

**Form 1-NR/PY** Mass. Nonresident/Part-Year Resident Tax Return **2016**

FIRST NAME	M.I.	LAST NAME	1. YOUR SOCIAL SECURITY NUMBER	
			E	N
SPOUSE'S FIRST NAME	M.I.	LAST NAME	T	E
			R	S
ADDRESS	CITY/TOWN/POST OFFICE/FOREIGN COUNTRY		S	#
ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)	CITY/TOWN/POST OFFICE/FOREIGN COUNTRY		2. SPOUSE'S SOCIAL SECURITY NUMBER	
			E	N
			T	E
			R	S
				#

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 You ☐ \$1 Spouse if filing jointly ..... Total ☐

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶

If **taxpayer(s) is deceased**, fill in appropriate oval(s); see instructions. . . . . ☒ Primary ☐ Spouse

Under age 18; see instructions ..... ▶ ☐ You ▶ ☐ Spouse

Select **only one**: ☐ Nonresident ☐ Filing as **both** a nonresident and ☐ **Fill in if name/address has changed** since 2015

☐ Part-year resident      ☐ part-year resident (see instructions)      ▶ ☐ Fill in if noncustodial parent

☐ Nonresident composite return (see inst.)      ▶ ☐ Fill in if filing Schedule TDS (see instructions)

▼ If showing a loss, mark an X in box at left

<b>a</b>	Total federal income (from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7). . . . .	▶ a	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 auto;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 auto;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 auto;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; 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## 2 PART-YEAR RESIDENTS ONLY

Dates as Massachusetts resident: From ▶ MMDDYYYY To ▶ MMDDYYYY

**3** Total days as Massachusetts resident .....  ÷ 365 = ►

## 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

b. Number of dependents. (**Do not** include yourself or your spouse.) Enter number ▶  × \$1,000 = 4b

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

e. 1. Medical/  
Dental ▶  2. Adoption ▶  1 + 2 = 4e 

**From U.S. Schedule A, line 4** **See instructions**

**f. TOTAL EXEMPTIONS.** Add lines 4a through 4e. Enter here and on line 22a. . . . . ▶ 4f

## 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

**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	Print paid preparer's name	Preparer's SSN or PTIN
Spouse's signature (if filing jointly)	Date	Paid preparer's phone ( )	Paid preparer's EIN
May DOR discuss this return with the preparer?	<input type="radio"/> Yes <input type="radio"/> No	Paid preparer's signature	Date
I do not want my preparer to file my return electronically	<input type="radio"/> Yes <input type="radio"/> No		Fill in if self-employed

b. Amount spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. **Not more than \$2,000** ▶ 15b

FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER

**16** Child under age 13, or disabled dependent/spouse care expenses (from worksheet) ..... ▶ 16

**17** Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of December 31, 2016, or disabled dependent(s) **(only if single, head of household or married filing joint return and not claiming line 16).**

**Not more than two:** a.  $\square \times \$3,600 = \underline{\hspace{2cm}}$  Nonresidents multiply result by line 14g,  
part-year residents multiply result by line 2. . . . . **▶ 17** 

**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.  $\frac{\text{Total Massachusetts rent paid in 2016}}{2} = \dots\dots\dots \times 18$

Nonresidents, during 2016 did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? ☐ Yes ☐ No. If Yes, you do **not** qualify for this deduction.

**19** Other deductions from Schedule Y, line 18 (**enclose** Schedule Y).....▶ 19

**20 TOTAL DEDUCTIONS.** Add lines 15 through 19.....▶ 20

**21 5.1% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than "0"** ..... 21

[illegible]

**23 5.1% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than "0."**

If line 21 is less than line 22, see instructions ..... 23

**24** **INTEREST AND DIVIDEND INCOME** from Schedule B, line 38. **Not less than "0."** 00

(enclose Schedule B) ..... 24

**25 TOTAL TAXABLE 5.1% INCOME.** Add lines 23 and 24. . . . . 25 00

**26 TAX ON 5.1% INCOME** (from tax table). If line 25 is more than \$24,000, multiply by .051.

**Note:** If choosing the optional 5.85% tax rate, fill in oval and see instructions ► ☐ ..... 26

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

a.   $\times .12 = \dots\dots\dots 27$

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

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) ▶ ☐

**29** Credit recapture amount (**enclose** Credit Recapture Schedule; see instructions) . . . . . ▶ 29

\_\_\_\_\_

**30** Additional tax on installment sale (see instructions) ..... ▶ 30

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

**32 TOTAL INCOME TAX.** Add lines 26 through 30 ..... 32 00

## CREDITS

**33** Limited Income Credit. Complete and **enclose** Schedule NTS-L-NR/PY ..... ▶ 33

[illegible]

**35** Other credits (from Credit Manager Schedule) ..... ▶ 35

**36 INCOME TAX AFTER CREDITS.** Subtract total of lines 33 through 35 from line 32. **Not less than "0"** 36 00



SOCIAL SECURITY NUMBER

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

## 2016

[illegible]

**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
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

2. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

3. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

4. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

5. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

6. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

7. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

8. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

9. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

10. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

1. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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2. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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3. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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4. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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5. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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6. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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7. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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8. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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9. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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10. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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