

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial YONG		Last name ZHOU	<b>Your social security number</b> 115-08-9883
If joint return, spouse's first name and middle initial JIAYUE		Last name SUN	<b>Spouse's social security number</b> 269-59-0874
Home address (number and street). If you have a P.O. box, see instructions. 5 WALBRIDGE STREET			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ALLSTON MA 02134			
Foreign country name		Foreign province/state/county	Foreign postal code
			If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	15,278.
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>c</b>	Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount . . . . .	<b>4d</b>
<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>6</b>
<b>7a</b>	Other income from Schedule 1, line 9 . . . . .			<b>7a</b>
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶			<b>7b</b> 15,278.
<b>8a</b>	Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b>
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶			<b>8b</b> 15,278.
<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	24,400.	
<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b>	Add lines 9 and 10 . . . . .			<b>11a</b> 24,400.
<b>b</b>	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			<b>11b</b> 0.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	0 .	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . .			<b>12b</b> 0 .
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . .			<b>13b</b> 0 .
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-			<b>14</b> 0 .
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .			<b>15</b> 0 .
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .			<b>16</b> 0 .
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .			<b>17</b> 1,079 .
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>	466 .	
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>	2,000 .	
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>		
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .			<b>18e</b> 2,466 .
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . .			<b>19</b> 3,545 .
<b>Refund</b>	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .			<b>20</b> 3,545 .
	<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>			<b>21a</b> 3,545 .
Direct deposit? See instructions.	<b>b</b> Routing number 0 2 1 0 0 0 3 2 2 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b> Account number 4 8 3 0 5 2 8 7 3 3 7 8			
	<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>		
<b>Amount You Owe</b>	<b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .			<b>23</b>
	<b>24</b> Estimated tax penalty (see instructions) . . . . .	<b>24</b>		

**Third Party Designee**

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

**Sign Here**

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?  
See instructions.  
Keep a copy for  
your records.

Your signature	Date	Your occupation <b>WORKER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>WORKER</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ <b>Self-Prepared</b>	Phone no.			
Firm's address ▶	Firm's EIN ▶			

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**BAA**

REV 03/02/20 TTW

Form **1040** (2019)

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Your social security number

115-08-9883

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	5,000.
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . .	<b>2</b>	180,000.
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	<b>3</b>	15,278.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . .	<b>4</b>	164,722.
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	<b>5</b>	20,000.
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	<b>6</b>	1.000
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . .	<b>7</b>	5,000.
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below . . .	<b>8</b>	2,000.

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	<b>9</b>	3,000.
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	<b>10</b>	
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . .	<b>11</b>	
<b>12</b>	Multiply line 11 by 20% (0.20) . . .	<b>12</b>	
<b>13</b>	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) . . .	<b>13</b>	
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	<b>15</b>	
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	<b>16</b>	
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	<b>17</b>	
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶ . . .	<b>18</b>	
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3 . . .	<b>19</b>	0.

Name(s) shown on return

YONG ZHOU &amp; JIAYUE SUN

Your social security number

115-08-9883



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) YONG ZHOU	<b>21</b> Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">115-08-9883</div>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution BOSTON UNIVERSITY  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 881 COMMONWEALTH AVE BOSTON MA 02215  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">04-2103547</div>	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	4,000.
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	2,000.
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	500.
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	2,500.

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	
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Name(s) shown on return

YONG ZHOU &amp; JIAYUE SUN

Your social security number

115-08-9883



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) JIAYUE SUN	<b>21</b> Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">269-59-0874</div>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution BOSTON UNIVERSITY  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 881 COMMONWEALTH AVE BOSTON MA 02215  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">04-2103547</div>	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



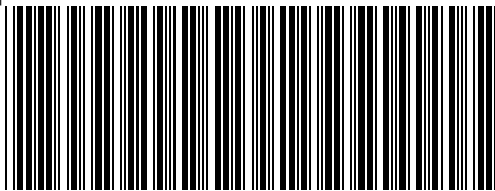
**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	4,000.
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	2,000.
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	500.
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	2,500.

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	
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## 2019 Form 1

MA19001011555

### Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2019 or other taxable

Year beginning

Ending

YONG

ZHOU

115089883

JIAYUE

SUN

269590874

5 WALBRIDGE STREET

ALLSTON

MA 02134

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

#### State Election Campaign Fund:

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

Taxpayer deceased

Fill in if under age 18

a. Total federal income 15278

b. Federal adjusted gross income 15278

#### 1. Filing status (select one only):

Single

☒ 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 8800

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

× \$1,000 = 2b 0

c. Age 65 or over before 2020 You + Spouse =

× \$700 = 2c 0

d. Blindness You + Spouse =

× \$2,200 = 2d 0

e. Medical/dental

2e 0

f. Adoption

2f 0

g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18

2g 8800

**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.**

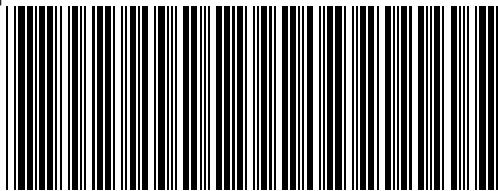
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



## 2019 Form 1, pg. 2

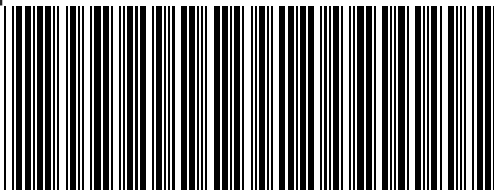
MA19001021555

Massachusetts Resident Income Tax Return

115089883

3.	Wages, salaries, tips	3	15278
4.	Taxable pensions and annuities	4	0
5.	Mass. bank interest: a. 0 - b. exemption 0	= 5	0
6a.	Business/profession income/loss	6a	0
6b.	Farming income/loss	6b	0
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	0
8a.	Unemployment	8a	0
8b.	Mass. lottery winnings	8b	0
9.	Other income from Schedule X, line 5	9	0
10.	<b>TOTAL 5.05% INCOME</b>	10	15278
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	600
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	569
12.	Child under age 13, or disabled dependent/spouse care expenses	12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/19, or disabled dependent(s) <b>Not more than two.</b> a.	$\times \$3,600 = 13$	0
14.	Rental deduction. a. 0	$\div 2 = 14$	0
15.	Other deductions from Schedule Y, line 19	15	71256
16.	<b>Total deductions.</b> Add lines 11 through 15	16	72425
17.	<b>5.05% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. <b>Not less than "0"</b>	17	0
18.	Exemption amount	18	8800
19.	<b>5.05% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. <b>Not less than "0"</b>	19	0
20.	<b>INTEREST AND DIVIDEND INCOME</b>	20	0
21.	<b>TOTAL TAXABLE 5.05% INCOME.</b> Add lines 19 and 20	21	0

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



## 2019 Form 1, pg. 3

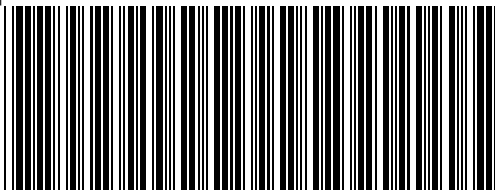
MA19001031555

Massachusetts Resident Income Tax Return

115089883

<b>22. TAX ON 5.05% INCOME.</b> 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	<b>22</b>	0
<b>23. 12% INCOME.</b> Not less than "0." a. 0	<b>23</b>	0
	$\times .12 =$	<b>23</b>
<b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS	<b>24</b>	0
Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
<b>25. Credit recapture amount (from Credit Recapture Schedule)</b>	<b>25</b>	0
<b>26. Additional tax on installment sale</b>	<b>26</b>	0
<b>27. If you qualify for No Tax Status, fill in and enter "0" on line 28</b> X		
<b>28. TOTAL INCOME TAX.</b> Add lines 22 through 26	<b>28</b>	0
<b>29. Limited Income Credit</b>	<b>29</b>	0
<b>30. Income tax due to another state or jurisdiction</b>	<b>30</b>	0
<b>31. Other credits from Credit Manager Schedule</b>	<b>31</b>	0
<b>32. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. Not less than "0"	<b>32</b>	0
<b>33. Voluntary Contributions</b>		
a. Endangered Wildlife Conservation	<b>33a</b>	0
b. Organ Transplant Fund	<b>33b</b>	0
c. Massachusetts Public Health HIV and Hepatitis Fund	<b>33c</b>	0
d. Massachusetts U.S. Olympic Fund	<b>33d</b>	0
e. Massachusetts Military Family Relief Fund	<b>33e</b>	0
f. Homeless Animal Prevention and Care	<b>33f</b>	0
Total. Add lines 33a through 33f	<b>33</b>	0
<b>34. Use tax due on Internet, mail order and other out-of-state purchases</b>	<b>34</b>	0
<b>35. Health care penalty</b> a. You 0 + b. Spouse 0	<b>35</b>	0
<b>36. Amended return only.</b> Overpayment from original return	<b>36</b>	0
<b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 36	<b>37</b>	0





## 2019 Form 1, pg. 4

MA19001041555

Massachusetts Resident Income Tax Return

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38.	Massachusetts income tax withheld	38	713
39.	2018 overpayment applied to your 2019 estimated tax	39	0
40.	2019 Massachusetts estimated tax payments	40	0
41.	Payments made with extension	41	0
42.	<b>Amended return only.</b> Payments made with original return. Not less than "0"	42	0
43.	Earned Income Credit. a. Number of qualifying children 0 b. Amount from U.S. return 466 .30 = 43	43	140
<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			
44.	Senior Circuit Breaker Credit	44	0
45.	Other Refundable Credits	45	0
46.	Excess Paid Family Leave Withholding	46	0
47.	<b>TOTAL.</b> Add lines 38 through 46	47	853
48.	<b>Overpayment.</b> Subtract line 37 from line 47	48	853
49.	Amount of overpayment you want <b>applied to your 2020 estimated tax</b>	49	0
50.	<b>Refund.</b> Subtract line 49 from line 48. Mail to Massachusetts DOR, PO Box 7000, Boston, MA 02204	50	853

**Direct deposit of refund.** Type of account ☒ checking  
savings

RTN # 021000322 account # 483052873378

51.	<b>Tax due. Pay online at <a href="http://www.mass.gov/dor/payonline">www.mass.gov/dor/payonline</a>.</b> Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	51	0
Interest 0 Penalty 0 M-2210 amt. 0		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

Print paid preparer's name

(this may delay your refund)

Date

Check if self-employed SSN/PTIN

Paid preparer's

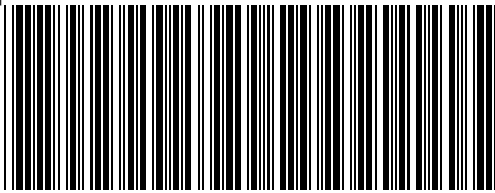
Paid preparer's signature

Paid preparer's phone

Paid preparer's EIN

SELF PREPARED

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



## 2019 Schedules X & Y

MA19SXY011555

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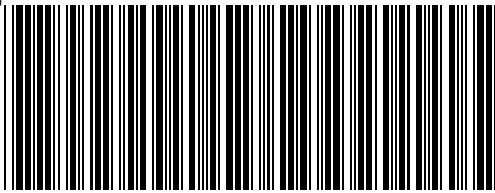
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### Schedule X. Other Income

1. Alimony received	1	0
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2	0
3. Other gambling winnings. <b>Not less than "0."</b> Certain gambling losses are deductible under Massachusetts law	3	0
4. Fees and other 5.05% income. <b>Not less than "0"</b>	4	0
5. Total other 5.05% income. Add lines 1 through 4. <b>Not less than "0"</b>	5	0

### Schedule Y. Other Deductions

1. [RESERVED]	1	0
2. Penalty on early savings withdrawal	2	0
3. Alimony paid	3	0
4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	4	0
5. Moving expenses	5	0
6. Medical savings account deduction	6	0
7. Self-employed health insurance deduction	7	0
8. Health care accounts deduction	8	0
9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040	9	0
10. Student loan interest	10	0
11. College Tuition Deduction (full-year residents only)	11	71256
12. Undergraduate student loan interest deduction	12	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	13	0
14. Claim of right deduction	14	0
15. Commuter deduction	15	0
16. Human organ donation deduction (full-year residents only)	16	0
17. Certain gambling losses	17	0
18. Prepaid tuition or college savings program deduction	18	0
19. Total other deductions. Add lines 1 through 18	19	71256



## 2019 Schedule INC

MA19INC011555

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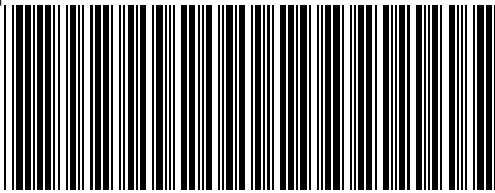
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### Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
452864209	347	7432	0	569	W2
371562178	366	7846	600	0	W2

TOTALS	713	15278	600	569	
--------	-----	-------	-----	-----	--



## 2019 Schedule HC

MA19029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1a. Date of birth 12121986 1b. Spouse's date of birth 06241996 1c. Family size 2  
2. Federal adjusted gross income 2 15278

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2019, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	Full-year MCC	Part-year MCC	No MCC/None
3b Spouse:	Full-year MCC	Part-year MCC	No MCC/None

If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2019, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

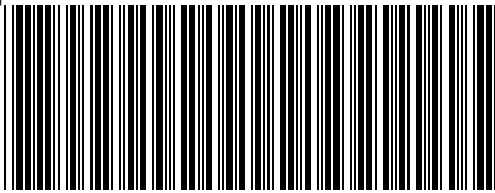
4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	You	Spouse
4b. MassHealth. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). <b>Note:</b> Health Safety Net is not considered insurance or minimum creditable coverage.	You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2019, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



## 2019 Schedule HC, pg. 2

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### Uninsured for All or Part of 2019

6. Was your income in 2019 at or below 150% of the federal poverty level?

6 ☒ Yes ☐ No

If you answer Yes, you are not subject to a penalty in 2019. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2019, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all, of 2019. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2019, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

### Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2019. Skip the remainder of this schedule and complete your tax return.

### Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance?

8a	You	Yes	No
	Spouse	Yes	No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2019 tax year?

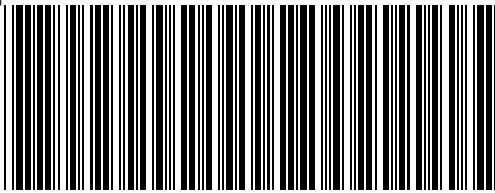
8b	You	Yes	No
	Spouse	Yes	No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2019 tax year?

9	You	Yes	No
	Spouse	Yes	No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



## 2019 Schedule HC, pg. 3

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### Affordability as Determined By State Guidelines

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2019 tax year.

- |     |  |    |        |     |    |
|-----|--|----|--------|-----|----|
| 10. | Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You    | Yes | No |
|     |  |    | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- |     |   |    |        |     |    |
|-----|---|----|--------|-----|----|
| 11. | Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You    | Yes | No |
|     |   |    | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- |     |  |    |        |     |    |
|-----|--|----|--------|-----|----|
| 12. | Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You    | Yes | No |
|     |  |    | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

### Complete Only If You Are Filing An Appeal

**You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.**

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2019 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

**You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You ☐ I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse ☐ I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.