

2020 Form 1-NR/PY

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Massachusetts Nonresident/Part-Year Resident Income Tax Return

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

Year beginning XXXXXXXX Ending XXXXXXXX

FIRSTNAMEXXXXXXXXX I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO  
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO  
STREETADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXXXXX ST ZIP+FOURX  
FOREIGNSTATEXXXXXXXXXXXXX FOREIGNCOUNTRYXXXXXXXXXXXXX FPCXXXX

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

Apt. no. XXXXXXXXXXXXXXXX

State Election Campaign Fund:

\$1 You  \$1 Spouse TOTAL

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

You  Spouse

Taxpayer deceased

You  Spouse

Fill in if under age 18

You  Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income

-XXXXXXXXXXXXXX

b. Federal adjusted gross income

-XXXXXXXXXXXXXX

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

XXXXXXXXXX

To

XXXXXXXXXX

3. Total days as Massachusetts resident

XXX

÷ 365 =

.XXXX

3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

XXXXXXXXXX

XXXXXXXXXX

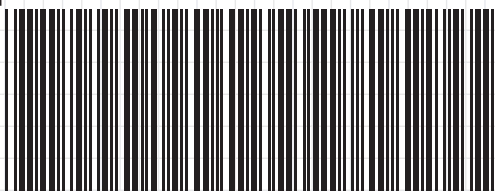
TAXPAYEREMAILADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TELEPHONE#

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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AREA RESERVED FOR 2-D BARCODE

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4. Exemptions:

- a. Personal exemptions 4a XXXXXXXXXXXXXXXX
- b. Number of dependents. (Do not include yourself or your spouse.) Enter number 4b XXXXXXXXXXXXXXXX
- c. Age 65 or over before 2021  You +  Spouse = 4c XXXX
- d. Blindness  You +  Spouse = 4d XXXX
- e. Medical/dental 4e XXXXXXXXXXXXXXXX
- f. Adoption 4f XXXXXXXXXXXXXXXX
- g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a 4g XXXXXXXXXXXXXXXX

5. Wages, salaries, tips 5 XXXXXXXXXXXXXXXX

6. Taxable pensions and annuities 6 XXXXXXXXXXXXXXXX

7. Mass. bank interest: a.  - b. exemption  = 7 XXXXXXXXXXXXXXXX

8. Business/profession income/loss a.  + b. Farming income/loss  = 8 -XXXXXXXXXXXXX

9. Rental, royalty and REMIC, partnership, S corp., trust income/loss 9 -XXXXXXXXXXXXX

10a. Unemployment 10a XXXXXXXX

10b. Mass. lottery winnings 10b XXXXXXXXXXXXXXXX

11. Other income 11 XXXXXXXXXXXXXXXX

12. TOTAL 5.0% INCOME 12 -XXXXXXXXXXXXX

13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:  working days  miles  sales  other:

Working days (or other basis) outside Massachusetts 13a XXXXXXXXXXXXXXXX

Working days (or other basis) inside Massachusetts 13b XXXXXXXXXXXXXXXX

Total working days 13c XXXXXXXXXXXXXXXX

Nonworking days (holidays, weekends, etc.) 13d XXXXXXXXXXXXXXXX

Massachusetts ratio 13e .XXXX

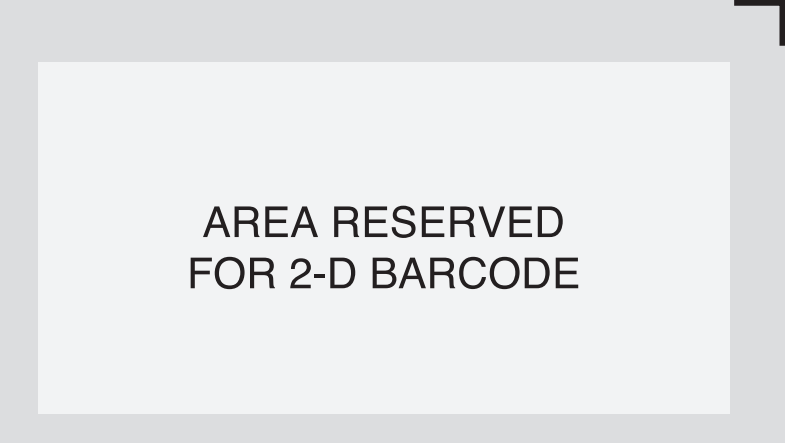
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2 13f XXXXXXXXXXXXXXXX

Massachusetts income 13g XXXXXXXXXXXXXXXX

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FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	XXXXXXXXXXXXXX
b. Interest income	14b	XXX
c. Total capital gain income	14c	XXXXXXXXXXXXXX
d. Total income this return	14d	XXXXXXXXXXXXXX
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	XXXXXXXXXXXXXX
f. Total income	14f	XXXXXXXXXXXXXX
g. Deduction and exemption ratio	14g	X . XXXX
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	XXXX
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	XXXX
16. Child under age 13, or disabled dependent/spouse care expenses	16	XXXXX
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) <b>Not more than two.</b> a. X x \$3,600 = b. XXXX Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	XXXX
18. Rental deduction. a. XXXXX Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future X ÷ 2 = 18	18	XXXX
19. Other deductions from Schedule Y, line 19	19	XXXXXXXXXXXXXX
20. Total deductions. Add lines 15 through 19	20	XXXXXXXXXXXXXX
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. <b>Not less than "0"</b>	21	XXXXXXXXXXXXXX
22. Exemption amount. a. XXXXXXXXXXXXXXX	22	XXXXXXXXXXXXXX
23. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 22 from line 21. <b>Not less than "0"</b>	23	XXXXXXXXXXXXXX
24. INTEREST AND DIVIDEND INCOME	24	XXXXXXXXXXXXXX
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	XXXXXXXXXXXXXX
26. TAX ON 5.0% INCOME. <b>Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 X	26	XXXXXXXXXXXXXX

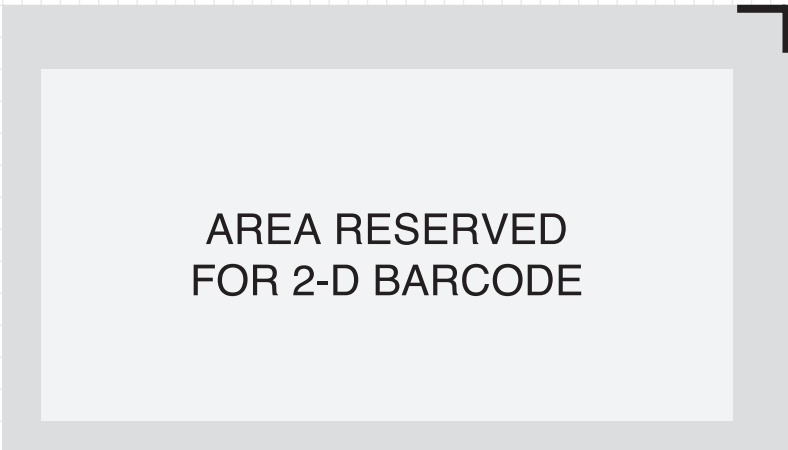
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27.	12% INCOME. Not less than "0."	a.	XXXXXXXXXXXXXX		x .12 = 27	XXXXXXXXXXXXXX
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			X	28	XXXXXXXXXXXXXX
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			X		
29.	Credit recapture amount (from Credit Recapture Schedule)				29	XXXXXXXXXXXXXX
30.	Additional tax on installment sale				30	XXXXXXXXXXXXXX
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			X		
32.	TOTAL INCOME TAX. Add lines 26 through 30.				32	XXXXXXXXXXXXXX
33.	Limited Income Credit				33	XXXXXXXXXXXXXX
34.	Income tax due to another state or jurisdiction				34	XXXXXXXXXXXXXX
35.	Other credits (from Credit Manager Schedule)				35	XXXXXXXXXXXXXX
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"				36	XXXXXXXXXXXXXX
37.	Voluntary Contributions					
	a. Endangered Wildlife Conservation				37a	XXXXXXXXXXXXXX
	b. Organ Transplant Fund				37b	XXXXXXXXXXXXXX
	c. Massachusetts Public Health HIV and Hepatitis Fund				37c	XXXXXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund				37d	XXXXXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund				37e	XXXXXXXXXXXXXX
	f. Homeless Animal Prevention and Care				37f	XXXXXXXXXXXXXX
	Total. Add lines 37a through 37f				37	XXXXXXXXXXXXXX
38.	Use tax due on Internet, mail order and other out-of-state purchases				38	XXXXXXXXXXXXXX
39.	Health care penalty a. You XXXX + b. Spouse XXXX				39	XXXXXXXXXXXXXX
40.	Amended return only. Overpayment from original return				40	XXXXXXXXXXXXXX
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40				41	XXXXXXXXXXXXXX

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<b>42.</b> Massachusetts income tax withheld	42	XXXXXXXXXXXXXX
<b>43.</b> 2019 overpayment applied to your 2020 estimated tax	43	XXXXXXXXXXXXXX
<b>44.</b> 2020 Massachusetts estimated tax payments	44	XXXXXXXXXXXXXX
<b>45.</b> Payments made with extension	45	XXXXXXXXXXXXXX
<b>46. Amended return only.</b> Payments made with original return. Not less than "0"	46	XXXXXXXXXXXXXX
<b>47.</b> Earned Income Credit. a. Number of qualifying children <input checked="" type="checkbox"/> b. Amount from U.S. return XXXX x .30 = c. XXXX Part-year residents, multiply line 47c by line 3	47	XXXX
<b>Note:</b> You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception <input checked="" type="checkbox"/>		
<b>48.</b> Senior Circuit Breaker Credit	48	XXXX
<b>49.</b> Other Refundable Credits	49	XXXXXXXXXXXXXX
<b>50.</b> Excess Paid Family Leave Withholding	50	XXXXXXXXXXXXXX
<b>51. TOTAL.</b> Add lines 42 through 50	51	XXXXXXXXXXXXXX
<b>52. Overpayment.</b> Subtract line 41 from line 51	52	XXXXXXXXXXXXXX
<b>53.</b> Amount of overpayment you <b>want applied to your 2021 estimated tax</b>	53	XXXXXXXXXXXXXX
<b>54. Refund.</b> Subtract line 53 from line 52. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	54	XXXXXXXXXXXXXX

**Direct deposit of refund.** Type of account  checking  
 savings  
RTN # XXXXXXXXXX account # XXXXXXXXXXXXXXXXXXXX

<b>55. Tax due. Pay online at www.mass.gov/dor/payonline.</b> Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	55	XXXXXXXXXXXXXX
Interest XXXXXXXXXX Penalty XXXXXXXXXX M-2210 amt. XXXXXXXXXX		X EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?  Yes  
I do not want preparer to file my return electronically  (this may delay your refund) Paid preparer's  
Print paid preparer's name Date Check if self-employed SSN/PTIN  
FIRSTNAMEXXXXXXXXX I LASTNAMEXXXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXXXX  
Paid preparer's signature Paid preparer's phone Paid preparer's EIN  
XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX

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