachusetts purposes are taxed at the 12% rate and should be entered on Schedule B, line 11.

Collectibles are defined as any capital asset that is a collectible within the meaning of IRC § 408(m), as amended and in effect for the taxable year, including works of art, rugs, antiques, metals, gems, stamps, alcoholic beverages, certain coins, and any other items treated as collectibles for federal tax purposes.

### Line 13. Subtotal

Subtract line 12 from line 11 and enter the result in line 13.

If Schedule D, line 13 is a loss and Schedule B, line 21 is less than 0, omit Schedule D, lines 14 through 16, enter the amount from Schedule D, line 13 in Schedule D, line 17, omit Schedule D, lines 18 through 22 and enter the amount from Schedule D, line 17 in Schedule D, line 23, and enter 0 on Form 1-NR/PY, line 28.

If Schedule D, line 13 is a gain and Schedule B, line 21 is a loss, go to Schedule D, line 14.

If Schedule D, line 13 is a loss and Schedule B, line 24 is 0 or greater, go to Schedule D, line 14.

If Schedule D, line 13 is a gain, and Schedule B, line 24 is 0 or greater, omit Schedule D, lines 14 through 16 and enter the amount from Schedule D, line 13 in Schedule D, line 17.

### Line 14. Capital Losses Applied Against Capital Gains

If Schedule D, line 13 is a positive amount and Schedule B, line 22 is a loss, enter the smaller of Schedule D, line 13 or Schedule B, line 21 (considered as a positive amount) in Schedule D, line 14 and in Schedule B, line 22.

If Schedule D, line 13 is a loss and Schedule B, line 24 is a positive amount, enter the smaller of Schedule D, line 13 (considered as a positive amount) or Schedule B, line 24 in Schedule D, line 14 and in Schedule B, line 25.

### Line 15. Subtotal

If line 13 is greater than 0, subtract line 14 from line 13. If line 13 is less than 0, combine lines 13 and 14.

If Schedule D, line 15 is a loss and Schedule B, line 24 is 0 or greater and Schedule B, line 31 is a positive amount, go to Schedule D, line 16.

If Schedule D, line 15 is a loss, and Schedule B, line 21 is 0 or less, omit Schedule D, line 16, enter the amount from Schedule D, line 15 in Schedule D, line 17, omit Schedule D, lines 18 through 22 and enter the amount from Schedule D, line 17 in Schedule D, line 23, and enter 0 on Form 1-NR/PY, line 28.

### Line 16. Long-Term Capital Losses Applied Against Interest and Dividends

If Schedule D, line 15 is a loss, and Schedule B, line 24 is 0 or greater and Schedule B, line 31 is a positive amount, complete the Long-Term Capital Losses Applied Against Interest and Dividends Worksheet for Schedule B, Line 32 and Schedule D, Line 16 on page 36.

### Line 17. Subtotal

Combine line 15 and line 16. If Schedule D, line 17 is 0, enter 0 in lines 18 through 21 and omit lines 22 and 23. If Schedule D, line 17 is a loss, omit lines 18 through 22 and enter the amount from line 17 in line 23.

### Line 18. Allowable Deductions From Your Trade or Business

Enter the appropriate amount from Massachusetts Schedule C-2 if you qualify for an excess trade or business deduction. Generally, taxpayers may not use excess 5.0% deductions to offset other income. However, where the taxpayer files a Massachusetts Schedule C or Schedule E, Massachusetts law allows such offsets if the following requirements are met: the excess 5.0% deductions must be adjusted gross income deductions allowed under MGL ch 62, § 2(d); and these excess deductions may only be used to offset other income which is effectively connected with the active conduct of a trade or business or any other income allowed under IRC, § 469(d)(1)(B) to offset losses from passive activities.

### Line 20. Excess Exemptions

Enter in line 20 the amount from line 8 of the Schedule B, Line 36 and Schedule D, Line 20 Worksheet on page 12 (only if single, head of household or married filing joint return).

### Line 22. Tax On Long-Term Capital Gains

Multiply line 21 by 0.05 and enter the result here and in Form 1-NR/PY, line 28.

**Note:** If choosing the optional 5.85% tax rate, multiply line 21 by 0.0585 and enter the result here and in Form 1-NR/PY, line 28.

## Schedule C

**Note:** If showing a loss, be sure to mark over the X in the box to the left. Also, be sure to enclose with Form 1-NR/PY.

### Substituting U.S. Schedule C

U.S. Schedule C is not allowed as a substitute for Massachusetts Schedule C.

### Profit or Loss from Business or Profession

Massachusetts Schedule C is provided to report income and deductions from each business or profession operated as a sole proprietorship.

If your business deductions, excluding the Abandoned Building Renovation Deduction, exceed Schedule C income and any other income taxable at the 5.0% rate, such excess deductions may be subtracted from the other income that is effectively connected with the active conduct of your trade or business and any other income allowed under IRC § 469(d)(1)(B) to offset losses from passive activities. To compute the excess trade or business deductions use Massachusetts Schedule C-2. This form is available by visiting [mass.gov/dor](http://mass.gov/dor), or you may have one mailed to you by calling (617) 887-6367.

### Registration Information

In the space provided, describe the business or professional activity that provided your principal source of income reported on line 1. If you owned more than one business, you must complete a separate Schedule C for each business. Give the general field or activity and the type of product or service.

### Employer Identification Number

You need an Employer Identification number (EIN) only if you had a Keogh plan, were required to file an employment, excise, estate, trust, or alcohol, tobacco and firearms tax return or employ contract labor. If you do not have an EIN, leave the line blank. Do not enter your Social Security number.

### Accounting Method

If you filed a return on the accrual basis last year, your return for this year must be on the same basis. If a taxpayer requesting permission to change an accounting method for Massachusetts purposes is eligible for an automatic change of accounting method federally, and has correctly followed the most recently issued federal revenue procedure for requesting an automatic change, then the taxpayer should file his/her annual return using the new method and write at the top, "Automatic Change of Accounting Method — filed in



compliance with DD 02-13.” The taxpayer should enclose a copy of U.S. Form 3115, together with any required statements. See DD 02-13 for further information. See also, TIR 19-6: Impact of the Federal Tax Cuts and Jobs Act on a Taxpayer’s Overall Method of Accounting for Massachusetts Purposes.

### Material Participation

Indicate if you materially participated in the operation of this business during 2020. If you did not materially participate and have a loss from this business, see line 33 for further instructions.

### Started or Acquired this Business

Indicate if you started or acquired this business in 2020. Also, indicate if you are reopening or restarting this business after temporarily closing it, and you did not file a 2019 Schedule C for this business.

### Suspended Passive-Activity Loss

Indicate if you have any suspended passive-activity losses that relate to the schedule being completed. See TIR 89-2 for further information and line 36 instructions.

### Small Business Energy Exemption

If you are claiming the small business energy exemption from the sales tax on purchases of taxable energy or heating fuel during 2020, you must have five or fewer employees. You must enter the number of your employees in the space provided.

### Statutory Employee

If you received a Form W-2 and the “Statutory employee” box in item 13 of that form was checked, report your income and expenses related to that income on Schedule C. Enter your statutory employee income from box 1 of Form W-2 on line 1a of Schedule C and fill in the oval. Statutory employees include full-time life insurance agents, certain agent or commission drivers and traveling salespersons and certain homeworkers. If you had both self-employment income and statutory employee income, do not combine these amounts on a single Schedule C. In this case, you must file separate Schedule Cs.

### Interest (other than from Massachusetts banks) and Dividend Income

If you have interest (other than from Massachusetts banks) and dividend income reported on U.S. Schedule C, lines 1 and/or 6, fill in the oval and enter that amount in the space provided and in Massachusetts Schedule B, line 3. Do not include such amounts on Massachusetts Schedule C, lines 1 and/or 4. If you are not required to file Schedule B (see Schedule B instructions), enter this income on Form 1-NR/PY, line 24. Examples of interest (other than from Massachusetts

banks) and dividend income are interest received on loans, notes receivable or charge accounts that you accept in the ordinary course of business, and dividends on stocks received in payment for goods and services. Capital gains from the sale or exchange of assets used in your business are not reported on Schedule C. Use U.S. Form 4797 and report the amount in Form 1-NR/PY, Schedule B and/or Schedule D. You must also exclude from Schedule C any income and expenses that pertain to activities for yourself as distinguished from those performed for your customers. Such income must be reported by class of income in Schedules B and D. Personal expenses are not deductible.

### Line 1a. Gross Receipts or Sales

In the boxes provided, enter gross receipts or sales from your business. Be sure to include on this line amounts you received in your trade or business as shown on Form 1099-MISC, Miscellaneous Income. If the nature of your business is such that you have gross or other income that is interest (other than from Massachusetts banks) and dividend income, exclude this income from lines 1 and 4 on Massachusetts Schedule C and include it in the space provided and in Schedule B, line 3.

**Note:** If not required to file Schedule B (see Schedule B instructions), enter this income on Form 1-NR/PY, line 24. Examples of interest (other than from Massachusetts banks) and dividend income are interest received on loans, notes receivable or charge accounts that you accept in the ordinary course of business, and dividends on stocks received in payment for goods and services. Capital gains from the sale or exchange of assets used in your business are not reported on Schedule C. Use U.S. Form 4797 and report the amount in Form 1-NR/PY, Schedule B and/or Schedule D. You must also exclude from Schedule C any income and expenses that pertain to activities for yourself as distinguished from those performed for your customers. Such income must be reported by class of income in Schedules B and D. Personal expenses are not deductible.

If you received Form W-2 and the “Statutory employee” box in item 13 of that form was checked, report your income and expenses related to that income on Schedule C. Enter your statutory employee income from box 1 of Form W-2 on line 1 of Schedule C and fill in the oval. Statutory employees include full-time life insurance agents, certain agent or commission drivers and traveling salespersons and certain homeworkers. If you had both self-employment income and statutory employee income, do not combine these amounts on a single Schedule C. In this case, you must file separate Schedule Cs.

### Line 4. Other Income

If you received bartering income, you must report the fair market value of goods or services received in payment for your goods and services in line 4. Do not include interest income (other than from Massachusetts banks) and dividends here.

### Line 7. Bad Debts From Sales or Services

Include debts and partial debts from sales or services that were included in income and are definitely known to be worthless. If you later collect a debt that you deducted as a bad debt, include it as income in the year collected.

**Note:** Cash method taxpayers cannot take a bad debt deduction unless the amount was previously included in income.

### Line 9. Commissions, Fees and Contract Labor

#### Line 9a. Commissions and Fees

Enter the total commissions and fees for the tax year. Do not include commissions or fees that are capitalized or deducted elsewhere on your return.

#### Line 9b. Contract Labor

Enter the total cost of contract labor for the tax year. Contract labor includes payments to persons you do not treat as employees (for example, independent contractors) for services performed for your trade or business. Do not include contract labor deducted elsewhere on your return, such as contract labor included on line 15, 19, 25, or Schedule C-1, line 3. Also, do not include salaries and wages paid to your employees; instead, see Line 25, later.

### Line 11. Depreciation and § 179 Deduction

Massachusetts adopts the current federal rules at § 179 for expensing certain depreciable business assets. For property placed in service in tax years beginning after December 31, 2013 and before January 1, 2015, the maximum § 179 expensing allowance is \$1,000,000.

### Line 17. Pension and Profit-Sharing Plans

Enter your deduction for contributions to a pension, profit-sharing or annuity plan, or plans for the benefit of your employees. If the plan includes you as a self-employed person, do not include contributions made as an employer on your behalf. See DD 08-3 for more information.

### Line 22. Travel

Enter your expenses for lodging and transportation connected with overnight travel for business while away from your tax home. Generally, your tax home is your main place of business regardless of where you maintain your family home. You cannot deduct expenses paid or incurred in connection with employment away from home if that



period of employment exceeds one year. Spouse's and other family members' travel expenses are generally disallowed as a business deduction.

Do not include expenses for meals and entertainment on this line. Instead, see the instructions for lines 23a and 23b.

### Line 23. Meals

**Line 23a.** Enter your total business meal expenses. Include meals while traveling away from home for business. Instead of the actual cost of your meals while traveling away from home, you may use the standard meal allowance. Business meal expenses are deductible only if they are:

- ▶ Directly related to or associated with the conduct of your trade or business;
- ▶ Not lavish or extravagant; and
- ▶ Incurred while you or your employee is present at the meal.

**Line 23b.** Generally, you may deduct only 50% of your business meal expenses, including meals incurred while traveling away from home on business. However, you may fully deduct meals and entertainment furnished or reimbursed to an employee if you properly treat the expense as wages subject to withholding. You may also fully deduct meals provided to a nonemployee to the extent the expenses are includible in the gross income of that person and reported on Form 1099-MISC. Figure how much of the amount on line 23a is subject to the 50% limit. Then, enter 50% of that amount on line 23b. This amount should be subtracted from the amount in line 23a. Enter the result in line 23 of Massachusetts Schedule C.

### Line 30. Abandoned Building Renovation Deduction

Massachusetts allows businesses to deduct 10% of the costs incurred in renovating certain buildings located in an Economic Opportunity Area (EOA). The buildings must be designated as abandoned by the Economic Assistance Coordinating Council. The renovation deduction may be taken in addition to any other deduction for which the renovation costs may qualify. For more information, contact the Massachusetts Office of Business Development by calling (617) 973-8600.

In line 30 enter 10% of the costs of renovating a qualifying abandoned building.

### Line 32. Deductible Loss.

If line 31 is a loss do not enter the loss in line 32 until you have applied the at-risk rules and the passive-activity loss rules. (For the at-risk rules, see instructions for line 33. For the passive-activity loss rules, see instructions for U.S. Form 8582.) The amount on line 32 will be your de-

ductible loss; note that it might be smaller than the line 31 loss.

### Line 33. If You Have a Loss

Fill in the oval in line 33a if all of your investment is at risk. Enter your loss from line 31 on line 32 unless you answered No to the question on material participation on the front of Schedule C. If you answered No to this question, complete a pro forma copy of U.S. Form 8582 that reflects only income being reported on your Massachusetts return. Enter in Massachusetts Schedule C, line 32 your allowable loss calculated on Form 8582.

Fill in the oval in line 33b if only some of your investment is at risk. To determine the amount of your allowable loss, complete a pro forma copy of U.S. Form 6198 that reflects only income being reported on your Massachusetts return. Enter the amount calculated on U.S. Form 6198 in line 32 unless you answered No to the question on material participation on the front of Schedule C. In this case, your loss is further limited. Use the amounts calculated on your pro forma U.S. Form 6198 to complete a pro forma U.S. Form 8582. If your at-risk amount is 0 or less, enter 0 in line 32.

### Line 35. Total Profit or Loss.

If line 31 is a profit enter the amount from line 34. If line 31 is a loss enter the amount from line 32.

### Line 36. Allowable Prior-Year Suspended PAL

If your gross income is more than your expenses and you do not have prior-year unallowed passive-activity losses, enter 0 in line 36.

If your gross income is more than your expenses and you have prior-year unallowed passive-activity losses, calculate the amount of Massachusetts prior-year unallowed passive-activity losses claimable for this activity. Use a pro forma version of U.S. Form 8582 to calculate the amount of eligible Massachusetts prior-year unallowed passive-activity losses. If you are claiming prior-year passive-activity losses, enter the amount of those allowable prior-year suspended PAL you are applying in line 36.

## Schedule R/NR

### Part 1. Income Adjustments

#### Column A

Enter the amount of income reported on your federal return as modified as if it were received by a full-year Massachusetts resident. Refer to each specific line instruction for Form 1-NR/PY to determine income that should be added to or subtracted from the federal total.

#### Column B

Enter the amount of income from column A that you received while a Massachusetts resident.

#### Column C

Enter the amount of income from column A from both Massachusetts and non-Massachusetts sources that you received while a nonresident.

#### Column D

Enter the amount of income from column C from Massachusetts sources that you received while a nonresident.

See the instructions for a definition of Massachusetts source income.

Refer to each specific line instruction for Form 1-NR/PY to determine the income from Massachusetts sources received during your nonresident period. Also see Form 1-NR/PY, line 13 instruction for those nonresidents eligible to apportion income.

If you received income from a business/profession reported on a Schedule C, while a Massachusetts resident and from Massachusetts sources while a nonresident, you must complete a separate Massachusetts Schedule C for each period.

#### Column E

Add column B and column D. This is your total income received while a Massachusetts resident and received from Massachusetts sources while a nonresident. Enter the amount from column E in each applicable line on Form 1-NR/PY (see separate instruction for Schedule D).

Subtract the total of column D from column C and enter the result in line 14e of Form 1-NR/PY. This is the additional income that you received from non-Massachusetts sources that would have been reported by you if you had been a Massachusetts resident.

Add Form 1-NR/PY lines 5 through 12 and complete Form 1-NR/PY line 14 before completing the rest of this worksheet.

#### Schedule D

Enter in column A the amount from Schedule D, line 9 combined with Schedule D, line 10a.. Enter in column B the amount of income from column A that you received while a Massachusetts resident. Enter in column C the amount of income from column A from both Massachusetts and non-Massachusetts sources that you received while a nonresident. Enter the amount of income from column C from Massachusetts sources that you received while nonresident. Subtract column D from column C and enter the result in Schedule D, line 10b. Complete Schedule D as otherwise instructed.

## Part 2. Deduction and Exemption Adjustments

Schedule Y, line 9 is adjusted both in sections A and B. See Schedule R/NR to determine which amounts are adjusted in section A and section B.

### Section A

#### Lines 15a and 15b

The amounts reported in column A must be related to income reported in Part 1, column B. The amounts reported in column B must be related to income reported in Part 1, column D. The column C total cannot exceed \$2,000.

#### Schedule Y, line 2

The amounts reported in column A must be related to income reported in Part 1, column B or on a previous Massachusetts return. The amounts reported in column B must be related to income reported in Part 1, column D or on a previous Massachusetts return.

#### Schedule Y, line 4

The amounts reported in column A must be related to income reported in Part 1, line 5, column B. The amounts reported in column B must be related to income reported in Part 1, line 5, column D.

#### Schedule Y, line 5

The amounts reported in column A must be related to income reported in Part 1, line 5, column B. The amounts reported in column B must be related to income reported in Part 1, line 5, column D.

#### Schedule Y, line 7

The amounts reported in column A must be related to income reported in Part 1, line 8, column B. The amounts reported in column B must be related to income reported in Part 1, line 8, column D.

#### Schedule Y, line 9

The amounts reported in column A must be related to income reported in Part 1, column B. The amounts reported in column B must be related to income reported in Part 1, column D.

**Note:** If you are claiming a deduction for attorney's fees and court costs involving certain unlawful discrimination suits (Schedule Y, line 9), the part-year resident portion of the deduction must be directly related to Massachusetts income as reported on Form 1-NR/PY, line 12 and should be included on section A of Schedule R/NR. For the nonresident portion of the deduction, taxpayers must use section B of Schedule R/NR to determine the amount of the deduction, only if it is directly related to Massachusetts income as reported on Form 1-NR/PY, line 12. If it is not directly related to income reported on Form 1-NR/PY, you are not allowed any deduction for the nonresident period.

#### Schedule Y, line 13

The amounts reported in column A must be related to income reported in Part 1, line 6, column B. The amounts reported in column B must be related to income reported in Part 1, line 6, column D.

#### Schedule Y, line 14

The amounts reported in columns A and B must be related to income previously reported on Form 1 or Form 1-NR/PY.

#### Schedule Y, line 17

The amounts reported in column A must be related to income reported in Part 1, line 11, column B. The amounts reported in column B must be related to income reported in Part 1, line 11, column D.

#### Column C

Add column A and column B and enter the total in each applicable line of Form 1-NR/PY or Schedule Y.

## Section B

You may claim only a deduction for either line 16 or line 17. Refer to the Form 1-NR/PY instructions to determine which deduction is better for you.

#### Line 16

Complete the Form 1-NR/PY, Line 16 Worksheet through number 4 and enter that amount in column A. In column B enter the amount from column A that is related to your Massachusetts resident period. Subtract column B from column A and enter the result in column C. Multiply the amount from column C by Form 1-NR/PY, line 14g and enter the result in column D. Add columns B and D and enter the result in column E and Form 1-NR/PY, line 16.

#### Line 17

If you have a dependent member(s) of household under age 12, or dependents age 65 or over as of December 31, 2020, or disabled dependents and you are not claiming an amount in line 16, enter \$3,600, or \$7,200 for two or more such dependents, in column A. Multiply the column A amount by Form 1-NR/PY, line 3 and enter the result in column B. Subtract the amount in column B from column A and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and column D and enter the result in column E and in Form 1-NR/PY, line 17.

#### Line 22

In column A enter the amount from Form 1-NR/PY, line 4. Multiply the column A amount by Form 1-NR/PY, line 3 and enter the result in column B. Subtract the amount in column B from column A and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and

enter the result in column D. Add column B and column D and enter the result in column E and in Form 1-NR/PY, line 22.

#### Schedule Y, line 3

In column A enter the total alimony paid from U.S. Form 1040, Schedule 1, line 18a. In column B enter the amount from column A paid while you were a Massachusetts resident. Subtract the column B amount from the column A amount and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and column D and enter the total in column E and in Form 1-NR/PY, Schedule Y, line 3.

#### Schedule Y, line 6

In column A enter the total medical savings account deduction included in U.S. Form 1040, Schedule 1, line 22. Multiply the column A amount by Form 1-NR/PY, line 3 and enter the result in column B. Subtract the column B amount from the column A amount and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and D and enter the total in column E and in Form 1-NR/PY, Schedule Y, line 6.

#### Schedule Y, line 8

In column A enter the total health savings account deduction from U.S. Form 1040, Schedule 1, line 12. Multiply the column A amount by Form 1-NR/PY, line 3 and enter the result in column B. Subtract the column B amount from the column A amount and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and D and enter the total in column E and in Form 1-NR/PY, Schedule Y, line 8.

#### Schedule Y, line 9

In column A enter any amount included in U.S. Form 1040, Schedule 1, line 22 for attorney's fees and court costs involving certain unlawful discrimination claims (part-year residents and nonresidents, see note). Multiply the column A amount by Form 1-NR/PY, line 3. Subtract the column B amount from the column A amount and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and column D and enter the total in column E and in Form 1-NR/PY, Schedule Y, line 9.

**Note:** If you are claiming a deduction for attorney's fees and court costs involving certain unlawful discrimination suits (Schedule Y, line 9), the part-year resident portion of the deduction must be directly related to Massachusetts income as reported on Form 1-NR/PY, line 12 and should be included on section A of Schedule R/NR. For the nonresident portion of the deduction,

taxpayers must use section B of Schedule R/NR to determine the amount of the deduction, only if it is directly related to Massachusetts income as reported on Form 1-NR/PY, line 12. If it is not directly related to income reported on Form 1-NR/PY, you are not allowed any deduction for the non-resident period.

#### **Schedule Y, line 10**

In column A enter the total student loan interest deduction from U.S. Form 1040, Schedule 1, line 20. Multiply the column A amount by Form 1-NR/PY, line 3. Subtract the column B amount from the column A amount and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and D and enter the total in column E and in Form 1-NR/PY, Schedule Y, line 10.

#### **Schedule Y, line 12**

In column A enter the amount of interest paid on an undergraduate student loan(s) (see Schedule Y, line 12 instructions). Multiply the amount in column A by Form 1-NR/PY, line 3 and enter the result in column B. Subtract the amount in column B from column A and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and column D and enter the result in column E and in Schedule Y, line 12.

#### **Schedule Y, Line 15**

Complete the Schedule Y, Line 15 Worksheet through item 6 and enter that amount in column A (see Schedule Y, line 15 instructions). Multiply the amount in column A by Form 1-NR/PY, line 3 and enter the result in column B. Subtract the amount in column B from column A and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and column D and enter the result in column E and in Schedule Y, line 15.

#### **Schedule Y, Line 18**

In column A enter the allowable amount of pre-paid tuition or college savings plan (see Schedule Y, line 18 instructions). Multiply the amount in column A by Form 1-NR/PY, line 3 and enter the result in column B. Subtract the amount in column B from column A and enter the result in column C. Multiply the column C amount by Form 1-NR/PY, line 14g and enter the result in column D. Add column B and column D and enter the result in column E and in Schedule Y, line 18.

#### **Completing Form 1-NR/PY**

After entering the amounts from this worksheet in the applicable lines of Form 1-NR/PY, complete Form 1-NR/PY, lines 28 through 55.

**Note:** In Form 1-NR/PY, line 42, only enter amounts listed as Massachusetts withholding.

#### **Credit for Taxes Due Any Other State**

You may only claim a credit for income taxes paid to another state or jurisdictions on income received while a Massachusetts resident that is included in Schedule R/NR, Part 1, column b. Complete the Income Taxes Paid to Another Jurisdiction Worksheet based on income received during your Massachusetts resident period only.

# 2020 Massachusetts Income Tax Table at the 5.0% Rate

**Use this table to calculate tax for taxable 5.0% income (line 25) of not more than \$24,000.**

**Line 26 instructions:** To find your **tax on 5.0% Income** (line 26), read down the tax table income column to the line containing the amount you entered in line 25. Then read across to the **TAX** column and enter this amount in line 26. If your taxable 5.0% income in line 25 is greater than \$24,000, multiply the amount by .05. Enter the result in line 26.

If your 5.0% income for the tax table is less than \$10, your tax is 0. **Note:** If choosing the optional 5.85% tax rate, multiply line 25 and the amount in Schedule D, line 21 by .0585.

| INCOME    |                   |      | INCOME    |                   |       | INCOME    |                   |       | INCOME    |                   |       | INCOME    |                   |       | INCOME    |                   |         |
|-----------|-------------------|------|-----------|-------------------|-------|-----------|-------------------|-------|-----------|-------------------|-------|-----------|-------------------|-------|-----------|-------------------|---------|
| More than | But not more than | TAX  | More than | But not more than | TAX   | More than | But not more than | TAX   | More than | But not more than | TAX   | More than | But not more than | TAX   | More than | But not more than | TAX     |
| \$ 9      | \$ 50             | \$ 1 | \$4,000   | \$4,050           | \$201 | \$8,000   | \$8,050           | \$401 | \$12,000  | \$12,050          | \$601 | \$16,000  | \$16,050          | \$801 | \$20,000  | \$20,050          | \$1,001 |
| 50        | 100               | 4    | 4,050     | 4,100             | 204   | 8,050     | 8,100             | 404   | 12,050    | 12,100            | 604   | 16,050    | 16,100            | 804   | 20,050    | 20,100            | 1,004   |
| 100       | 150               | 6    | 4,100     | 4,150             | 206   | 8,100     | 8,150             | 406   | 12,100    | 12,150            | 606   | 16,100    | 16,150            | 806   | 20,100    | 20,150            | 1,006   |
| 150       | 200               | 9    | 4,150     | 4,200             | 209   | 8,150     | 8,200             | 409   | 12,150    | 12,200            | 609   | 16,150    | 16,200            | 809   | 20,150    | 20,200            | 1,009   |
| 200       | 250               | 11   | 4,200     | 4,250             | 211   | 8,200     | 8,250             | 411   | 12,200    | 12,250            | 611   | 16,200    | 16,250            | 811   | 20,200    | 20,250            | 1,011   |
| 250       | 300               | 14   | 4,250     | 4,300             | 214   | 8,250     | 8,300             | 414   | 12,250    | 12,300            | 614   | 16,250    | 16,300            | 814   | 20,250    | 20,300            | 1,014   |
| 300       | 350               | 16   | 4,300     | 4,350             | 216   | 8,300     | 8,350             | 416   | 12,300    | 12,350            | 616   | 16,300    | 16,350            | 816   | 20,300    | 20,350            | 1,016   |
| 350       | 400               | 19   | 4,350     | 4,400             | 219   | 8,350     | 8,400             | 419   | 12,350    | 12,400            | 619   | 16,350    | 16,400            | 819   | 20,350    | 20,400            | 1,019   |
| 400       | 450               | 21   | 4,400     | 4,450             | 221   | 8,400     | 8,450             | 421   | 12,400    | 12,450            | 621   | 16,400    | 16,450            | 821   | 20,400    | 20,450            | 1,021   |
| 450       | 500               | 24   | 4,450     | 4,500             | 224   | 8,450     | 8,500             | 424   | 12,450    | 12,500            | 624   | 16,450    | 16,500            | 824   | 20,450    | 20,500            | 1,024   |
| 500       | 550               | 26   | 4,500     | 4,550             | 226   | 8,500     | 8,550             | 426   | 12,500    | 12,550            | 626   | 16,500    | 16,550            | 826   | 20,500    | 20,550            | 1,026   |
| 550       | 600               | 29   | 4,550     | 4,600             | 229   | 8,550     | 8,600             | 429   | 12,550    | 12,600            | 629   | 16,550    | 16,600            | 829   | 20,550    | 20,600            | 1,029   |
| 600       | 650               | 31   | 4,600     | 4,650             | 231   | 8,600     | 8,650             | 431   | 12,600    | 12,650            | 631   | 16,600    | 16,650            | 831   | 20,600    | 20,650            | 1,031   |
| 650       | 700               | 34   | 4,650     | 4,700             | 234   | 8,650     | 8,700             | 434   | 12,650    | 12,700            | 634   | 16,650    | 16,700            | 834   | 20,650    | 20,700            | 1,034   |
| 700       | 750               | 36   | 4,700     | 4,750             | 236   | 8,700     | 8,750             | 436   | 12,700    | 12,750            | 636   | 16,700    | 16,750            | 836   | 20,700    | 20,750            | 1,036   |
| 750       | 800               | 39   | 4,750     | 4,800             | 239   | 8,750     | 8,800             | 439   | 12,750    | 12,800            | 639   | 16,750    | 16,800            | 839   | 20,750    | 20,800            | 1,039   |
| 800       | 850               | 41   | 4,800     | 4,850             | 241   | 8,800     | 8,850             | 441   | 12,800    | 12,850            | 641   | 16,800    | 16,850            | 841   | 20,800    | 20,850            | 1,041   |
| 850       | 900               | 44   | 4,850     | 4,900             | 244   | 8,850     | 8,900             | 444   | 12,850    | 12,900            | 644   | 16,850    | 16,900            | 844   | 20,850    | 20,900            | 1,044   |
| 900       | 950               | 46   | 4,900     | 4,950             | 246   | 8,900     | 8,950             | 446   | 12,900    | 12,950            | 646   | 16,900    | 16,950            | 846   | 20,900    | 20,950            | 1,046   |
| 950       | 1,000             | 49   | 4,950     | 5,000             | 249   | 8,950     | 9,000             | 449   | 12,950    | 13,000            | 649   | 16,950    | 17,000            | 849   | 20,950    | 21,000            | 1,049   |
| 1,000     | 1,050             | 51   | 5,000     | 5,050             | 251   | 9,000     | 9,050             | 451   | 13,000    | 13,050            | 651   | 17,000    | 17,050            | 851   | 21,000    | 21,050            | 1,051   |
| 1,050     | 1,100             | 54   | 5,050     | 5,100             | 254   | 9,050     | 9,100             | 454   | 13,050    | 13,100            | 654   | 17,050    | 17,100            | 854   | 21,050    | 21,100            | 1,054   |
| 1,100     | 1,150             | 56   | 5,100     | 5,150             | 256   | 9,100     | 9,150             | 456   | 13,100    | 13,150            | 656   | 17,100    | 17,150            | 856   | 21,100    | 21,150            | 1,056   |
| 1,150     | 1,200             | 59   | 5,150     | 5,200             | 259   | 9,150     | 9,200             | 459   | 13,150    | 13,200            | 659   | 17,150    | 17,200            | 859   | 21,150    | 21,200            | 1,059   |
| 1,200     | 1,250             | 61   | 5,200     | 5,250             | 261   | 9,200     | 9,250             | 461   | 13,200    | 13,250            | 661   | 17,200    | 17,250            | 861   | 21,200    | 21,250            | 1,061   |
| 1,250     | 1,300             | 64   | 5,250     | 5,300             | 264   | 9,250     | 9,300             | 464   | 13,250    | 13,300            | 664   | 17,250    | 17,300            | 864   | 21,250    | 21,300            | 1,064   |
| 1,300     | 1,350             | 66   | 5,300     | 5,350             | 266   | 9,300     | 9,350             | 466   | 13,300    | 13,350            | 666   | 17,300    | 17,350            | 866   | 21,300    | 21,350            | 1,066   |
| 1,350     | 1,400             | 69   | 5,350     | 5,400             | 269   | 9,350     | 9,400             | 469   | 13,350    | 13,400            | 669   | 17,350    | 17,400            | 869   | 21,350    | 21,400            | 1,069   |
| 1,400     | 1,450             | 71   | 5,400     | 5,450             | 271   | 9,400     | 9,450             | 471   | 13,400    | 13,450            | 671   | 17,400    | 17,450            | 871   | 21,400    | 21,450            | 1,071   |
| 1,450     | 1,500             | 74   | 5,450     | 5,500             | 274   | 9,450     | 9,500             | 474   | 13,450    | 13,500            | 674   | 17,450    | 17,500            | 874   | 21,450    | 21,500            | 1,074   |
| 1,500     | 1,550             | 76   | 5,500     | 5,550             | 276   | 9,500     | 9,550             | 476   | 13,500    | 13,550            | 676   | 17,500    | 17,550            | 876   | 21,500    | 21,550            | 1,076   |
| 1,550     | 1,600             | 79   | 5,550     | 5,600             | 279   | 9,550     | 9,600             | 479   | 13,550    | 13,600            | 679   | 17,550    | 17,600            | 879   | 21,550    | 21,600            | 1,079   |
| 1,600     | 1,650             | 81   | 5,600     | 5,650             | 281   | 9,600     | 9,650             | 481   | 13,600    | 13,650            | 681   | 17,600    | 17,650            | 881   | 21,600    | 21,650            | 1,081   |
| 1,650     | 1,700             | 84   | 5,650     | 5,700             | 284   | 9,650     | 9,700             | 484   | 13,650    | 13,700            | 684   | 17,650    | 17,700            | 884   | 21,650    | 21,700            | 1,084   |
| 1,700     | 1,750             | 86   | 5,700     | 5,750             | 286   | 9,700     | 9,750             | 486   | 13,700    | 13,750            | 686   | 17,700    | 17,750            | 886   | 21,700    | 21,750            | 1,086   |
| 1,750     | 1,800             | 89   | 5,750     | 5,800             | 289   | 9,750     | 9,800             | 489   | 13,750    | 13,800            | 689   | 17,750    | 17,800            | 889   | 21,750    | 21,800            | 1,089   |
| 1,800     | 1,850             | 91   | 5,800     | 5,850             | 291   | 9,800     | 9,850             | 491   | 13,800    | 13,850            | 691   | 17,800    | 17,850            | 891   | 21,800    | 21,850            | 1,091   |
| 1,850     | 1,900             | 94   | 5,850     | 5,900             | 294   | 9,850     | 9,900             | 494   | 13,850    | 13,900            | 694   | 17,850    | 17,900            | 894   | 21,850    | 21,900            | 1,094   |
| 1,900     | 1,950             | 96   | 5,900     | 5,950             | 296   | 9,900     | 9,950             | 496   | 13,900    | 13,950            | 696   | 17,900    | 17,950            | 896   | 21,900    | 21,950            | 1,096   |
| 1,950     | 2,000             | 99   | 5,950     | 6,000             | 299   | 9,950     | 10,000            | 499   | 13,950    | 14,000            | 699   | 17,950    | 18,000            | 899   | 21,950    | 22,000            | 1,099   |
| 2,000     | 2,050             | 101  | 6,000     | 6,050             | 301   | 10,000    | 10,050            | 501   | 14,000    | 14,050            | 701   | 18,000    | 18,050            | 901   | 22,000    | 22,050            | 1,101   |
| 2,050     | 2,100             | 104  | 6,050     | 6,100             | 304   | 10,050    | 10,100            | 504   | 14,050    | 14,100            | 704   | 18,050    | 18,100            | 904   | 22,050    | 22,100            | 1,104   |
| 2,100     | 2,150             | 106  | 6,100     | 6,150             | 306   | 10,100    | 10,150            | 506   | 14,100    | 14,150            | 706   | 18,100    | 18,150            | 906   | 22,100    | 22,150            | 1,106   |
| 2,150     | 2,200             | 109  | 6,150     | 6,200             | 309   | 10,150    | 10,200            | 509   | 14,150    | 14,200            | 709   | 18,150    | 18,200            | 909   | 22,150    | 22,200            | 1,109   |
| 2,200     | 2,250             | 111  | 6,200     | 6,250             | 311   | 10,200    | 10,250            | 511   | 14,200    | 14,250            | 711   | 18,200    | 18,250            | 911   | 22,200    | 22,250            | 1,111   |
| 2,250     | 2,300             | 114  | 6,250     | 6,300             | 314   | 10,250    | 10,300            | 514   | 14,250    | 14,300            | 714   | 18,250    | 18,300            | 914   | 22,250    | 22,300            | 1,114   |
| 2,300     | 2,350             | 116  | 6,300     | 6,350             | 316   | 10,300    | 10,350            | 516   | 14,300    | 14,350            | 716   | 18,300    | 18,350            | 916   | 22,300    | 22,350            | 1,116   |
| 2,350     | 2,400             | 119  | 6,350     | 6,400             | 319   | 10,350    | 10,400            | 519   | 14,350    | 14,400            | 719   | 18,350    | 18,400            | 919   | 22,350    | 22,400            | 1,119   |
| 2,400     | 2,450             | 121  | 6,400     | 6,450             | 321   | 10,400    | 10,450            | 521   | 14,400    | 14,450            | 721   | 18,400    | 18,450            | 921   | 22,400    | 22,450            | 1,121   |
| 2,450     | 2,500             | 124  | 6,450     | 6,500             | 324   | 10,450    | 10,500            | 524   | 14,450    | 14,500            | 724   | 18,450    | 18,500            | 924   | 22,450    | 22,500            | 1,124   |
| 2,500     | 2,550             | 126  | 6,500     | 6,550             | 326   | 10,500    | 10,550            | 526   | 14,500    | 14,550            | 726   | 18,500    | 18,550            | 926   | 22,500    | 22,550            | 1,126   |
| 2,550     | 2,600             | 129  | 6,550     | 6,600             | 329   | 10,550    | 10,600            | 529   | 14,550    | 14,600            | 729   | 18,550    | 18,600            | 929   | 22,550    | 22,600            | 1,129   |
| 2,600     | 2,650             | 131  | 6,600     | 6,650             | 331   | 10,600    | 10,650            | 531   | 14,600    | 14,650            | 731   | 18,600    | 18,650            | 931   | 22,600    | 22,650            | 1,131   |
| 2,650     | 2,700             | 134  | 6,650     | 6,700             | 334   | 10,650    | 10,700            | 534   | 14,650    | 14,700            | 734   | 18,650    | 18,700            | 934   | 22,650    | 22,700            | 1,134   |
| 2,700     | 2,750             | 136  | 6,700     | 6,750             | 336   | 10,700    | 10,750            | 536   | 14,700    | 14,750            | 736   | 18,700    | 18,750            | 936   | 22,700    | 22,750            | 1,136   |
| 2,750     | 2,800             | 139  | 6,750     | 6,800             | 339   | 10,750    | 10,800            | 539   | 14,750    | 14,800            | 739   | 18,750    | 18,800            | 939   | 22,750    | 22,800            | 1,139   |
| 2,800     | 2,850             | 141  | 6,800     | 6,850             | 341   | 10,800    | 10,850            | 541   | 14,800    | 14,850            | 741   | 18,800    | 18,850            | 941   | 22,800    | 22,850            | 1,141   |
| 2,850     | 2,900             | 144  | 6,850     | 6,900             | 344   | 10,850    | 10,900            | 544   | 14,850    | 14,900            | 744   | 18,850    | 18,900            | 944   | 22,850    | 22,900            | 1,144   |
| 2,900     | 2,950             | 146  | 6,900     | 6,950             | 346   | 10,900    | 10,950            |       |           |                   |       |           |                   |       |           |                   |         |



# Department of Revenue Resources

## DOR locations in Massachusetts

### **Boston**

100 Cambridge St.  
Boston, MA 02114  
(617) 887-6367

### **Fall River**

99 South Main St.  
Fall River, MA 02721  
(508) 678-2844

### **Hyannis**

60 Perseverance Way  
Hyannis, MA 02601  
(508) 771-2414

### **Pittsfield**

333 East St.  
Pittsfield, MA 01201  
(413) 499-2206

### **Springfield**

436 Dwight St.  
Springfield, MA 01103  
(413) 784-1000

### **Worcester**

67 Millbrook St.  
Worcester, MA 01606  
(508) 792-7300

## What kind of help is available

DOR's website at [mass.gov/dor](http://mass.gov/dor) is a valuable resource for tax information 24 hours a day. Thousands of taxpayers use DOR's website to e-mail and receive prompt answers to their general tax inquiries. Taxpayers can also check the status of their refunds, make estimated tax payments and review their estimated tax payment histories through the MassTaxConnect section of our website.

Public libraries and DOR district offices (listed on this page) also offer access to DOR's website for those taxpayers who don't otherwise have computer access.

## Where to get forms and publications



Most Massachusetts tax forms and publications are available via the DOR website. The address for the Department's website is [mass.gov/dor](http://mass.gov/dor).



To obtain Massachusetts forms and publications by phone, call DOR's main information lines at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089.



During the income tax filing season, you can pick up Massachusetts personal income tax forms at most local libraries, IRS district offices, and DOR district office tax counters. **Note:** Call in advance to check on availability.

To obtain federal tax information and forms via the Internet, go to [irs.gov](http://irs.gov) or call the IRS toll-free at (800) 829-3676.

## For help in one of the following specific areas

- ▶ Certificates of Good Standing: (617) 887-6367
- ▶ Installment Sales: (617) 887-6950
- ▶ Small Business Workshop: (617) 887-5660
- ▶ Requests for reasonable accommodation, including this publication in an alternative format, can be sent to the Office of Diversity and Equal Opportunity, PO Box 9557, Boston, MA 02114-9557, call (617) 626-3410 or email [motenkoa@dor.state.ma.us](mailto:motenkoa@dor.state.ma.us).

To report allegations of suspected misconduct or impropriety involving DOR employees, call the Inspectional Services Division's Integrity Hotline at (800) 568-0085 or write to PO Box 9567, Boston, MA 02114-9567.

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**Massachusetts**

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**Department of**

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**Revenue**

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**PO Box 7011**

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**Boston, MA 02204**

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## **A Special Message from Revenue Commissioner Geoffrey E. Snyder**

I hope you find this Form 1-NR/PY booklet helpful in preparing your taxes. When you are ready to file, please consider electronic filing rather than using the paper form.

There are many benefits to E-filing your tax return. Let me share just a few of the reasons why most Massachusetts taxpayers choose to file electronically:

- ▶ Refunds can be issued three times faster than filing on paper.
- ▶ Processing is much faster and decreases health concerns for processors.
- ▶ Automatic corrections help you file a more accurate return.
- ▶ Security features are in place to protect electronically-filed tax returns.
- ▶ If you need to make a payment, you can set up an electronic payment and choose the date. You save time and a trip to the post office.

There are free filing options available for qualifying taxpayers. Please take a look at the opportunities at [mass.gov/MAFreeFile](https://mass.gov/MAFreeFile). Most Massachusetts taxpayers qualify for free filing.

Consider all your choices, including the services of a tax preparer or filing on your own with approved tax preparation software, rather than using the paper form this tax season. Join the almost 90% of Massachusetts taxpayers who file electronically. Once you review the options, I hope that E-filing will be your first choice.

Sincerely,



Commissioner Geoffrey E. Snyder

**[mass.gov/efile](https://mass.gov/efile)**