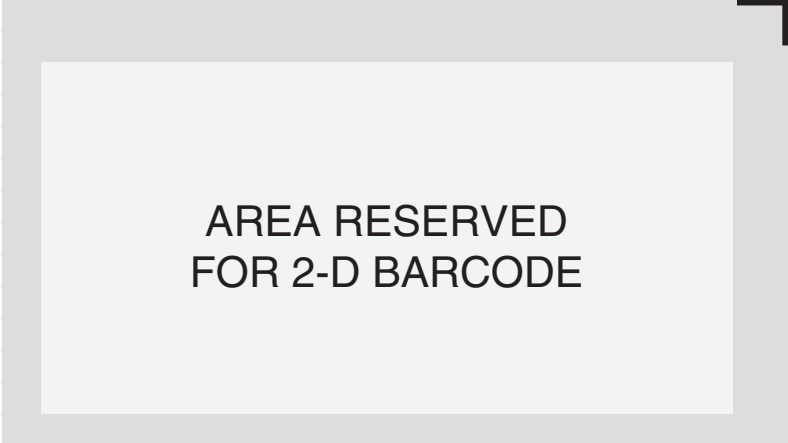
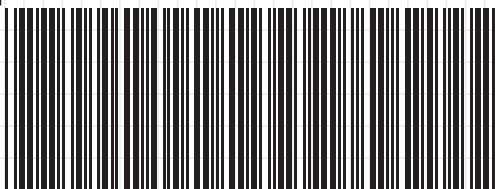


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Massachusetts Resident Income Tax Return

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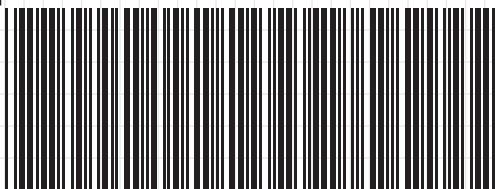
AREA RESERVED
FOR 2-D BARCODE

3.	Wages, salaries, tips	3	XXXXXXXXXXXXXX
4.	Taxable pensions and annuities	4	XXXXXXXXXXXXXX
5.	Mass. bank interest: a. XXXXXXXXXXXXXX – b. exemption XXX	= 5	XXXXXXXXXXXXXX
6a.	Business/profession income/loss	6a	-XXXXXXXXXXXXXX
6b.	Farming income/loss	6b	-XXXXXXXXXXXXXX
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-XXXXXXXXXXXXXX
8a.	Unemployment	8a	XXXXXXXXXX
8b.	Mass. lottery winnings	8b	XXXXXXXXXXXXXX
9.	Other income from Schedule X, line 5	9	XXXXXXXXXXXXXX
10.	TOTAL 5.1% INCOME	10	-XXXXXXXXXXXXXX
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	XXXX
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	XXXX
12.	Child under age 13, or disabled dependent/spouse care expenses	12	XXXXX
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/18, or disabled dependent(s)		
	Not more than two. a. X	× \$3,600 = 13	XXXX
14.	Rental deduction. a. XXXXX	+ 2 = 14	XXXX
15.	Other deductions from Schedule Y, line 19	15	XXXXXXXXXXXXXX
16.	Total deductions. Add lines 11 through 15	16	XXXXXXXXXXXXXX
17.	5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	XXXXXXXXXXXXXX
18.	Exemption amount	18	XXXXXXXXXXXXXX
19.	5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	XXXXXXXXXXXXXX
20.	INTEREST AND DIVIDEND INCOME	20	XXXXXXXXXXXXXX
21.	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	XXXXXXXXXXXXXX

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

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AREA RESERVED FOR 2-D BARCODE

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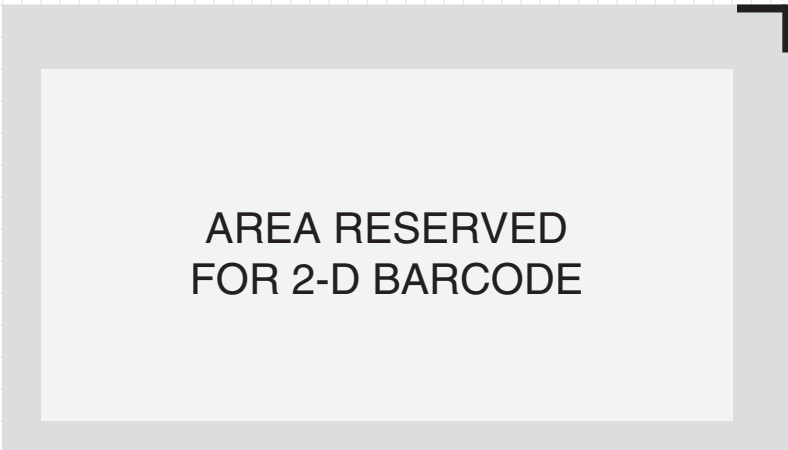
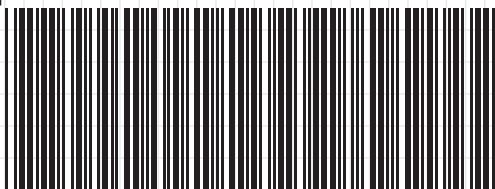
Massachusetts Resident Income Tax Return

SOCIALSECNO

22.	TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 <input checked="" type="checkbox"/>	22	XXXXXXXXXXXXXX
23.	12% INCOME. Not less than "0." a. <input checked="" type="checkbox"/>	23	XXXXXXXXXXXXXX
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS <input checked="" type="checkbox"/> Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 <input checked="" type="checkbox"/>	24	XXXXXXXXXXXXXX
25.	Credit recapture amount (from Credit Recapture Schedule)	25	XXXXXXXXXXXXXX
26.	Additional tax on installment sale	26	XXXXXXXXXXXXXX
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28 <input checked="" type="checkbox"/>		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	XXXXXXXXXXXXXX
29.	Limited Income Credit	29	XXXXXXXXXXXXXX
30.	Income tax due to another state or jurisdiction	30	XXXXXXXXXXXXXX
31.	Other credits from Credit Manager Schedule	31	XXXXXXXXXXXXXX
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	XXXXXXXXXXXXXX
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	XXXXXXXXXXXXXX
	b. Organ Transplant Fund	33b	XXXXXXXXXXXXXX
	c. Massachusetts AIDS Fund	33c	XXXXXXXXXXXXXX
	d. Massachusetts U.S. Olympic Fund	33d	XXXXXXXXXXXXXX
	e. Massachusetts Military Family Relief Fund	33e	XXXXXXXXXXXXXX
	f. Homeless Animal Prevention and Care	33f	XXXXXXXXXXXXXX
	Total. Add lines 33a through 33f	33	XXXXXXXXXXXXXX
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	XXXXXXXXXXXXXX
35.	Health care penalty a. You <input checked="" type="checkbox"/> + b. Spouse <input checked="" type="checkbox"/> - c. Fed. health care penalty <input checked="" type="checkbox"/>	35	XXXXXXXXXXXXXX
36.	Amended return only. Overpayment from original return	36	XXXXXXXXXXXXXX
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	XXXXXXXXXXXXXX

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Massachusetts Resident Income Tax Return

SOCIALSECNO

AREA RESERVED FOR 2-D BARCODE

38.	Massachusetts income tax withheld		38	XXXXXXXXXXXXXX
39.	2017 overpayment applied to your 2018 estimated tax		39	XXXXXXXXXXXXXX
40.	2018 Massachusetts estimated tax payments		40	XXXXXXXXXXXXXX
41.	Payments made with extension		41	XXXXXXXXXXXXXX
42.	Amended return only. Payments made with original return. Not less than "0"		42	XXXXXXXXXXXXXX
43.	Earned Income Credit. a. Number of qualifying children <input checked="" type="checkbox"/> b. Amount from U.S. return <input checked="" type="checkbox"/> × .23 = 43		43	XXXX
Note: 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"/>				
44.	Senior Circuit Breaker Credit		44	XXXX
45.	Other Refundable Credits		45	XXXXXXXXXXXXXX
46.	TOTAL. Add lines 38 through 45		46	XXXXXXXXXXXXXX
47.	Overpayment. Subtract line 37 from line 46		47	XXXXXXXXXXXXXX
48.	Amount of overpayment you want applied to your 2019 estimated tax		48	XXXXXXXXXXXXXX
49.	Refund. Subtract line 48 from line 47. Mail to Massachusetts DOR, PO Box 7000, Boston, MA 02204		49	XXXXXXXXXXXXXX

Direct deposit of refund. Type of account checking
 savings
 RTN # account #

50.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204		50	XXXXXXXXXXXXXX
	Interest <input checked="" type="checkbox"/> Penalty <input checked="" type="checkbox"/> M-2210 amt. <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> EX enclose Form M-2210

Fill in if the Department of Revenue may discuss this return with the preparer shown here
 I do not want preparer to file my return electronically (this may delay your refund)
 Print paid preparer's name Date Check if self-employed SSN/PTIN
 FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXX
 Paid preparer's signature Paid preparer's phone Paid preparer's EIN
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BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1