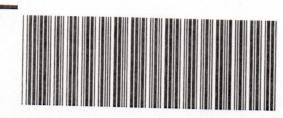
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2018 Form 1

MA18001011024

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2018 or other taxable

Year beginning

Ending

KHUSHI

S DEVRE

189-80-0454

1214 SIMONDS ROAD

WILLIAMSTOWN

MA 01267

Fill in if: X Original return Amended return Amended return due to federal change Apt. no. 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 X You Spouse a. Total federal income 468 Name/address changed since 2017 b. Federal adjusted gross income 468 Fill in if noncustodial parent 1. Filing status (select one only): X 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. Exemptions a. Personal exemptions 2a b. Number of dependents. (Do not include yourself or your spouse.) Enter number 4400 X \$1,000 = 2bc. Age 65 or over before 2019 You + Spouse = X \$700 = 2c d. Blindness You + Spouse = X \$2,200 = 2d e. Medical/dental 2e f. Adoption 2f g Total exemptions. Add lines 2a through 2f. Enter here and on line 18 2q 4400 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. Spouse's signature Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2018 Form 1, pg. 2 MA18001021024 Massachusetts Resident Income Tax Return 189-80-0454

3.	Wages, salaries, tips		
4.	Taxable pensions and annuities	3	468
5.		4	
6a.		= 5	
6b.		6a	
7.		6b	
8a.		7	
8b.		8a	
9.		8b	
10	TOTAL 5.1% INCOME	9	
11a.		10	468
11b.	Amount your spouse paid to Soc. Soc. Madiana R.R. Attached	11a	36
12.	your spouse paid to soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
13.	Child under age 13, or disabled dependent/spouse care expenses	12	
	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) at	s of	
	12/31/18, or disabled dependent(s) Not more than two. a.		
14.	X \$3,6	800 = 13	
15.		2 = 14	
16.	Other deductions from Schedule Y, line 19	15	
17.	Total deductions. Add lines 11 through 15	16	36
100	5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	432
18.	Exemption amount	18	4400
19.	5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	4400
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	0
		-	U

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



圖川 國家主義的 电分离多换记录 经收益 医外腺素 医多种多种多种多种 医多种多种

2018 Form 1, pg. 3 MA18001031024 Massachusetts Resident Income Tax Return 189-80-0454

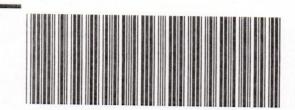
22.	TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and	multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	,,	22	
23.	12% INCOME. Not less than "0." a.		x .12 = 23	C
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Scheol	dule D-IS		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



2018 Form 1, pg. 4 MA18001041024 Massachusetts Resident Income Tax Return 189-80-0454

3	8.	Massachusetts income tax withheld						
3	9.	2017 overpayment applied to your 2018 estimated tax			38		22	
4	0.	2018 Massachusetts estimated tax payments			39			
4	1.	Payments made with extension			40			
4	2.	Amended return only. Payments made with original return. Not less than "0"			41			
4	3.				42			
		Note: You cannot claim the Farned Income Credit if your files about 1 from U	.S. return 0	X .23 =	43		0	
		Note: You cannot claim the Earned Income Credit if your filing status is married filing for an exception (see instructions). Fill in if you qualify for this exception	g separately unless you qu	ualify				
4	4.	Senior Circuit Breaker Credit						
4	5.	Other Refundable Credits			44			
46	<u> </u>	TOTAL. Add lines 38 through 45			45			
47					46		22	
48		Overpayment. Subtract line 37 from line 46			47		22	
49		Amount of overpayment you want applied to your 2019 estimated tax			48			
44	J.	Refund. Subtract line 48 from line 47. Mail to Massachusetts DOR, PO Box 7000, B	oston, MA 02204		49		22	
		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 Bo	2 7003 Roeton MA 0220					
		Interest Penalty M-2210 amt.	0X 7003, BOSTON, IMA 0220	14	50			
		W 2210 dill.				EX enclose		
						Form M-2210		
Fill	in if	the Department of Revenue may discuss this return with the preparer shown here	X					
I do	no	t want preparer to file my return electronically						
		aid preparer's name	(this may delay you	Co Monagarine, e.		Paid preparer's		
		RICIA A STRZEPEK	Date	Check if self-	employed	SSN/PTIN P0014222		
		reparer's signature		03202019			1	
			Paid preparer's phone			Paid preparer's EIN		
			413-743-	4933		27-13147	71	

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



2018 Schedule INC MA18INC011024



KHUSHI S DEVRE

189-80-0454

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER

B. STATE TAX WITHHELD

C. STATE WAGES/INCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD

F. SOURCE OF WITHHOLDING

45-4171207

22

468

36

W2

TOTALS

22

468

36

Form M-8453

Individual Income Tax Declaration for Electronic Filing

Massac	husetts
Departr	nent of

Please print or type. Privacy Act No Your first name and initial		request. For the year	January 1 - Dece	amher 31 2019		
	Last name	1	Your Social Sec	curity number		
KHUSHI	S DEVRE		189-80			
If a joint return, spouse's first name and initial	Last name			Security number		
Present street address (and apartment number)						
1214 SIMONDS ROAD						
City/Town/Post Office	State	Zip				
WILLIAMSTOWN	MA	01267	Filing status:	Single		Married filing jointly
Part 1. Tax Return Information				Married filing separately		Head of household
1 Total 5.1% income (from Form 1 lin	on for Electroni	C Filing			_	
1 Total 5.1% income (from Form 1, lir 2 Income tax after credits (from Form	1 line 32 of Form 1-NR/	PY, line 12)			. 1	46
Income tax after credits (from FormMassachusetts use tax (from Form	1 line 34 or Form 1	-NR/PY, line 36)			. 2	
3 Massachusetts use tax (from Form4 Massachusetts income tax withheld	1, line 34, or Form 1-	NR/PY, line 38)			. 3	87
The state of the s	(from Form 1, line 3)	B, or Form 1-NR/PY, li	ne 42)		. 4	2
(19, or Form 1-NR/PY,	line 53)			. 5	2
6 Tax due (from Form 1, line 50, or Fo	orm 1-NR/PY, line 54)			. 6	
this information is true, correct and consent to the Massachusetts Department the transmitter when my electronic returns the return can be corrected and re-transmy tax liability. I will remain liable for the	im has been accepted smitted. If I have filed	d. In the event that it is	rejected, I authorize L	OOR to inform my Electr	onic Ret	um Originator and/or
my tax hability, I will remain hable for tr	ne tax liability and all	applicable penalties a	nd interest.	DOTT GOES HOT TEGETA	o iun and	timely payment of
my tax liability, I will remain liable for the Your signature	ne tax liability and all	applicable penalties a	nd Interest.		o iun and	
Your signature	03-	Date \$20-2019	nd Interest. Spouse's signature (if joi	nt return, both must sign)	o ran and	Date Date
Part 3. Declaration and Signal I declare that I have reviewed the above (Collectors are not responsible for reviel I have obtained the taxpayer's signature a copy of all forms and information filed perjury I declare that I have examined the belief, they are true, correct and complete This declaration of paid preparer (other should not be sent to DOR, but must incomplete the should not be sent to DOR, but must incomplete the should not be sent to DOR, but must incomplete the should not be sent to DOR.	ature of Electro e taxpayer's return arewing the taxpayer's e before submitting the d with the Massachus the above taxpayer's ete. I declare that I ha	nic Return Original that the entries on the return; however, they are its return and accompany are verified the taxpay.	nator (ERO) his M-8453 are commust ensure that the chusetts Department of t	mplete and correct to the M-8453 accurately retent of Revenue. I have pothe paid preparer, unditatements and to the built and it agrees with the	e best of flects the rovided the er pains pest of mame(s)	my knowledge. data on the retum.) the taxpayer with and penalties of y knowledge and) shown on this form.
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