



2018 Schedule R/NR, pg. 2

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SOCIALSECNO

Part 2. Deduction and exemption adjustments

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

Massachusetts resident period Col. a	Massachusetts nonresident period Col. b	Total Col. c add col's. a and b
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Form 1-NR/PY

15a. Amount you paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. Col. c cannot exceed \$2,000.

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15b. Amount spouse paid to Social Security, Medicare, RR, U.S. or Massachusetts retirement. Col. c cannot exceed \$2,000.

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Form Y

2. Penalty on early savings withdrawal

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4. Amounts excludible under MGL ch 41, § 111F or U.S. tax treaty

XXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

5. Moving expenses

XXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

7. Self-employed health insurance deduction

XXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

9. Qualified performing arts-related expenses, jury duty pay given to your employer, reforestation amortization, repayment of supplemental unemployment benefits under the Trade Act of 1974, employee business expenses of fee-basis state or local government officials, deductible expenses related to income from the rental of personal property engaged in for-profit, business expenses of National Guard and Reserve members, and attorney's fees and court costs involving certain unlawful discrimination claims (part-year residents only).

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13. Deductible amount of qualified contributory pension income from another state or political subdivision

XXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

14. Claim of right deduction

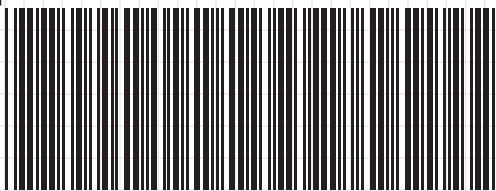
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17. Certain gambling losses deduction

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SOCIALSECNO

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

Section B

Total before adjustments
Col. a

Massachusetts resident period
Col. b

Massachusetts nonresident period
Col. c

subtract col. b
from col. a

Massachusetts nonresident period
Col. d

multiply col. c by
Form 1-NR/PY, line 14g

Total before adjustments
Col. e

add col's. b and d

Form 1-NR/PY

16. Child under age 13, or disabled dependent/spouse care expenses. Enter in col. a the amount from item C of the worksheet in the Form 1-NR/PY instructions

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17. Dependent member(s) of household under age 12, or dependents age 65 or over as of 12/31/18, or disabled dependents. Enter in col. a \$3,600 for one such dependent or \$7,200 for two or more. Only if not claiming an amount in line 16

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22. Exemptions. Enter in col. a the amount from Form 1-NR/PY, line 4g

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Schedule Y

3. Alimony paid

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6. Medical savings account

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8. Health savings accounts deduction

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9. Attorney's fees and court costs involving certain unlawful discrimination claims

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10. Deductions for student loan interest

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12. Undergraduate student loan interest deduction. Enter in col. a the amount of such interest paid

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15. Commuter deduction. See instructions

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18. Prepaid tuition or college savings program deduction. See instructions

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