

Form 1040NR

Department of the Treasury
Internal Revenue ServiceU.S. Nonresident Alien Income Tax Return
► Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074

For the year January 1 - December 31, 2017, or other tax year
, 2017, and ending , 20

2017

Please print
or typeYour first name and initial Last name Identifying number (see instructions)
WANGSHU **PENG** **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
StatusCheck only
one box.

- 1 Single resident of Canada or Mexico or single U.S. national
 2 Other single nonresident alien
 3 Married resident of Canada or Mexico or married U.S. national

If you checked box 3 or 4 above, enter the information below.

- 4 Married resident of South Korea
 5 Other married nonresident alien
 6 Qualifying widow(er) (see instructions)

Child's name ►

Exemptions

If more
than four
dependents,
see instructions.

- 7a Yourself. If someone can claim you as a dependent, do not check box 7a.
 b Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any U.S. gross income

} Boxes checked
on 7a and 7b

1

No. of children
on 7c who:

- lived with you
- did not live with you due to divorce or separation (see instr.)

0

Dependents on 7c
not entered above

0

Add numbers on
lines above ►

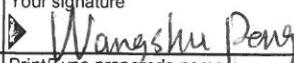
1

Income
Effectively
Connected
With U.S.
Trade/
BusinessAttach Form(s)
W-2, 1042-S,
SSA-1042S,
RRB-1042S,
and 8288-A
here. Also
attach Form(s)
1099-R if tax
was withheld.

- 8 Wages, salaries, tips, etc. Attach Form(s) W-2
 9a Taxable interest
 b Tax-exempt interest. Do not include on line 9a 9b
 10a Ordinary dividends
 b Qualified dividends (see instructions) 10b
 11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions).
 12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)
 13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)
 14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here
 15 Other gains or (losses). Attach Form 4797.
 16a IRA distributions 16a 16b Taxable amount (see instructions)
 17a Pensions and annuities 17a 17b Taxable amount (see instructions)
 18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)
 19 Farm income or (loss). Attach Schedule F (Form 1040)
 20 Unemployment compensation.
 21 Other income. List type and amount (see instructions)
 22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e) 22 5,000.
 23 Combine the amounts in the far right column for lines 8 through 21. This is your total
effectively connected income ► 23 64,299.

Adjusted
Gross
Income

- 24 Educator expenses (see instructions)
 25 Health savings account deduction. Attach Form 8889
 26 Moving expenses. Attach Form 3903
 27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040)
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction (see instructions)
 30 Penalty on early withdrawal of savings
 31 Scholarship and fellowship grants excluded
 32 IRA deduction (see instructions)
 33 Student loan interest deduction (see instructions)
 34 Domestic production activities deduction. Attach Form 8903
 35 Add lines 24 through 34
 36 Subtract line 35 from line 23. This is your adjusted gross income ► 36 64,299.

Tax and Credits	37 Amount from line 36 (adjusted gross income)	37	64,299.
	38 Itemized deductions from page 3, Schedule A, line 15	38	3,302.
	39 Subtract line 38 from line 37	39	60,997.
	40 Exemptions (see instructions)	40	4,050.
	41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	56,947.
	42 Tax (see instructions). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972	42	9,970.
	43 Alternative minimum tax (see instructions). Attach Form 6251	43	
	44 Excess advance premium tax credit repayment. Attach Form 8962	44	
	45 Add lines 42, 43, and 44 ►	45	9,970.
	46 Foreign tax credit. Attach Form 1116 if required	46	
47 Credit for child and dependent care expenses. Attach Form 2441	47		
48 Retirement savings contributions credit. Attach Form 8880	48		
49 Child tax credit. Attach Schedule 8812, if required	49		
50 Residential energy credit. Attach Form 5695	50		
51 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	51		
52 Add lines 46 through 51. These are your total credits	52	0.	
53 Subtract line 52 from line 45. If line 52 is more than line 45, enter -0- ►	53	9,970.	
Other Taxes	54 Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	0.
	55 Self-employment tax. Attach Schedule SE (Form 1040)	55	
	56 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	56	
	57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
	58 Transportation tax (see instructions)	58	
	59a Household employment taxes from Schedule H (Form 1040)	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)	60	
	61 Add lines 53 through 60. This is your total tax ►	61	9,970.
	Payments	62 Federal income tax withheld from: a Form(s) W-2 and 1099.	62a
b Form(s) 8805		62b	
c Form(s) 8288-A		62c	
d Form(s) 1042-S		62d	7.
63 2017 estimated tax payments and amount applied from 2016 return		63	
64 Additional child tax credit. Attach Schedule 8812		64	
65 Net premium tax credit. Attach Form 8962		65	
66 Amount paid with request for extension to file (see instructions)		66	
67 Excess social security and tier 1 RRTA tax withheld (see instructions)		67	
68 Credit for federal tax paid on fuels. Attach Form 4136		68	
69 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	69		
70 Credit for amount paid with Form 1040-C	70		
71 Add lines 62a through 70. These are your total payments ►	71	12,022.	
Refund Direct deposit? See instructions.	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	2,052.
	73a Amount of line 72 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/>	73a	2,052.
	b Routing number 052001633 ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 446031730880		
	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here		
74 Amount of line 72 you want applied to your 2018 estimated tax ► 74	75	0.	
Amount You Owe	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions ►	75	0.
76 Estimated tax penalty (see instructions)	76		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
Designee's name ►	Phone no. ►	Personal identification number (PIN) ►	
Sign Here Keep a copy of this return for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Your signature ► 	Date 04/14/2018	Your occupation in the United States	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Print/Type preparer's name SENHO NG	Preparer's signature SENHO NG	Date 04/13/18 Check <input checked="" type="checkbox"/> 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 A—Itemized Deductions (see instructions)

07

Taxes You Paid	1 State and local income taxes	1	3,302.
Gifts to U.S. Charities	2 Caution: If you made a gift and received a benefit in return, see instructions. 2 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 3 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500 4 Carryover from prior year	2 3 4	
	5 Add lines 2 through 4	5	0.
Casualty and Theft Losses	6 Casualty or theft loss(es). Attach Form 4684. See instructions	6	0.
Job Expenses and Certain Miscellaneous Deductions	7 Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or Form 2106-EZ if required. See instructions ► 8 Tax preparation fees 9 Other expenses. See instructions for expenses to deduct here. List type and amount ► 10 Add lines 7 through 9 11 Enter the amount from Form 1040NR, line 37 11 12 Multiply line 11 by 2% (0.02)	7 8 9 10 11 12	
	13 Subtract line 12 from line 10. If line 12 is more than line 10, enter -0-	13	0.
Other Miscellaneous Deductions	14 Other - see instructions for expenses to deduct here. List type and amount ► 15 Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR: • \$313,800 if you checked box 6; • \$261,500 if you checked box 1 or 2; or • \$156,900 if you checked box 3, 4, or 5? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR, line 38. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38.	14	0.
Total Itemized Deductions		15	3,302.

Schedule NEC — Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Nature of income		Enter amount of income under the appropriate rate of tax (see instructions)		
		(a) 10%	(b) 15%	(c) 30%
				(d) Other (specify) 0.00 %
1	Dividends paid by:			
a	U.S. corporations	1a		
b	Foreign corporations	1b		
2	Interest:			
a	Mortgage	2a		
b	Paid by foreign corporations	2b		
c	Other	2c		
3	Industrial royalties (patents, trademarks, etc.)	3		
4	Motion picture or T.V. copyright royalties	4		
5	Other royalties (copyrights, recording, publishing, etc.)	5		
6	Real property income and natural resources royalties	6		
7	Pensions and annuities.	7		
8	Social security benefits.	8		
9	Capital gain from line 18 below	9		
10	Gambling - Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. a Winnings _____ b Losses _____	10c		
11	Gambling winnings - Residents of countries other than Canada. Note: Losses not allowed	11		
12	Other (specify) ▶ _____	12		
13	Add lines 1a through 12 in columns (a) through (d)	13		
14	Multiply line 13 by rate of tax at top of each column	14		
15	Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54	15		
Capital Gains and Losses From Sales or Exchanges of Property				
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.				
16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price
				(e) Cost or other basis
				(f) LOSS If (e) is more than (d), subtract (d) from (e)
				(g) GAIN If (d) is more than (e), subtract (e) from (d)
17	Add columns (f) and (g) of line 16			17 ()
18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-)			18 ▲

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: Yes No

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 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 mm/dd/yy	Date departed United States mm/dd/yy
	<u>10/14/2017</u>
<u>11/04/2017</u>	

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

H Give number of days (including vacation, nonworkdays, 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 Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L 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>

(e) Total. Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12 5,000.

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)

OMB No. 1545-0074

2017

Attachment
Sequence No. 52Department of the Treasury
Internal Revenue Service► Attach to Form 1040 or Form 1040NR.
► Go to www.irs.gov/Form8889 for instructions and the latest information.

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

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

WANGSHU PENG

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).
- 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. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).
- 3 If you were under age 55 at the end of 2017, and on the first day of **every** month during 2017, you were, or were considered, an eligible individual with the **same** coverage, enter \$3,400 (\$6,750 for family coverage). **All others**, see the instructions for the amount to enter
- 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
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 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.
- 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).
- 8 Add lines 6 and 7.
- 9 Employer contributions made to your HSAs for 2017
- 10 Qualified HSA funding distributions
- 11 Add lines 9 and 10
- 12 Subtract line 11 from line 8. If zero or less, enter -0-.
- 13 **HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25

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

<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	
3	3,400.
4	
5	3,400.
6	3,400.
7	
8	3,400.
9	750.
10	
11	750.
12	2,650.
13	

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	
14b	
14c	
15	
16	
17b	

- 14a Total distributions you received in 2017 from all HSAs (see instructions)
- 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)
- c Subtract line 14b from line 14a
- 15 Qualified medical expenses paid using HSA distributions (see instructions)
- 16 **Taxable HSA distributions.** 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.
- 17a If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ►
- b **Additional 20% tax** (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

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

UYA

Form 8889 (2017)

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

2017

Attachment
Sequence No. 102Department of the Treasury
Internal Revenue Service

beginning

For the year January 1–December 31, 2017, or other tax year
, 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 _____. 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 _____. 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**

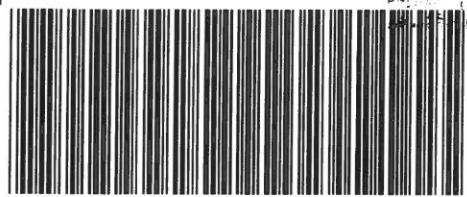
Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

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

Apt. no. 504

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

Name/address changed since 2016

Fill in if noncustodial parent

Fill in if filing Schedule TDS

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 64299

b. Federal adjusted gross income 64299

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

4400

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

0

× \$1,000 = 2b

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

0

× \$700 = 2c

d. Blindness You + Spouse =

0

× \$2,200 = 2d

e. Medical/dental

2e

f. Adoption

2f

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

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

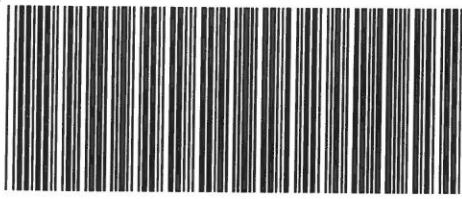
Wangshu Peng

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

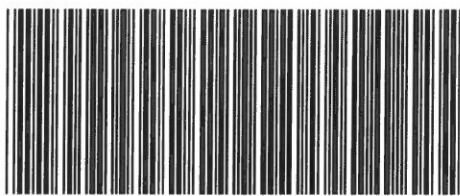
**2017 Form 1, pg. 2**

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	69
21.	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	56149

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

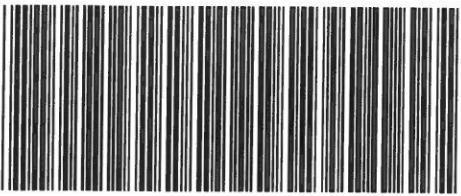
**2017 Form 1, pg. 3**

MA17001031064

Massachusetts Resident Income Tax Return

699-37-2301

22. TAX ON 5.1% INCOME. 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	22	2864
23. 12% INCOME. Not less than "0." a.	$\times .12 = \mathbf{23}$	
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	24	
25. Credit recapture amount (from Credit Recapture Schedule)	25	
26. Additional tax on installment sale	26	
27. If you qualify for No Tax Status, fill in and enter "0" on line 28		
28. TOTAL INCOME TAX. Add lines 22 through 26	28	2864
29. Limited Income Credit	29	
30. Income tax due to another state or jurisdiction	30	
31. Other credits from Credit Manager Schedule	31	
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	2864
33. Voluntary Contributions		
a. Endangered Wildlife Conservation	33a	
b. Organ Transplant Fund	33b	
c. Massachusetts AIDS Fund	33c	
d. Massachusetts U.S. Olympic Fund	33d	
e. Massachusetts Military Family Relief Fund	33e	
f. Homeless Animal Prevention and Care	33f	
Total. Add lines 33a through 33f	33	
34. Use tax due on Internet, mail order and other out-of-state purchases	34	0
35. Health care penalty a. You +b. Spouse -c. Fed. health care penalty	35	
36. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35	36	2864



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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	$\times .23 = 42$	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
43.	Senior Circuit Breaker Credit	43	
44.	Other Refundable Credits	44	
45.	TOTAL. Add lines 37 through 44	45	3302
46.	Overpayment. Subtract line 36 from line 45	46	438
47.	Amount of overpayment you want applied to your 2018 estimated tax	47	
48.	Refund. Subtract line 47 from line 46. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	48	438

Direct deposit of refund. Type of account checking

savings

RTN # 052001633 account # 446031730880

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

Interest Penalty M-2210 amt.

EX enclose
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

Yes

(this may delay your refund)

Paid preparer's

Print paid preparer's name

Date

Check if self-employed

SSN/PTIN

SENHO NG

X

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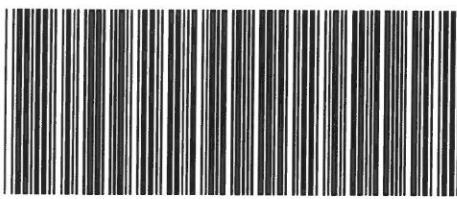
Paid preparer's signature

Paid preparer's phone

Paid preparer's EIN

617-386-3811

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



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	64299

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.
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.

3a You: <input checked="" type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None
3b Spouse: <input type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None

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.

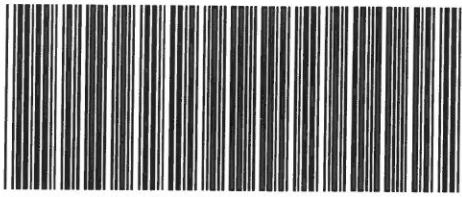
4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/> You	Spouse
4b. MassHealth. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including 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. Otherwise, go to line 6.



2017 Schedule B

MA17010011064

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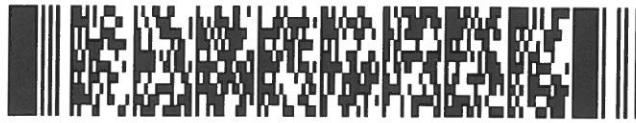
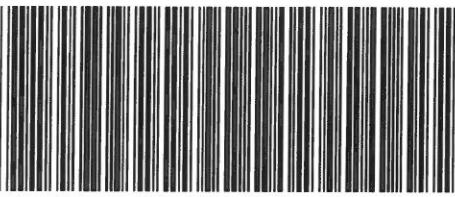
699-37-2301

Part 1. Interest and Dividend Income

1. Total interest income	1
2. Total ordinary dividends	2
3. Other interest and dividends not included above	3
4. Total interest and dividends	4
5. Total interest from Massachusetts banks	5
6. Other interest and dividends to be excluded	6
7. Subtotal	7
8. Allowable deductions from your trade or business	8
9. Subtotal	9

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Short-term capital gains	10
11. Long-term capital gains on collectibles and pre-1996 installment sales	11
12. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12
13. Add lines 10 through 12	13
14. Allowable deductions from your trade or business	14
15. Subtotal	15
16. Short-term capital losses	16
17. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17
18. Prior short-term unused losses for years beginning after 1981	18
19. Combine lines 15 through 18	19
20. Short-term losses applied against interest and dividends	20



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699-37-2301 MA17010021064

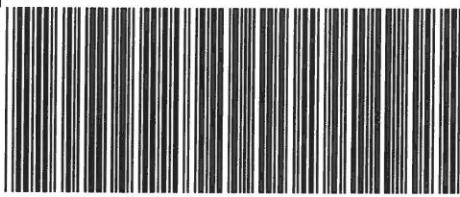
21. Available short-term losses	21
22. Short-term losses applied against long-term gains	22
23. Short-term losses available for carryover in 2018	23
24. Short-term gains and long-term gains on collectibles	24
25. Long-term losses applied against short-term gain	25
26. Subtotal	26
27. Long-term gains deduction	27
28. Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	69
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	69
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	69
34. Enter the amount from line 28	34	

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35. Adjusted gross interest, dividends and certain capital gains	35	69
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	69
38. Interest and dividends taxable at 5.1%	38	
39. Taxable 12% capital gains	39	
40. Available short-term losses for carryover in 2018	40	



2017 Schedule X & Y

MA17SXY011064

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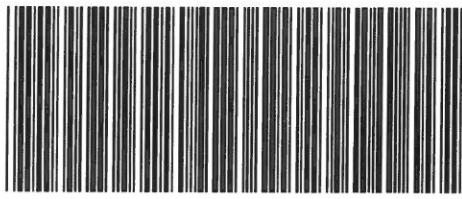
699-37-2301

Schedule X. Other Income

1. Alimony received	1
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2
3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law	3
4. Fees and other 5.1% income. Not less than "0"	4
5. Total other 5.1% income. Add lines 1 through 4. Not less than "0"	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 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	4	5 000
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