

April 4, 2018

Wangshu Peng

Please find enclosed a copy of your tax return(s) for the tax year ending December 31, 2017.

Form 1040NR – Federal Individual Income Tax Return  
MA Form 1 – Massachusetts Individual Income Tax Return

We prepared your return based on the information you provided. Please review the returns carefully to ensure that there are no omissions and misstatements of material facts.

If you have any questions about your 2017 tax return, please feel free to contact us. We appreciate this opportunity to serve you.

Sincerely,

Senho Ng  
617-386-3811

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

OMB No. 1545-0074

**2017**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/form1040NREZ](http://www.irs.gov/form1040NREZ) for instructions and the latest information.Please print  
or type.  
See  
separate  
instructions.

Your first name and initial

**WANGSHU**

Last name

**PENG**

Identifying number (see instructions)

**699-37-2301**

Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions.

**100 OCEAN VIEW DR Apt. 504**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

**BOSTON, MA 02125**

Foreign country name

Foreign province/state/county

Foreign postal code

**Filing Status**

Check only one box.

**1** ☒ Single nonresident alien**2** ☐ Married nonresident alienAttach  
Form(s)  
W-2 or  
1042-S  
here.  
Also  
attach  
Form(s)  
1099-R if  
tax was  
withheld.

|            |  |           |                |
|------------|--|-----------|----------------|
| <b>3</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .   | <b>3</b>  | <b>64,230.</b> |
| <b>4</b>   | Taxable refunds, credits, or offsets of state and local income taxes . . . . .   | <b>4</b>  |                |
| <b>5</b>   | Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. . . . .  | <b>5</b>  |                |
| <b>6</b>   | Total income exempt by a treaty from page 2, Item J(1)(e) <b>6</b> <b>5,000.</b>   |           |                |
| <b>7</b>   | Add lines 3, 4, and 5 . . . . .  | <b>7</b>  | <b>64,230.</b> |
| <b>8</b>   | Scholarship and fellowship grants excluded . . . . . <b>8</b>  |           |                |
| <b>9</b>   | Student loan interest deduction . . . . . <b>9</b>   |           |                |
| <b>10</b>  | Subtract the sum of line 8 and line 9 from line 7. This is your <b>adjusted gross income</b> . . . . .   | <b>10</b> | <b>64,230.</b> |
| <b>11</b>  | <b>Itemized deductions</b> (see instructions) . . . . .  | <b>11</b> | <b>3,302.</b>  |
| <b>12</b>  | Subtract line 11 from line 10. . . . .   | <b>12</b> | <b>60,928.</b> |
| <b>13</b>  | Exemption (see instructions). . . . .  | <b>13</b> | <b>4,050.</b>  |
| <b>14</b>  | <b>Taxable income.</b> Subtract line 13 from line 12. If line 13 is more than line 12, enter -0- . . . . .                                     | <b>14</b> | <b>56,878.</b> |
| <b>15</b>  | <b>Tax.</b> Find your tax in the tax table in the instructions . . . . .   | <b>15</b> | <b>9,958.</b>  |
| <b>16</b>  | Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . . | <b>16</b> |                |
| <b>17</b>  | Add lines 15 and 16. This is your <b>total tax</b> . . . . . ▶   | <b>17</b> | <b>9,958.</b>  |
| <b>18a</b> | Federal income tax withheld from Form(s) W-2 and 1099-R <b>18a</b> <b>12,015.</b>  |           |                |
| <b>b</b>   | Federal income tax withheld from Form(s) 1042-S . . . . . <b>18b</b> <b>7.</b>   |           |                |
| <b>19</b>  | 2017 estimated tax payments and amount applied from 2016 return <b>19</b>  |           |                |
| <b>20</b>  | Credit for amount paid with Form 1040-C . . . . . <b>20</b>  |           |                |
| <b>21</b>  | Add lines 18a through 20. These are your <b>total payments</b> . . . . . ▶   | <b>21</b> | <b>12,022.</b> |

**Refund**Direct  
deposit?  
See  
instructions.

|            |   |            |               |
|------------|---|------------|---------------|
| <b>22</b>  | If line 21 is more than line 17, subtract line 17 from line 21. This is the amount you <b>overpaid</b> . . . . .              | <b>22</b>  | <b>2,064.</b> |
| <b>23a</b> | Amount of line 22 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . ▶ <input type="checkbox"/> | <b>23a</b> | <b>2,064.</b> |
| <b>b</b>   | Routing number <b>052001633</b> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings  |            |               |
| <b>d</b>   | Account number <b>446031730880</b>  |            |               |
| <b>e</b>   | If you want your refund check mailed to an address outside the United States not shown above, enter that address here:        |            |               |

|           |  |           |  |
|-----------|--|-----------|--|
| <b>24</b> | Amount of line 22 you want <b>applied to your 2018 estimated tax</b> . . . . . ▶ | <b>24</b> |  |
|-----------|--|-----------|--|

**Amount  
You Owe**

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>25</b> | <b>Amount you owe.</b> Subtract line 21 from line 17. For details on how to pay, see instructions. . . . . ▶ | <b>25</b> | <b>0.</b> |
| <b>26</b> | Estimated tax penalty (see instructions) . . . . .   | <b>26</b> |           |

**Third  
Party  
Designee**Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes. Complete the following. ☒ NoDesignee's  
name ▶Phone  
no. ▶Personal identification  
number (PIN) ▶**Sign  
Here**Keep a copy of  
this return for  
your records.

Your signature

Date

Your occupation in the United States

If the IRS sent you an Identity Protection  
PIN, enter it  
here (see inst.)**Wangshu Peng****04/06/18****Paid  
Preparer  
Use Only**

Print/Type preparer's name

**SENHO NG**

Preparer's signature

**SENHO NG**

Date

**04/04/18**Check ☒ if  
self-employed

PTIN

**P02114527**Firm's name ▶ **SENHO NG**

Firm's EIN ▶

Firm's address ▶ **21 Franklin Street  
Braintree, MA 02184**

Phone no.

**(617) 386-3811**

**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? China
- B** In what country did you claim residence for tax purposes during the tax year? China
- 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
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . ☒ Yes ☐ No
- If you answered "Yes," indicate the date and nature of the change. ▶ 12/12/2013 from B1/B2 to F1
- G** List all dates you entered and left the United States during 2017. 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<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|
|  | <u>10/14/2017</u>                       |
| <u>11/04/2017</u>                      |   |
|  |   |
|  |   |

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |

- H** Give number of days (including vacation, non-workdays, and partial days) you were present in the United States during: 2015 357, 2016 345, and 2017 345
- 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 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 |
|---|------------------------|---|---|
| <u>China</u>  | <u>20 (c)</u>          |   | <u>5,000.</u>                                   |
|   |                        |   |   |
|   |                        |   |   |
| <b>(e) Total.</b> Enter this amount on Form 1040NR-EZ, line 6. Do not enter it on line 3 or line 5. . . . . |                        |   | <u>5,000.</u>                                   |

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.

# Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

**WANGSHU PENG**

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ▶

**699-37-2301**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|    |  |    |   |                                 |
|----|--|----|---|---------------------------------|
| 1  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions).   | ▶  | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| 2  | HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).                      | 2  |   |                                 |
| 3  | If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter | 3  |   | <b>3,400.</b>                   |
| 4  | Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs                                       | 4  |   |                                 |
| 5  | Subtract line 4 from line 3. If zero or less, enter -0-  | 5  |   | <b>3,400.</b>                   |
| 6  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter.  | 6  |   | <b>3,400.</b>                   |
| 7  | If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions).   | 7  |   |                                 |
| 8  | Add lines 6 and 7.   | 8  |   | <b>3,400.</b>                   |
| 9  | Employer contributions made to your HSAs for 2017  | 9  |   | <b>750.</b>                     |
| 10 | Qualified HSA funding distributions  | 10 |   |                                 |
| 11 | Add lines 9 and 10   | 11 |   | <b>750.</b>                     |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0-   | 12 |   | <b>2,650.</b>                   |
| 13 | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25  | 13 |   |                                 |

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|     |   |     |                          |
|-----|---|-----|--------------------------|
| 14a | Total distributions you received in 2017 from all HSAs (see instructions)   | 14a |                          |
| b   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).  | 14b |                          |
| c   | Subtract line 14b from line 14a   | 14c |                          |
| 15  | Qualified medical expenses paid using HSA distributions (see instructions).   | 15  |                          |
| 16  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.  | 16  |                          |
| 17a | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here  | ▶   | <input type="checkbox"/> |
| b   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box | 17b |                          |

**For Paperwork Reduction Act Notice, see your tax return instructions.**

Form **8889** (2017)

UYA

**Statement for Exempt Individuals and Individuals  
With a Medical Condition**  
For use by alien individuals only.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form8843](http://www.irs.gov/Form8843) for the latest information.For the year January 1–December 31, 2017, or other tax year  
beginning , and ending

Your first name and initial

**WANGSHU**

Last name

**PENG**

Your U.S. taxpayer identification number, if any

**699-37-2301**Fill in your  
addresses only if  
you are filing this  
form by itself and  
not with your tax  
return

Address in country of residence

Address in the United States

**Part I General Information**

- 1a** Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ **F1 08/11/2014**
- b** Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.  
**F1**
- 2** Of what country were you a citizen during the tax year? **China**
- 3a** What country issued you a passport? **China**
- b** Enter your passport number(s) ▶ **G51515405**
- 4a** Enter the actual number of days you were present in the United States during:  
2017 **345** 2016 **346** 2015 **357**
- b** Enter the number of days in 2017 you claim you can exclude for purposes of the substantial presence test ▶ **345**

**Part II Teachers and Trainees**

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2017 ▶
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ▶
- 7** Enter the type of U.S. visa (J or Q) you held during: ▶ 2011 \_\_\_\_\_ 2012 \_\_\_\_\_  
2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_ 2016 \_\_\_\_\_. If the type of visa you held during any  
of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 8** Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior  
calendar years (2011 through 2016)? . . . . . ☐ Yes ☐ No  
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless  
you meet the *Exception* explained in the instructions.

**Part III Students**

- 9** Enter the name, address, and telephone number of the academic institution you attended during 2017 ▶  
**JOHNS HOPKINS UNIVERSITY, 3400 N CHARLES ST**  
**BALTIMORE, MD, 21218, (667) 208-7001**
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2017 ▶  
**SCOTT KING, 3400 N CHARLES ST**  
**BALTIMORE, MD, 21218, (667) 208-7001**
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2011 \_\_\_\_\_ 2012 \_\_\_\_\_  
2013 **F-1** 2014 **F-1** 2015 **F-1** 2016 **F-1** . If the type of visa you held during any  
of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 12** Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar  
years? . . . . . ☐ Yes ☒ No  
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to  
establish that you do not intend to reside permanently in the United States.
- 13** During 2017, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status  
in the United States or have an application pending to change your status to that of a lawful permanent  
resident of the United States? . . . . . ☐ Yes ☒ No
- 14** If you checked the "Yes" box on line 13, explain ▶

**Part IV Professional Athletes**

**15** Enter the name of the charitable sports event(s) in the United States in which you competed during 2017 and the dates of competition ► \_\_\_\_\_

**16** Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ► \_\_\_\_\_

**Note:** You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

**Part V Individuals With a Medical Condition or Medical Problem**

**17a** Describe the medical condition or medical problem that prevented you from leaving the United States ► \_\_\_\_\_

**b** Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ► \_\_\_\_\_

**c** Enter the date you actually left the United States ► \_\_\_\_\_

**18 Physician's Statement:**

I certify that **WANGSHU PENG**

\_\_\_\_\_  
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

\_\_\_\_\_  
Name of physician or other medical official

\_\_\_\_\_  
Physician's or other medical official's address and telephone number

\_\_\_\_\_  
Physician's or other medical official's signature

\_\_\_\_\_  
Date

**Sign here only if you are filing this form by itself and not with your tax return**

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

► \_\_\_\_\_  
Your signature

► \_\_\_\_\_  
Date

UYA

Form **8843** (2017)



## 2017 Form 1

MA17001011064

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2017 or other taxable

Year beginning

Ending

WANGSHU

PENG

699-37-2301

100 OCEAN VIEW DR

BOSTON

MA 02125

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 Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

Taxpayer deceased

Fill in if under age 18

a. Total federal income 64230

b. Federal adjusted gross income 64230

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

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

c. Age 65 or over before 2018 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

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

2a 4400

× \$1,000 = 2b

× \$700 = 2c

× \$2,200 = 2d

2e

2f

2g 4400

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature Wangshu Peng

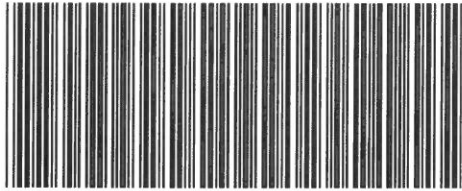
Date 04/06/2018 Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

04/04/2018 09:28:38PM





## 2017 Form 1, pg. 2

MA17001021064

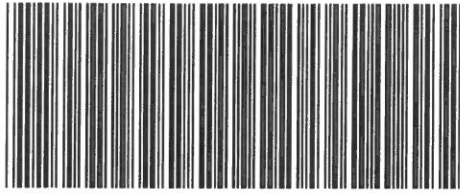
Massachusetts Resident Income Tax Return

699-37-2301

|   |                          |       |
|---|--------------------------|-------|
| 3. Wages, salaries, tips  | 3                        | 69230 |
| 4. Taxable pensions and annuities   | 4                        |       |
| 5. Mass. bank interest: a.  | - b. exemption           | = 5   |
| 6. Business/profession income/loss a.   | + b. Farming income/loss | = 6   |
| 7. Rental, royalty and REMIC, partnership, S corp., trust income/loss   | 7                        |       |
| 8a. Unemployment  | 8a                       |       |
| 8b. Mass. lottery winnings  | 8b                       |       |
| 9. Other income from Schedule X, line 5   | 9                        |       |
| 10. TOTAL 5.1% INCOME   | 10                       | 69230 |
| 11a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement  | 11a                      |       |
| 11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement   | 11b                      |       |
| 12. Child under age 13, or disabled dependent/spouse care expenses  | 12                       |       |
| 13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/17, or disabled dependent(s) |                          |       |
| Not more than two. a. 0   | × \$3,600 = 13           |       |
| 14. Rental deduction. a. 24000  | ÷ 2 = 14                 | 3000  |
| 15. Other deductions from Schedule Y, line 19   | 15                       | 5750  |
| 16. Total deductions. Add lines 11 through 15   | 16                       | 8750  |
| 17. 5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"  | 17                       | 60480 |
| 18. Exemption amount  | 18                       | 4400  |
| 19. 5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"  | 19                       | 56080 |
| 20. INTEREST AND DIVIDEND INCOME  | 20                       |       |
| 21. TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20  | 21                       | 56080 |

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





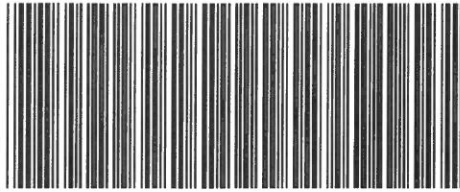
## 2017 Form 1, pg. 3

MA17001031064

Massachusetts Resident Income Tax Return

699-37-2301

|   |                          |      |
|---|--------------------------|------|
| <b>22. TAX ON 5.1% INCOME. Note:</b> 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>                | 2860 |
| <b>23. 12% INCOME.</b> Not less than "0." a.  | $\times .12 =$ <b>23</b> |      |
| <b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS<br>Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 | <b>24</b>                |      |
| <b>25.</b> Credit recapture amount (from Credit Recapture Schedule)   | <b>25</b>                |      |
| <b>26.</b> Additional tax on installment sale   | <b>26</b>                |      |
| <b>27.</b> If you qualify for No Tax Status, fill in and enter "0" on line 28   |                          |      |
| <b>28. TOTAL INCOME TAX.</b> Add lines 22 through 26  | <b>28</b>                | 2860 |
| <b>29.</b> Limited Income Credit  | <b>29</b>                |      |
| <b>30.</b> Income tax due to another state or jurisdiction  | <b>30</b>                |      |
| <b>31.</b> Other credits from Credit Manager Schedule   | <b>31</b>                |      |
| <b>32. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. <b>Not less than "0"</b>   | <b>32</b>                | 2860 |
| <b>33. Voluntary Contributions</b>  |                          |      |
| a. Endangered Wildlife Conservation   | <b>33a</b>               |      |
| b. Organ Transplant Fund  | <b>33b</b>               |      |
| c. Massachusetts AIDS Fund  | <b>33c</b>               |      |
| d. Massachusetts U.S. Olympic Fund  | <b>33d</b>               |      |
| e. Massachusetts Military Family Relief Fund  | <b>33e</b>               |      |
| f. Homeless Animal Prevention and Care  | <b>33f</b>               |      |
| Total. Add lines 33a through 33f  | <b>33</b>                |      |
| <b>34.</b> Use tax due on Internet, mail order and other out-of-state purchases   | <b>34</b>                | 0    |
| <b>35.</b> Health care penalty a. You +b. Spouse -c. Fed. health care penalty   | <b>35</b>                |      |
| <b>36. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 35   | <b>36</b>                | 2860 |

**2017 Form 1, pg. 4**

MA17001041064

Massachusetts Resident Income Tax Return

699-37-2301

|   |    |      |
|---|----|------|
| 37. Massachusetts income tax withheld   | 37 | 3302 |
| 38. 2016 overpayment applied to your 2017 estimated tax   | 38 |      |
| 39. 2017 Massachusetts estimated tax payments   | 39 |      |
| 40. Payments made with extension  | 40 |      |
| 41. Payments made with original return  | 41 |      |
| 42. Earned Income Credit. a. Number of qualifying children 0 Amount from U.S. return $\times .23 =$   | 42 |      |
| <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 |    |      |
| 43. Senior Circuit Breaker Credit   | 43 |      |
| 44. Other Refundable Credits  | 44 |      |
| 45. <b>TOTAL.</b> Add lines 37 through 44   | 45 | 3302 |
| 46. <b>Overpayment.</b> Subtract line 36 from line 45   | 46 | 442  |
| 47. Amount of overpayment you want <b>applied to your 2018 estimated tax</b>  | 47 |      |
| 48. <b>Refund.</b> Subtract line 47 from line 46. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204   | 48 | 442  |

Direct deposit of refund. Type of account ☒ checking  
savings

RTN # 052001633 account # 446031730880

49. **Tax due. Pay online at [www.mass.gov/dor/payonline](http://www.mass.gov/dor/payonline).** Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 **49**

|          |         |             |                           |
|----------|---------|-------------|---------------------------|
| Interest | Penalty | M-2210 amt. | EX enclose<br>Form M-2210 |
|----------|---------|-------------|---------------------------|

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

Print paid preparer's name

SENHO NG

Paid preparer's signature

Yes

(this may delay your refund)

Date

Check if self-employed

☒

Paid preparer's phone

617-386-3811

Paid preparer's

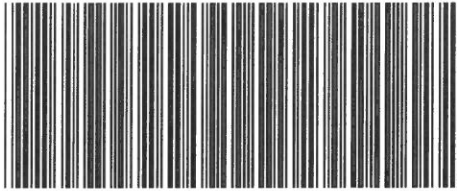
SSN/PTIN

P02114527

Paid preparer's EIN

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

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## 2017 Schedule HC

MA17029011064

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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699-37-2301

1a. Date of birth 05271991 1b. Spouse's date of birth 1c. Family size 01  
2. Federal adjusted gross income 2 64230

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 2017, 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 2017, 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 government program (enter the program name(s) only in lines 4f and/or 4g below). **Note:** 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.

AETNA

06-6033492

232334359

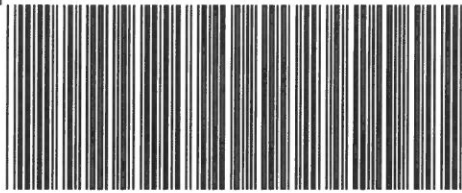
4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

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. Other wise, 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 2017, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other-wise, go to line 6.

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**2017 Schedule X & Y**  
MA17SXY011064

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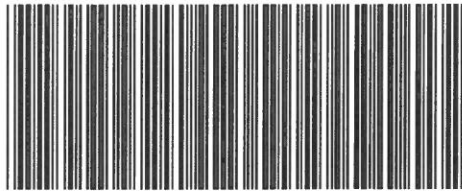
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**Schedule X. Other Income**

- |  |   |
|--|---|
| 1. Alimony received  | 1 |
| 2. Taxable IRA/Keogh and Roth IRA conversion distributions   | 2 |
| 3. Other gambling winnings. <b>Not less than "0."</b> Certain gambling losses are deductible under Massachusetts law | 3 |
| 4. Fees and other 5.1% income. <b>Not less than "0"</b>  | 4 |
| 5. Total other 5.1% income. Add lines 1 through 4. <b>Not less than "0"</b>  | 5 |

**Schedule Y. Other Deductions**

- |   |    |      |
|---|----|------|
| 1. Allowable employee business expenses   | 1  |      |
| 2. Penalty on early savings withdrawal  | 2  |      |
| 3. Alimony paid   | 3  |      |
| 4. Amounts excludable under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5  | 4  | 5000 |
| Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F   |    |      |
| X Income exempt under U.S. tax treaty   |    |      |
| 5. Moving expenses  | 5  |      |
| 6. Medical savings account deduction  | 6  |      |
| 7. Self-employed health insurance deduction   | 7  |      |
| 8. Health care accounts deduction   | 8  |      |
| 9. Certain qualified deductions from U.S. Form 1040   |    |      |
| Certain business expenses from U.S. Form 1040   | 9  |      |
| 10. Student loan interest   | 10 |      |
| 11. College Tuition Deduction   | 11 |      |
| 12. Undergraduate student loan interest deduction   | 12 |      |
| 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 |      |
| 14. Claim of right deduction  | 14 |      |
| 15. Commuter deduction  | 15 | 750  |
| 16. Human organ donation deduction (full-year residents only)   | 16 |      |
| 17. Certain gambling losses   | 17 |      |
| 18. Prepaid tuition or college savings program deduction  | 18 |      |
| 19. Total other deductions. Add lines 1 through 18  | 19 | 5750 |



**2017 Schedule INC**  
MA17INC011064

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699-37-2301

**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 |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 23-2453088           | 3302                  | 69230                 |                         |                       | W2                       |

|        |      |       |  |  |  |
|--------|------|-------|--|--|--|
| TOTALS | 3302 | 69230 |  |  |  |
|--------|------|-------|--|--|--|

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