## Attach, with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).



I do not want my preparer to file my return electronically

## CERTAIN PART-YEAR RESIDENTS MUST ENCLOSE SCHEDULE HC

FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO MASS.GOV/DOR FOR MORE INFORMATION.

Fo	rm 1-NR/PY Mass. Nonresident/Pa	rt-Year Resid	lent Tax Return	2016
FIRST N			1. YOUR SOCIAL SECURITY NUMBER	
		<u> </u>	E N T E R	S S #
SPOUSE I	E'S FIRST NAME M.I. LAST NAME		2. SPOUSE'S SOCIAL SECURITY NUMBER	R
			E N T TE R T	S S #
ADDRES		OFFICE/FOREIGN COUNTRY	STATE ZIP + 4	
		OFFICE/FOREIGN COUNTRY	STATE OR FOREIGN COUNTRY	
, LODINE				
State E Fill in i If <b>taxp</b> Under	if (see instructions):  Original return  Amended return  Amend	rn due to federal change nd)	You \$1 Spouse if filing jointly u Spouse imary Spouse	▶\$
	Nonresident composite return	n (see inst.) ► Fill	in if filing Schedule TDS (see instruc	tions)
а	Total federal income (from U.S. 1040, line 22; 1040A, line 15; 1040EZ	line 4: 1040NR line 23:	▼ If showing a loss, mark an X	
	or 1040NR-EZ, line 7)		► a <b>X</b>	0 0
b	Federal adjusted gross income (from U.S. Forms 1040, line 37; 1040A 1040NR, line 36; or 1040NR-EZ, line 10)		b	0 0
1	FILING STATUS ► Single	e and Social Security number in		for child(ren)
2	PART-YEAR RESIDENTS ONLY	<u> </u>		
	Dates as Massachusetts resident: From	Y To ► M M D		
3	Total days as Massachusetts resident		÷ 365 = ▶ 3	
4	<b>EXEMPTIONS</b> a. Personal exemptions. If single or married filing separately, enter <b>\$4</b> If married filing jointly, enter <b>\$8,800</b>			00
	b. Number of dependents. ( <b>Do not</b> include yourself or your spouse.)		× \$1,000 = 4b	00
	You must enclose Schedule DI.  c. Age 65 or over before 2017: You Spouse	Enter number ►	× \$ 700 = 4c	00
	d. Blindness: You Spouse	Enter number ►	× \$2,200 = 4d	0 0
	e. 1. Medical/ Dental ►  From U.S. Schedule A, line 4  2. Adoption ►  See	instructions	1 + 2 = 4e	0 0
	f. <b>TOTAL EXEMPTIONS.</b> Add lines 4a through 4e. Enter here and on li	ne 22a	▶ 4f	0 0
	INCOME Nonresidents report in lines 5 through 11 Massachusetts source incollines 5 through 11 income earned and/or received while a resident. Do resident, be sure to complete and enclose Schedule R/NR, Resident/N	not use lines 13 or 14. If	filing both as a nonresident an	
5	Wages, salaries, tips and other employee compensation (from all Forn	ns W-2)	▶5	00
	SIGN HERE. Under penalties of perjury, I declare that to the best of my know	ledge and belief this return	and enclosures are true, correct a	nd complete.
	Your signature Date Print paid prepa	rer's name Prep	arer's SSN	<u> </u>
	Spouse's signature (if filing jointly)  Date Paid preparer's	nhone Paid	TIN ► preparer's	
		EIN	<b>&gt;</b>	
	May DOB discuss this return with the preparer?	er's signature	Date Fill in if self-e	mnloved

	SOCIAL SECURITY NUMBER 2016 FORM 1-NR/F PAGE 2	Рү
6	Taxable pensions and annuities (see instructions) ▶ 6	00
7	a. Massachusetts bank interest  Massachusetts bank interest  Exemption amount	00
	Exemption: if married filing jointly, subtract \$200 from line 7a; otherwise subtract \$100 and enter result (not less than "0").  ▼ If showing a loss, mark an X in	box at left
8	Business/profession or farm income/loss ( <b>enclose</b> Massachusetts Schedule C or U.S. Schedule F)	00
9	If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions	00
10	a. Unemployment compensation. See instructions	0 0
11	b. Massachusetts state lottery winnings	0 0
	line 5 (enclose Schedule X; not less than "0")	00
12	TOTAL 5.1% INCOME. Add lines 5 through 11. (Be sure to subtract any loss(es) in lines 8 or 9) 12	00
13	NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Massachusetts wages as shown on Form W-2. Do not use sheet if you know the exact amount of your Massachusetts source income. Use only when income from employment/business is inside and outside Massachusetts and the exact Massachusetts amount is not known.  Basis: working days miles sales other:  a. Working days (or other basis) outside Massachusetts	
		0 0
	b. Working days (or other basis) inside Massachusetts	
	c. Total working days. Add line 13a and line 13b	0 0
	d. Nonworking days (holidays, weekends, etc.)	0 0
	e. Massachusetts ratio. Divide line 13b by line 13c	
	f. Total income being apportioned (you <b>cannot</b> apportion Mass. wages as shown on Form W-2) 13f	0 0
	g. Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate lines on pages 1 and 2	00
14	NONRESIDENT DEDUCTION & EXEMPTION RATIO. Nonresident taxpayers must complete this item to determine the ratio for appoint	
	the deductions in lines 16 and 17; certain Schedule Y deductions (see instructions); the exemptions in line 22a; and the EIC in line	
	a. Total 5.1% income (from line 12). Not less than "0"	0 0
	b. Interest income (smaller of line 7a or line 7b)	0 0
	c. Total capital gain income, if any (total of Schedule B, Part 1, line 7; Schedule B, Part 2, line 13; Schedule D, line 13. <b>Not less than "0."</b> )	00
	d. Total income this return. Add lines 14a, b and c	00
	e. Non-Massachusetts source income. <b>Not less than "0."</b> See instructions	00
	f. Total income. Add line 14d and line 14e. See instructions	00
	g. Deduction and exemption ratio. Divide line 14d by line 14f	
	<b>DEDUCTIONS.</b> Amounts entered in line(s) 15a and/or 15b must be related to Mass. income reported on this return.	
15	a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000 ▶ 15a	0 0
	b. Amount spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. <b>Not more than \$2,000 ►</b> 15b	0 0

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## 2016 FORM 1-NR/PY, PAGE 3

IRST N	NAME M.I. LAST NAME SOCIAL SECURITY NUMBER	
16	Child under age 13, or disabled dependent/spouse care expenses (from worksheet) ▶ 16	00
17	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of Decenor disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 16).	nber 31, 2016,
	Not more than two: a. ► × \$3,600 =	0 0
18	Rental deduction. Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately). See instructions.	
	Total Massachusetts rent paid in 2016: a. ► 18	0 0
	Nonresidents, during 2016 did you have a family home or any other dwelling outside Massachusetts to which you generally or o	customarily
	returned or intend to return in the future? Yes No. If Yes, you do <b>not</b> qualify for this deduction.	Juotomanny
19	Other deductions from Schedule Y, line 18 (enclose Schedule Y)	00
20	TOTAL DEDUCTIONS. Add lines 15 through 19 ≥ 20	0 0
		0 0
21	5.1% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	
22 23	(from line 4f) a. Part-year residents multiply line 22a by line 3 ▶ 22	00
	If line 21 is less than line 22, see instructions	00
24	INTEREST AND DIVIDEND INCOME from Schedule B, line 38. Not less than "0."  (enclose Schedule B)	0 0
25		00
26		00
27	Note: If choosing the optional 5.85% tax rate, fill in oval and see instructions ► —	
		0 0
28	, ,	0 0
	Schedule D. If filing Sched. D-IS, Installment Sales, fill in oval and enclose Schedule D-IS ► □ ► 28  If excess exemptions were used in calculating lines 24, 27 or 28, fill in oval (see instructions) ► □	UU
29	Credit recapture amount (enclose Credit Recapture Schedule; see instructions) ▶ 29	00
30	Additional tax on installment sale (see instructions)	0 0
31	If you qualify for <b>No Tax Status</b> , fill in oval and enter "0" on line 32. Complete Schedule  NTS-L-NR/PY ► □	
<b>32</b>	TOTAL INCOME TAX. Add lines 26 through 30	00
	CREDITS	
33	Limited Income Credit. Complete and <b>enclose</b> Schedule NTS-L-NR/PY ▶ 33	00
34	Income tax paid to another state or jurisdiction (part-year residents only; from Schedule OJC).  Not less than "0"	00
35	Other credits (from Credit Manager Schedule)	0 0
36	INCOME TAX AFTER CREDITS. Subtract total of lines 33 through 35 from line 32. Not less than "0" 36	00
	·	

	SOCIAL SECURITY NUMBER 2016 FORM 1-I PAGE 4	IR/PY
37	Voluntary fund contributions: a. Endangered Wildlife Conservation ► 37a  d. Massachusetts U.S. Olympic ► 37d	00
	b. Organ Transplant ▶ 37b e. Mass. Military Family Relief ▶ 37e	00
	c. Massachusetts AIDS ≥ 37c	00
	Total. Add lines 37a through 37f	00
38	Use tax due on Internet, mail order and other out-of-state purchases (from worksheet) ▶ 38	00
39	Health Care penalty for certain part-year residents. Not less than "0" (from worksheet; be sure to enclose Schedule HC):	
	a. >	00
40	Tou Spouse Federal nealincare penalty	00
41	Massachusetts income tax withheld ( <b>enclose</b> all Massachusetts Forms W-2, W-2G, 2-G, PWH-WA, LOA and certain 1099s, if applicable)	00
42	2015 overpayment applied to your 2016 estimated tax (from 2015 Form 1, line 45 or Form 1-NR/PY, line 50; do not enter 2015 refund)	00
43	2016 Massachusetts estimated tax payments (do not include amount in line 42) ▶ 43	00
44	Payments made with extension	00
45	(Nonresidents, multiply this amount	
	Amount from U.S. return ► by line 14g; part-year residents multiply this amount by line 3) ► 45	0 0
46	Senior Circuit Breaker Credit (part-year residents only; <b>enclose</b> Schedule CB) ▶ 46	00
47	Other refundable credits (from Credit Manager Schedule)	00
48	TOTAL. Add lines 41 through 47	00
49	<b>OVERPAYMENT.</b> If line 40 is <b>smaller</b> than line 48, subtract line 40 from line 48. If line 40 is <b>larger</b> than line 48, go to line 52. If line 40 and line 48 are equal, enter "0" in line 51 ▶ 49	00
<b>50</b>	Amount of overpayment you want APPLIED to your 2017 ESTIMATED TAX ▶ 50	00
51	THIS IS YOUR REFUND. Subtract line 50 from line 49.  Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204 ▶ 51	N D O O
	Direct Deposit of Refund. See instructions.  Type of account (you must select one):	Checking Savings
	Routing number (first two digits must be 01–12 or 21–32) Account number	Ouvings
<b>52</b>	TAX DUE. Subtract line 48 from line 40. Pay online at mass.gov/masstaxconnect, or use Form PV	00
	Pay in full. Write Social Security number(s) on lower left corner of check and be sure to sign check.  Make payable to Commonwealth of Massachusetts. Mail to: Massachusetts DOR, PO Box 7003, Boston, MA 02204.	

0 0

Interest ►

Penalty ►

0 0

M-2210 amount ▶

► Exception. Enclose Form M-2210

0 0

SOCIAL SECU	RITY NUMBER	{	

	hedule NTS-L-NR/PY No Tax Status and Limited Income Credit	2	016
1	5.1% income from this return (from Form 1-NR/PY, line 12)		0
		0	0
2			0
3	Adjusted 5.1% income from this return. Subtract line 2 from line 1. Not less than "0"		
4		U	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"		0
6	Long-term capital gain income. From Schedule D, line 19. Not less than "0"		0
7	Additional income/loss while a nonresident/part-year resident. See instructions		0
8	Total income. Combine lines 3 through 7. Not less than "0"		0
9	Additional adjustments to income while a nonresident/part-year resident. See instructions ▶ 9		0
10	Massachusetts Adjusted Gross Income (AGI). Subtract line 9 from line 8. Not less than "0"	"0" on line donce	
11			
	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,		0
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SOCIAL SECURIT	Y NUMBER		

## **Schedule DI** Dependent Information. Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

2016

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 41 or Form 1-NR/PY, lines 16, 17 or 45. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME M.I. LAST NAME	I. SUCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
► Yes	
2. FIRST NAME M.I. LAST NAME	2. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
► Yes	
	3. SOCIAL SECURITY NUMBER
3. FIRST NAME W.I. LAST NAME	
RELATIONSHIP TO TAXPAYER  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
	M M D D Y Y Y Y
▶ <b>Y</b> es	
4. FIRST NAME M.I. LAST NAME	4. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
▶ <b>○</b> Yes	
5. FIRST NAME M.I. LAST NAME	5. SOCIAL SECURITY NUMBER
	DATE OF BIRTH
No.	
► Yes	6. SOCIAL SECURITY NUMBER
6. FIRST NAME M.I. LAST NAME	0. SUCIAL SECURITY NUMBER
	DATE OF RIGHT
RELATIONSHIP TO TAXPAYER  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
► CYes	
7. FIRST NAME M.I. LAST NAME	7. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
► Yes	
	8. SOCIAL SECURITY NUMBER
	DATE OF BIRTH
► Yes	
9. FIRST NAME M.I. LAST NAME	9. SOCIAL SECURITY NUMBER
	DATE OF BIRTH
► Yes	
10. FIRST NAME M.I. LAST NAME	10. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
► Yes	