



**MASSACHUSETTS STATE TAX
RETURN
FOR**

MARIONA BADENAS AGUSTI

2019

STATE FILING COPY

SUBMIT TO THE MASSACHUSETTS TAX OFFICE



MASSACHUSETTS

**Please Do Not Discard | Form MA 1099-HC
Important 2019 Tax and Health Care Coverage Documentation on Reverse Side**

JANUARY 2020

25000-00827404 20/3 021965
MARIONA BADENASAGUSTI
10 DANA ST APT 409
CAMBRIDGE MA 02138-5415

UJ 02 021965 NNNNN

Massachusetts' health care reform law requires most residents, 18 years of age and older, to have health coverage that meets the minimum creditable coverage (MCC) standards set by the Commonwealth Health Insurance Connector.

Your Blue Cross Blue Shield of Massachusetts health plan meets these minimum creditable coverage standards. The 2019 Form MA 1099-HC on the reverse of this page identifies which months out of the year you had this health coverage through Blue Cross Blue Shield of Massachusetts. If you were covered through Blue Cross Blue Shield of Massachusetts for all 12 months of the tax year, the Full-Year Coverage box is checked off.

If you were covered through Blue Cross Blue Shield of Massachusetts for less than 12 months, only those months that you or a dependent on your policy had 15 or more days of health coverage in a given month will have a check in the appropriate month's box.

Please refer to the 2019 Massachusetts Department of Revenue Filing instructions or visit www.mass.gov/dor for specific instructions on how to transfer this information to your MA Schedule HC for your 2019 tax filing.

Note: Any of your dependents who will be filing a separate 2019 state tax return will need this information to complete their filing. The 2019 Form MA 1099-HC on the back of this notice may be photocopied. You do not need to contact Blue Cross Blue Shield of Massachusetts to request additional forms.

Por favor no destruya esta información | Forma MA 1099-HC

Para obtener información en español referente a la forma 1099-HC, por favor llame al número de servicio al cliente impreso en la parte delantera de su tarjeta de identificación. Nuestros representantes están disponibles para proveer esta información en español.

For More Information

- Visit the Blue Cross Blue Shield Of Massachusetts website at www.bluecrossma.com/1099HC or call the toll-free telephone number on your member ID card.
- Visit the Connector website at www.mahealthconnector.org or call **1-877-MA-ENROLL (1-877-623-6765)**.

2019 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of Insurance company or administrator Blue Cross Blue Shield of Massachusetts		2 FID number of Insurance co. or administrator 04-1045815	
3 Name of subscriber MARIONA BADENASAGUSTI	4 Date of birth 04-27-1994	5 Subscriber number 9869542480000	
6 Street address 10 DANA ST UNIT 409	7 City/Town CAMBRIDGE	8 State MA	9 Zip 02138
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sept. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec.			
a. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
b. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
c. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
d. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
e. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
f. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
g. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
h. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			

101 Huntington Avenue, Suite 1300 | Boston, MA 02199-7611

ZHCR02

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

1€ — 1,1234 USD

X — 1.882,00

Y = 1.675,27 €

Form 1042-S

Foreign Person's U.S. Source Income Subject to Withholding 2019

OMB No. 1545-0096

Copy D for Recipient

Attach to any state tax return you file

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form1042S for instructions and the latest information.

		6 0 1 5 7 0 3 1 1 6		UNIQUE FORM IDENTIFIER	AMENDED <input type="checkbox"/>	AMENDMENT NO.
1 Income code	2 Gross income	3 Chapter indicator. Enter "3" or "4"	3	13e Recipient's U.S. TIN, if any		13f Ch. 3 status code 16
16	13443.12	3a Exemption code	00	797-31-8021	13g Ch. 4 status code 23	
5 Withholding allowance		3b Tax rate	14 00	13h Recipient's GIIN	13i Recipient's foreign tax identification number, if any	13j LOB code
6 Net income		4b Tax rate	00 00	13k Recipient's account number		
7a Federal tax withheld 1882.00		IRPF 19				
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions)						
7c Check if withholding occurred in subsequent year with respect to a partnership interest						
8 Tax withheld by other agents		14a Primary Withholding Agent's Name (if applicable)				
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)		14b Primary Withholding Agent's EIN 15 Check if pro-rata basis reporting <input type="checkbox"/>				
10 Total withholding credit (combine boxes 7a, 8, and 9) 1882.00		15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code				
11 Tax paid by withholding agent (amounts not withheld) (see instructions)		15d Intermediary or flow-through entity's name				
12a Withholding agent's EIN 04-2103594		12b Ch. 3 status code 20	12c Ch. 4 status code 24	15e Intermediary or flow-through entity's GIIN		
12d Withholding agent's name Massachusetts Institute of Technology		15f Country code 15g Foreign tax identification number, if any				
12e Withholding agent's Global Intermediary Identification Number (GIIN)		15h Address (number and street)				
12f Country code		15i City or town, state or province, country, ZIP or foreign postal code				
12h Address (number and street) 77 Massachusetts Ave NE49-4097		16a Payer's name			16b Payer's TIN	
12l City or town, state or province, country, ZIP or foreign postal code Cambridge, MA 02139		16c Payer's GIIN			16d Ch. 3 status code	16e Ch. 4 status code
13a Recipient's name Mariona Badenes Agusti		13b Recipient's country code SP		17a State income tax withheld	17b Payer's state tax no.	17c Name of state
13c Address (number and street) 10 Dana St Unit 409						
13d City or town, state or province, country, ZIP or foreign postal code Cambridge, MA 02138						

Form 1042-S (2019)

Explanation of Codes (continued)

- | | | | |
|----|--|----|---|
| 10 | Trust other than Withholding Foreign Trust | 20 | Passive NFFE with no Substantial U.S. Owners |
| 11 | Withholding Foreign Trust | 21 | Publicly Traded NFFE or Affiliate of Publicly Traded NFFE |
| 12 | Qualified Intermediary | 22 | Active NFFE |
| 13 | Qualified Securities Lender—Qualified Intermediary | 23 | Individual |
| 14 | Qualified Securities Lender—Other | 24 | Section 501(c) Entities |
| 15 | Corporation | 25 | Excepted Territory NFFE |
| 16 | Individual | 26 | Excepted NFFE—Other |
| 17 | Estate | 27 | Exempt Beneficial Owner |
| 18 | Private Foundation | 28 | Entity Wholly Owned by Exempt Beneficial Owners |
| 19 | Government or International Organization | 29 | Unknown Recipient |
| 20 | Tax Exempt Organization (Section 501(c) entities) | 30 | Recalcitrant Account Holder |
| 21 | Unknown Recipient | 31 | Nonreporting IGA FFI |
| 22 | Artist or Athlete | 32 | Direct reporting NFFE |
| 23 | Pension | 33 | U.S. reportable account |
| 24 | Foreign Central Bank of Issue | 34 | Nonconsenting U.S. account |
| 25 | Nonqualified Intermediary | 35 | Sponsored direct reporting NFFE |
| 26 | Hybrid entity making Treaty Claim | 36 | Excepted Inter-affiliate FFI |
| 34 | U.S. Withholding Agent—Foreign branch of FI | 37 | Undocumented Preexisting Obligation |
| 35 | Qualified Derivatives Dealer | 38 | U.S. Branch—ECI presumption applied |

Pooled Reporting Codes⁹

- | | |
|----|--|
| 27 | Withholding Rate Pool—General |
| 28 | Withholding Rate Pool—Exempt Organization |
| 29 | PAI Withholding Rate Pool—General |
| 30 | PAI Withholding Rate Pool—Exempt Organization |
| 31 | Agency Withholding Rate Pool—General |
| 32 | Agency Withholding Rate Pool—Exempt Organization |

Chapter 4 Status Codes

- | | |
|----|--|
| 01 | U.S. Withholding Agent—FI |
| 02 | U.S. Withholding Agent—Other |
| 03 | Territory FI—not treated as U.S. Person |
| 04 | Territory FI—treated as U.S. Person |
| 05 | Participating FFI—Other |
| 06 | Participating FFI—Reporting Model 2 FFI |
| 07 | Registered Deemed-Compliant FFI—Reporting Model 1 FFI |
| 08 | Registered Deemed-Compliant FFI—Sponsored Entity |
| 09 | Registered Deemed-Compliant FFI—Other |
| 10 | Certified Deemed-Compliant FFI—Other |
| 11 | Certified Deemed-Compliant FFI—FFI with Low Value Accounts |
| 12 | Certified Deemed-Compliant FFI—Nonregistering Local Bank |
| 13 | Certified Deemed-Compliant FFI—Sponsored Entity |
| 14 | Certified Deemed-Compliant FFI—Investment Entity that does not maintain financial accounts |
| 15 | Nonparticipating FFI |
| 16 | Owner-Documented FFI |
| 17 | U.S. Branch—treated as U.S. person |
| 18 | U.S. Branch—not treated as U.S. person (reporting under section 1471) |
| 19 | Passive NFFE identifying Substantial U.S. Owners |

- | | |
|----|--|
| 20 | Recalcitrant Pool—No U.S. Indicia |
| 43 | Recalcitrant Pool—U.S. Indicia |
| 44 | Recalcitrant Pool—Dormant Account |
| 45 | Recalcitrant Pool—U.S. Persons |
| 46 | Recalcitrant Pool—Passive NFTEs |
| 47 | Nonparticipating FFI Pool |
| 48 | U.S. Payees Pool |
| 49 | QI-Recalcitrant Pool—General ¹² |

- | | |
|----|---|
| 50 | U.S. Withholding Agent—Foreign branch of FI |
| 51 | Recalcitrant Pool—General |
| 52 | Recalcitrant Pool—Low Value Accounts |
| 53 | Recalcitrant Pool—Nonregistering Local Bank |
| 54 | Recalcitrant Pool—Sponsored Entity |
| 55 | Recalcitrant Pool—Investment Entity that does not maintain financial accounts |
| 56 | Recalcitrant Pool—Owner-Documented FFI |
| 57 | Recalcitrant Pool—U.S. Branch—not treated as U.S. person (reporting under section 1471) |
| 58 | Recalcitrant Pool—Passive NFFE identifying Substantial U.S. Owners |

Box 13j. LOB Code (enter the code that best describes the applicable limitation on benefits (LOB) category that qualifies the taxpayer for the requested treaty benefits).

LOB Code	LOB Treaty Category
02	Government – contracting state/political subdivision/local authority
03	Tax exempt pension trust/Pension fund
04	Tax exempt/Charitable organization
05	Publicly traded corporation
06	Subsidiary of publicly traded corporation
07	Company that meets the ownership and base erosion test
08	Company that meets the derivative benefits test
09	Company with an item of income that meets the active trade or business test
10	Discretionary determination
11	Other

⁹ Codes 27 through 32 should only be used by a QI, QSI, WP, or WT. A QI acting as a QDD may use code 27 or 28.

¹⁰ This code should only be used if income is paid to an account that is excluded from the definition of financial account under Regulations section 1.1471-5(b)(2) or under Annex II of the applicable Model 1 IGA or Model 2 IGA.

¹¹ This code should only be used when the withholding agent has received a certification on the FFI withholding statement of a participating FFI or registered deemed-compliant FFI that maintains the account that the FFI has reported the account held by the passive NFFE as a U.S. account (or U.S. reportable account) under its FATCA requirements. The withholding agent must report the name and GIIN of such FFA in boxes 15d and 15e.

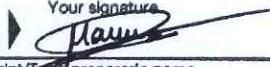
¹² This code should only be used by a withholding agent that is reporting a payment (or portion of a payment) made to a QI with respect to the QI's recalcitrant account holders.

U.S. Income Tax Return for Certain
Nonresident Aliens With No Dependents

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service► Go to www.irs.gov/Form1040NREZ for instructions and the latest information.

Please print or type. See separate instructions.	Your first name and middle initial Manona	Last name Badenas Agusti	Identifying number (see instructions) 797318021	
	Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. 10 Dana Street, Apt. 409			
	City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Cambridge, MA 02138			
	Foreign country name	Foreign province/state/county	Foreign postal code	
	Filing Status Check only one box.	1 <input checked="" type="checkbox"/> Single nonresident alien 2 <input type="checkbox"/> Married nonresident alien		
Attach Form(s) W-2 or 1042-S here. Also attach Form(s) 1099-R if tax was withheld.	3 Wages, salaries, tips, etc. Attach Form(s) W-2	3	0.00	
	4 Taxable refunds, credits, or offsets of state and local income taxes	4	0.00	
	5 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement.	5	0.00	
	6 Total income exempt by a treaty from page 2, Item J(1)(e)	6	13443.12	
	7 Add lines 3, 4, and 5	7	0.00	
	8 Scholarship and fellowship grants excluded	8	0.00	
	9 Student loan interest deduction	9	0.00	
	10 Subtract the sum of line 8 and line 9 from line 7. This is your adjusted gross income	10	0.00	
	11 Itemized deductions. See the instructions for limitation	11	0.00	
	12 Reserved.	12		
	13 Reserved.	13		
	14 Taxable income. Subtract line 11 from line 10. If line 11 is more than line 10, enter -0-.	14	0.00	
	15 Tax. Find your tax in the tax table in the instructions	15	0.00	
	16 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	16		
	17 Add lines 15 and 16. This is your total tax ►	17	0.00	
	18a Federal income tax withheld from Form(s) W-2 and 1099-R	18a	0.00	
	b Federal income tax withheld from Form(s) 1042-S	18b	1882.00	
	19 2019 estimated tax payments and amount applied from 2018 return	19	0.00	
	20 Credit for amount paid with Form 1040-C	20		
	21 Add lines 18a through 20. These are your total payments ►	21	1882.00	
	Refund	22 If line 21 is more than line 17, subtract line 17 from line 21. This is the amount you overpaid	22	1882.00
	Direct deposit? See instructions.	23a Amount of line 22 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	23a	1882.00
b Routing number 2 1 1 3 7 0 5 4 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
d Account number 8 2 5 8 4 8 2 4 0 0				
e If you want your refund check mailed to an address outside the United States not shown above, enter that address here:				
24 Amount of line 22 you want applied to your 2020 estimated tax ►		24		
Amount You Owe	25 Amount you owe. Subtract line 21 from line 17. For details on how to pay, see instructions ►	25		
26 Estimated tax penalty (see instructions)	26			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Sign Here	Designee's name ►	Phone no. ►	Personal identification number (PIN) ►	
Keep a copy of this return for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of U.S. source income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer Use Only	Your signature 	Date 03/18/2020	Your occupation in the United States Student	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►	Firm's EIN ►		PTIN
	Firm's address ►	Phone no.		

Schedule OI – Other Information (see instructions)

Answer all questions

A Of what country or countries were you a citizen or national during the tax year? Spain**B** In what country did you claim residence for tax purposes during the tax year? Spain**C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No**D** Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that may apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1 Student**F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If "Yes," indicate the date and nature of the change. ► _____**G** List all dates you entered and left the United States during 2019. See instructions.Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
1 / 29 / 2019	2 / 3 / 2019
3 / 10 / 2019	3 / 15 / 2019
5 / 3 / 2019	5 / 20 / 2019
8 / 6 / 2019	8 / 17 / 2019
8 27 2019	11 6 2019

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
11 / 11 / 2019	12 / 16 / 2019
/ /	/ /
/ /	/ /
/ /	/ /

H Give number of days (including vacation, non-workdays, and partial days) you were present in the United States during: 2017 16, 2018 9, and 2019 150.**I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed ► 2016 Form 1040NR**J** Income Exempt from Tax—if you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year
Spain	Article 22(1)	0	13443.12

(e) Total. Enter this amount on Form 1040-NR-EZ, line 6. Do not enter it on line 3 or line 5 13443.12

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

Non-Service Scholarship or Fellowship GRANT STATEMENT

I certify that I received the following non-service scholarship or fellowship grants during 2019:

Nontaxable (Section 117):	\$ 0.00
Tax Treaty Exempt: (U.S. - Spain)	\$ 13443.12
Taxable:	\$ 0.00
TOTAL:	\$ 13443.12

The above amounts were given to me by:
Massachusetts Institute of Technology

IRPF 19

1€ — 1,1234
X — 13.443,12
X = 11.966,46 € ✓

From my non-service scholarship or fellowship grant(s) listed above, I used the following amounts to purchase non-taxable/deductible items under Section 117:

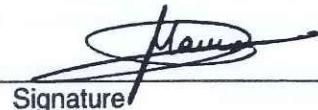
Total Amount Paid for Tuition, Fees and Books/Supplies Required for and Directly Related to My Studies:	\$ 0.00
--	---------

Mariona Badenas Agustí

Printed Name

797318021

Social Security Number/ITIN


Signature

03/18/2020

Date (month/day/year)

Please attach this Grant Statement to your federal tax return



Fill out in black ink.

For a faster refund, file your return electronically at mass.gov/dor.
Part-year residents may need to also complete and enclose Schedule HC.

2019

Massachusetts Department of Revenue

Form 1-NR/PY Massachusetts Nonresident/Part-Year Tax Return

TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

M A R I O N A

B A D E N A S A G U S T I

7 9 7 3 1 8 0 2 1

SPOUSE'S FIRST NAME

M.I. LAST NAME

SPOUSE'S SOCIAL SECURITY NUMBER

MAILING ADDRESS (no. & street, apt./suite/postal box). If you have a foreign address, also complete line below.

CITY/TOWN

STATE ZIP

1 0 D A N A S T R E E T , a C A M B R I D G E

M A 0 2 1 3 8

FOREIGN PROVINCE/STATE/COUNTY

FOREIGN COUNTRY (OR COUNTRY CODE)

FOREIGN POSTAL CODE

Fill in if (see instructions): Original return Amended return Amended return due to federal change

State Election Campaign Fund (this contribution will not change your tax or reduce your refund) \$1 Taxpayer \$1 Spouse Total \$

Fill in if veteran of U.S. armed services who served in Operation Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula. Taxpayer Spouse

Fill in appropriate oval(s) if taxpayer(s) is deceased. See instructions..... Taxpayer Spouse

Fill in if under age 18. See instructions Taxpayer Spouse

Fill in if name or address has changed since 2018.

Fill in if noncustodial parent.

Fill in if filing Schedule TDS. See instructions.

Fill in one only. See instructions:

Nonresident Part-year resident Filing as both nonresident and part-year resident Nonresident composite return

▼ IF A LOSS, MARK AN X IN BOX

0 0

0 0

a Total federal income (from U.S. Form 1040, line 7b; 1040NR, line 23; or 1040NR-EZ, line 7) a

b Total federal adjusted gross income (from U.S. Form 1040, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10) b

1 FILING STATUS. Fill in one only.

- Single
- Married filing joint return (both must sign return)
- Married filing separate return (must enter spouse's name and Social Security number in the appropriate areas above)
- Head of household (see instructions) You are a custodial parent who has released claim to exemption for child(ren)

2 PART-YEAR RESIDENTS ONLY

Dates as Massachusetts resident from to

3 Total days as Massachusetts resident + 365 = 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

SPOUSES SIGNATURE

DATE

03 13 2020

TAXPAYER'S E-MAIL ADDRESS

MBAGUSTI@GMAIL.COM

TAXPAYER'S PHONE

+1-617-909-2462

Be sure to enclose any forms or schedules (W-2, W-2G, 1099, 3K-1, SK-1, PWH or LOA) that show Massachusetts withholding.



Fill out in black ink.

For a faster refund, file your return electronically at mass.gov/dor.
Part-year residents may need to also complete and enclose Schedule HC.

2019

Massachusetts Department of Revenue

Form 1-NR/PY Massachusetts Nonresident/Part-Year Tax Return

TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

M A R I O N A

B A D E N A S

A G U S T I

7 9 7 3 1 8 0 2 1

SPOUSE'S FIRST NAME

M.I. LAST NAME

SPOUSE'S SOCIAL SECURITY NUMBER

MAILING ADDRESS (no. & street, apt./suite/postal box). If you have a foreign address, also complete line below.

CITY/TOWN

STATE ZIP

1 0 D A N A S T R E E T , a C A M B R I D G E

M A 0 2 1 3 8

FOREIGN PROVINCE/STATE/COUNTY

FOREIGN COUNTRY (OR COUNTRY CODE)

FOREIGN POSTAL CODE

Fill in if (see instructions): Original return Amended return Amended return due to federal change

State Election Campaign Fund (this contribution will not change your tax or reduce your refund) \$1 Taxpayer \$1 Spouse Total \$

Fill in if veteran of U.S. armed services who served in Operation Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula. Taxpayer Spouse

Fill in appropriate oval(s) if taxpayer(s) is deceased. See instructions Taxpayer Spouse

Fill in if under age 18. See instructions Taxpayer Spouse

Fill in if name or address has changed since 2018.

Fill in if noncustodial parent.

Fill in if filing Schedule TDS. See instructions.

Fill in one only. See instructions:

Nonresident Part-year resident Filing as both nonresident and part-year resident Nonresident composite return

▼ IF A LOSS, MARK AN X IN BOX

0 0

0 0

a Total federal income (from U.S. Form 1040, line 7b; 1040NR, line 23; or 1040NR-EZ, line 7). a

b Total federal adjusted gross income (from U.S. Form 1040, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10). b

1 FILING STATUS. Fill in one only.

Single

Married filing joint return (both must sign return)

Married filing separate return (must enter spouse's name and Social Security number in the appropriate areas above)

Head of household (see instructions) You are a custodial parent who has released claim to exemption for child(ren)

2 PART-YEAR RESIDENTS ONLY

Dates as Massachusetts resident from

to

3 Total days as Massachusetts resident + 365 = 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

03 13 2020

TAXPAYER'S MAIL ADDRESS

MBADENAS @ MIT. EDU

TAXPAYER'S PHONE

+ 1- 617 - 2462

Be sure to enclose any forms or schedules (W-2, W-2G, 1099, 3K-1, SK-1, PWH or LOA) that show Massachusetts withholding.



2019 FORM 1-NR/PY,
PAGE 2

TAXPAYER'S FIRST NAME

M A R I O N A

M.I. LAST NAME

B A D E N A S A G U S T I

TAXPAYER'S SOCIAL SECURITY NUMBER

7 9 7 3 1 8 0 2 1

4 EXEMPTIONS

a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800. If married filing jointly, enter \$8,800	4a	4 4 0 0 0 0
b. Number of dependents (do not include yourself or your spouse). Must enclose Schedule DI. Total	4b	0 0
c. Age 65 or over before 2020 <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse Total	4c	0 0
d. Blindness <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse Total	4d	0 0
e. Medical/dental (from U.S. Schedule A, line 4)	4e	0 0
f. Adoption. See instructions	4f	0 0
g. TOTAL EXEMPTIONS. Add lines 4a through 4f. Enter here and on line 22a.....	4g	4 4 0 0 0 0

INCOME. Nonresidents: Report in lines 5 through 11 Massachusetts source income only. Use line 13 if appropriate. **Part-year residents:** Report in lines 5 through 11 income earned and/or received while a resident. Do not use lines 13 or 14. If filing both as a nonresident and part-year resident, be sure to complete and enclose Schedule R/NR, Resident/Nonresident Worksheet, before proceeding any further.

5 Wages, salaries, tips and other employee compensation (from all Forms W-2)	5	0 0
6 Taxable pensions and annuities. See instructions	6	0 0
Massachusetts bank interest		Exemption amount. If married filing jointly, enter \$200; otherwise enter \$100.
7 a. 0 0 b. 0 0 a - b (not less than 0) = 7		0 0
Business/profession income/loss (see instr.) Farming income/loss (see instr.)		
8 a. 0 0 b. 0 0 a + b = 8		0 0
9 If you are reporting rental, royalty, REMIC, partnership, S corporation, or trust income or loss, see instructions ... 9		0 0
10 a. Unemployment compensation. See instructions.....	10a	0 0
b. Massachusetts state lottery winnings.....	10b	0 0
11 Other income from Schedule X, line 5. Enclose Schedule X; not less than 0	11	1 3 4 4 3 0 0
12 TOTAL 5.05% INCOME. Add lines 5 through 11. Be sure to subtract any losses in lines 8 or 9.....	12	1 3 4 4 3 0 0

13 NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Massachusetts wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Massachusetts source income. Use only when income from employment/business is earned both inside and outside Massachusetts and the exact Massachusetts amount is not known.

Basis: <input type="checkbox"/> Working days <input type="checkbox"/> Miles <input type="checkbox"/> Sales <input type="checkbox"/> Other _____	
a. Working days (or other basis) outside Massachusetts	13a
b. Working days (or other basis) inside Massachusetts	13b
c. Total working days. Add lines 13a and 13b	13c
d. Nonworking days (holidays, weekends, etc.)	13d
e. Massachusetts ratio. Divide line 13b by line 13c	13e
f Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2.....	13f
g Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate lines above	13g



1€ — 1,1234
 X — 16,228 USD }
 X = 14,445,43
**2019 FORM 1-NR/PY,
PAGE 3**

TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

M A R I O N A

B A D E N A S

A G U S T I

7 9 7 3 1 8 0 2 1

14 NONRESIDENT DEDUCTION & EXEMPTION RATIO. Nonresident taxpayers must complete this item to determine the ratio for apportioning the deductions in lines 16 and 17; certain Schedule Y deductions (see instructions); and the exemptions in line 22a.

a. Total 5.05% income (from line 12). Not less than 0	14a	1 3 4 4 3 0 0
b. Interest income. Smaller of line 7a or 7b	14b	0 0
c. Total capital gain income, if any (total of Schedule B, Part 1, line 7; Schedule B, Part 2, line 13c; Schedule D, line 13). Not less than 0	14c	0 0
d. Total income this return. Add lines 14a through 14c	14d	1 3 4 4 3 0 0
e. Non-Massachusetts source income. Not less than 0 . See instructions	14e	0 0
f. Total income. Add lines 14d and line 14e. See instructions	14f	1 3 4 4 3 0 0
g. Deduction and exemption ratio. Divide line 14d by line 14f	14g	1 0 0 0 0

DEDUCTIONS. Amounts entered in line 15 must be related to Massachusetts income reported on this return.

15 a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. Not more than \$2,000	15a	0 0
b. Amount spouse paid to Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. Not more than \$2,000	15b	0 0
16 Child under age 13, or disabled dependent/spouse care expenses (from worksheet)	16	0 0
17 Number of dependent member(s) of household under age 12, or dependent(s) age 65 or over (not you or your spouse) as of December 31, 2019, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 16).		
a. Not more than two × \$3,600 = b. Nonresidents: Multiply line 17b by line 14g.	0 0	Part-year residents: Multiply line 17b by line 3. 17 0 0

18 Rental deduction. Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately).

See instructions.

a. Total Massachusetts rent paid in 2019.

Nonresidents: Fill in if during 2019 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. If filled in, you qualify for this deduction. If not filled in, you do not qualify for this deduction..

5 5 7 0 0 0 + 2 = 18

2 7 8 5 0 0

19 Other deductions from Schedule Y, line 19. Enclose Schedule Y

19

1 3 4 4 3 0 0

1 6 2 2 8 0 0

20 TOTAL DEDUCTIONS. Add lines 15 through 19

20

0 0

21 5.05% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. **Not less than 0**

21

4 4 0 0 0 0

a. Total exemption amount (from line 4g)

Part-year residents: Multiply line 22a by line 3. **Nonresidents:** Multiply line 22a by line 14g.

22

4 4 0 0 0 0

23 5.05% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. **Not less than 0.** If line 21 is less

than line 22, see instructions

23

0 0

24 INTEREST AND DIVIDEND INCOME from Schedule B, line 38. **Not less than 0.** Enclose Schedule B.

24

0 0

25 TOTAL TAXABLE 5.05% INCOME. Add lines 23 and 24

25

0 0

26 TAX ON 5.05% INCOME (from tax table). If line 25 is more than \$24,000, multiply by .0505.

Note: If choosing the optional 5.85% tax rate, fill in oval and see instructions

26

0 0

Total losses 2019
Spousal losses. Sepous was Anna Holant (23/6/20)



TAXPAYER'S FIRST NAME

MARIONA

M.I. LAST NAME

BADENAS AGUSTI

TAXPAYER'S SOCIAL SECURITY NUMBER

7 9 7 3 1 8 0 2 1

27 12% INCOME (from Schedule B, line 39). **Not less than 0.** Enclose Schedule B.

a. **0 0** $\times .12 = 27$ **0 0**

28 TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 22). **Not less than 0.** Enclose Schedule D.

If filing Schedule D-IS, Installment Sales, fill in oval and enclose Schedule D-IS **0 0**
If excess exemptions were used in calculating lines 24, 27 or 28, fill in oval and see instructions **0 0**

29 Credit recapture amount. Enclose Schedule CRS. See instructions **29** **0 0**

30 Additional tax on installment sales. See instructions **30** **0 0**

31 If you qualify for No Tax Status, fill in oval **0 0** and enter 0 in line 32. Enclose Schedule NTS-L-NR/PY.

32 TOTAL INCOME TAX. Add lines 26 through 30 **32** **0 0**

CREDITS

33 Limited Income Credit. Enclose Schedule NTS-L-NR/PY **33** **0 0**

34 Income tax due to another state or jurisdiction (part-year residents only; from worksheet). Enclose Schedule OJC **34** **0 0**

35 Other credits (from Schedule CMS) **35** **0 0**

36 INCOME TAX AFTER CREDITS. Subtract total of lines 33 through 35 from line 32. **Not less than 0** **36** **0 0**

37 Voluntary fund contributions.

a. Endangered Wildlife Conservation **37a** **0 0**

b. Organ Transplant **37b** **0 0**

c. Massachusetts Public Health HIV and Hepatitis Fund **37c** **0 0**

d. Massachusetts U.S. Olympic **37d** **0 0**

e. Massachusetts Military Family Relief **37e** **0 0**

f. Homeless Animal Prevention And Care **37f** **0 0**

Total. Add lines 37a through 37f **37** **0 0**

38 Use tax due on Internet, mail order and other out-of-state purchases (from worksheet) **38** **0 0**

39 Health Care penalty for certain part-year residents. Not less than **0** (from worksheet). Enclose Schedule HC.

a. You **0 0** b. Spouse **0 0** Total **a + b = 39** **0 0**

40 AMENDED RETURN ONLY. Overpayment from original return. **Not less than 0.** See instructions **40** **0 0**

41 INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 36 through 40 **41** **0 0**

TAXPAYER'S FIRST NAME

M A R I O N A

M.I. LAST NAME

B A D E N A S A G U S T I

TAXPAYER'S SOCIAL SECURITY NUMBER

7 9 7 3 1 8 0 2 1

MASSACHUSETTS WITHHOLDING, PAYMENTS AND REFUNDABLE CREDITS

42	Massachusetts income tax withheld. Be sure to enclose any forms or schedules (W-2, W-2G, 2G, 1099, 3K-1, SK-1, PWH-WA or LOA) that show Massachusetts withholding.	42	0 0
43	2018 overpayment applied to your 2019 estimated tax (from 2018 Form 1, line 48 or Form 1-NR/PY, line 52). Do not enter 2018 refund.	43	0 0
44	2019 Massachusetts estimated tax payments. Do not include line 43 amount.	44	0 0
45	Payments made with extension	45	0 0
46	AMENDED RETURN ONLY. Payments made with original return. Not less than 0. See instructions.	46	0 0
47	EARNED INCOME CREDIT. a. Number of qualifying children b. Amount from U.S. return 0 0 0 0 x .30 = c. Part-year residents: Multiply line 47c by line 3. Nonresidents do not qualify. See instructions 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 oval if you qualify for this exception <input checked="" type="checkbox"/>	47	0 0
48	Senior Circuit Breaker Credit (part-year residents only). Enclose Schedule CB	48	0 0
49	Other refundable credits (from Schedule CMS)	49	0 0
50	Excess Paid Family Leave Withholding	50	0 0
51	TOTAL. Add lines 42 through 50	51	0 0
52	OVERPAYMENT. If line 41 is smaller than line 51, subtract line 41 from line 51. If line 41 is larger than line 51, go to line 55. If line 41 and line 51 are equal, enter 0 in line 54.	52	0 0 0
53	Amount of overpayment you want APPLIED to your 2020 ESTIMATED TAX	53	0 0
54	THIS IS YOUR REFUND. Subtract line 53 from line 52. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204. Direct deposit of refund. See instructions. Routing number (first two digits must be 01 to 12 or 21 to 32) Account number	54	0 0 0

Type of account (select one): Checking Savings

55	TAX DUE. Subtract line 51 from line 41. Pay in full online at mass.gov/masstaxconnect	55	0 0
Or pay by mail. Make check payable to Commonwealth of Massachusetts. Write Social Security number(s) in memo section of check and be sure to sign check. Mail to: Massachusetts DOR, PO Box 7003, Boston, MA 02204.			

These amounts will affect your refund or tax due:

Interest	0 0	Penalty	0 0	M-2210 amount	0 0
				<input checked="" type="checkbox"/> Exception. Enclose Form M-2210.	

PRINT PAID PREPARER'S NAME

PAID PREPARER'S SSN OR PTIN

PAID PREPARER'S PHONE

DATE

PAID PREPARER'S SIGNATURE

PAID PREPARER'S EIN

Fill in if self-employed DOR may discuss this return with the preparer I do not want my preparer to file my return electronically

BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSURE SCHEDULE HC (IF APPLICABLE).
FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.



ST-1000

MAY 2019

SOCIAL SECURITY NUMBER OF PROPRIETOR

M A R I O N A

B A D E N A S A G U S T I

7 9 7 3 1 8 0 2 1

Schedule NTS-L-NR/PY No Tax Status and Limited Income Credit**2019**

1	5.05% income from this return (from Form 1-NR/PY, line 12)	1	1 3 4 4 3 0 0
2	Adjustments to income (enter the total of Schedule Y, lines 1 through 10 and line 18)	2	1 3 4 4 3 0 0
3	Adjusted 5.05% income from this return. Subtract line 2 from line 1. Not less than 0	3	0 0
4	Interest exemption used (from Form 1-NR/PY, enter the smaller of line 7a or line 7b)	4	0 0
5	Adjusted gross interest, dividends and certain capital gains (from Schedule B, line 35). If there is no entry in Schedule B, line 35, or if not filing Schedule B, enter the amount from Form 1-NR/PY, line 24. Not less than 0	5	0 0
6	Long-term capital gain income. From Schedule D, line 19. Not less than 0	6	0 0
7	Additional income/loss while a nonresident/part-year resident. See instructions	7	0 0
8	Total income. Combine lines 3 through 7. Not less than 0	8	0 0
9	Additional adjustments to income while a nonresident/part-year resident. See instructions	9	0 0
10	Massachusetts Adjusted Gross Income (AGI). Subtract line 9 from line 8. Not less than 0 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 on line 31, enter 0 on line 32 and continue completing Form 1-NR/PY. However, if there is an amount entered on line 29, Credit Recapture Amount and/or line 30, Additional Tax on Installment Sales, enter that amount on line 32 and complete lines 34 and 35. If you are single but do not qualify for No Tax Status and your total on line 10 is \$14,000 or less, go to line 13 to see if you qualify for the Limited Income Credit.	10	0 0
11	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. If line 10 is less than or equal to line 11, you qualify for No Tax Status. See the instructions for Form 1-NR/PY, line 31.....	11	0 0
12	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.....	12	0 0
13	No Tax Status threshold. Enter \$8,000 if single. If married filing a joint return or head of household, enter the amount from line 11	13	0 0
14	Income for Limited Income Credit. Subtract line 13 from line 10	14	0 0
15	Tax before adjustments (from Form 1-NR/PY, line 32 less any Credit Recapture Amount entered in line 29 and/or Additional Tax on Installment Sales entered on line 30).....	15	0 0
16	Tax for Limited Income Credit. Multiply line 14 by 10% (.10).....	16	0 0
17	Limited Income Credit. Subtract line 16 from line 15 and enter the result here and in line 33 of Form 1-NR/PY. If line 15 is smaller than line 16, you are not eligible for this credit.	17	0 0



M A R I O N A

B A D E N A S A G U S T I

SOCIAL SECURITY NUMBER OF PROPRIETOR

7 9 7 3 1 8 0 2 1

2019

Schedule X Other Income. Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

1	Alimony received (from US return) (full-and part-year residents only; see instructions)	► 1	0 0
2	Taxable IRA/Keogh and Roth IRA conversion distributions (from worksheet)	► 2	0 0
3	Other gambling winnings (sources other than Massachusetts state lottery). Not less than 0. <i>Note: Certain gambling losses are deductible under Massachusetts law. See Schedule Y, line 17. Do not report Massachusetts state lottery winnings here; instead, report them on Form 1, line 8b or Form 1-NR/PY, line 10b.</i>	► 3	0 0
4	Fees and other 5.05% income. Not less than 0. TAXABLE SCHOLARSHIP.....	► 4	1 3 4 4 3 0 0
5	Total other 5.05% income. Add lines 1 through 4. Not less than 0. Enter here and on Form 1, line 9 or Form 1-NR/PY, line 11.....	► 5	1 3 4 4 3 0 0

Schedule Y Other Deductions. Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

1	Reserved	► 1	0 0
2	Penalty on early savings withdrawal (from US return). (Nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY).....	► 2	0 0
3	Alimony paid (from US return). Part-year residents, enter the amount paid while a Massachusetts resident; nonresidents, multiply alimony paid by line 14g of Form 1-NR/PY.....	► 3	0 0
4	Amount excludable under MGL ch 41, § 111F or US tax treaty included in Form 1, line 3 or Form 1-NR/PY, line 5. Fill in applicable oval below	► 4	1 3 4 4 3 0 0
	<input type="checkbox"/> Income received by a firefighter or police officer incapacitated in the line of duty, per MGL ch 41, § 111F		
	<input checked="" type="checkbox"/> Income exempt under US tax treaty		
5	Moving expenses.....	► 5	0 0
6	Medical savings account deduction.....	► 6	0 0
7	Self-employed health insurance deduction (see instructions).....	► 7	0 0
8	Health savings accounts deduction.....	► 8	0 0
9	<input type="checkbox"/> Certain qualified deductions from US Form 1040 (see instructions) <input type="checkbox"/> Certain business expenses from US Form 1040 (see instructions)	► 9	0 0
10	Student loan interest deduction (only if not claiming the same expenses in line 12).....	► 10	0 0
11	College Tuition Deduction (full-year residents only; from worksheet)	► 11	0 0
12	Undergraduate student loan interest deduction (only if not claiming the same expenses in line 10; see instructions)	► 12	0 0
13	Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 (see instructions)	► 13	0 0
14	Claim of right deduction	► 14	0 0
15	Commuter deduction (from worksheet).....	► 15	0 0
16	Human organ donation deduction (full-year residents only; see instructions)	► 16	0 0
17	Certain gambling losses (see instructions)	► 17	0 0
18	Prepaid tuition or college savings program deduction (see instructions)	► 18	0 0
19	Total other deductions. Add lines 1 through 18. Enter here and on Form 1, line 15 or Form 1-NR/PY, line 19	► 19	1 3 4 4 3 0 0

STATE TAX TREATY INCOME STATEMENT

Tax year:	2019
Taxpayer's Name:	MARIONA BADENAS AGUSTI
Social Security Number / ITIN:	787-31-8021
Country of Residence:	SPAIN

Tax treaty items claimed:

Type of income	Federal Tax Treaty Article	Gross compensation	Gross MA compensation	Tax treaty items claimed:		Net MA compensation	Net MA compensation				
				1	2	3	4	5	6	7	8
Scholarship or fellowship grant	ARTICLE 22	13443	13443	13443	13443	13443	13443	13443	0	0	0

STATE TAX TREATY INCOME STATEMENT

Tax year:	2019
Taxpayer's Name:	MARIONA BADENAS AGUSTI
Social Security Number / ITIN:	797-31-8021
Country of Residence:	SPAIN

Tax treaty items claimed:

Type of income	Federal Tax Treaty Article	Tax treaty items claimed:					
		Gross compensation	Gross MA compensation	TT exempt	MA portion	Net compensation	Net MA compensation
Scholarship or fellowship grant	ARTICLE 22	13443	13443	13443	13443	0	0

