



**2024 Federal Tax Return Filing**  
**Instructions**  
**FOR THE YEAR ENDING**  
**December 31, 2024**

<b>Prepared for</b>	DONALD W BLAIR JR																
<b>Tax Summary</b>	<table><tr><td>Gross Income.....</td><td>\$0</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$0</td></tr><tr><td>Total Deductions.....</td><td>\$14600</td></tr><tr><td>Total Taxable Income.....</td><td>\$0</td></tr><tr><td>Total Tax.....</td><td>\$0</td></tr><tr><td>Total Payments.....</td><td>\$0</td></tr><tr><td>Refund Amount.....</td><td>\$0</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$0	Adjusted Gross Income.....	\$0	Total Deductions.....	\$14600	Total Taxable Income.....	\$0	Total Tax.....	\$0	Total Payments.....	\$0	Refund Amount.....	\$0	Amount You Owe.....	\$0
Gross Income.....	\$0																
Adjusted Gross Income.....	\$0																
Total Deductions.....	\$14600																
Total Taxable Income.....	\$0																
Total Tax.....	\$0																
Total Payments.....	\$0																
Refund Amount.....	\$0																
Amount You Owe.....	\$0																
<b>Make check payable to</b>																	
<b>Mailing Address</b>	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002																

**Instructions**

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Sign and date Form. Assemble what you need to mail. Attach any schedules and forms behind Form 1040 in order of the Attachment Sequence Number shown in the upper right corner of the schedule or form.

If there are supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Do not attach correspondence or other items unless required to do so.

Attach a copy of each W-2, W-2G, and 2439 to the front of Form 1040. Also attach Form(s) 1099-R or 1099-G if tax was withheld.

Pay balance due on your taxes Make your check or money order for payable to the United States Treasury. Do not send cash and do not forget to sign it. Write your Social Security number(s) and daytime phone number on your check or money order (U.S. funds only).



**2024 STATE TAX RETURN FILING  
INSTRUCTIONS  
MASSACHUSETTS  
FOR THE YEAR ENDING  
December 31, 2024**

<b>Prepared for</b>	DONALD W BLAIR																					
<b>Tax Summary</b>	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>0</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>0</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>0</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>0</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>440</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>440</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>0</td></tr></table>	Adjusted Gross Income.....	\$	0	Total Deductions.....	\$	0	Total Taxable Income.....	\$	0	Total Tax.....	\$	0	Total Payments.....	\$	440	Refund Amount.....	\$	440	Amount You Owe.....	\$	0
Adjusted Gross Income.....	\$	0																				
Total Deductions.....	\$	0																				
Total Taxable Income.....	\$	0																				
Total Tax.....	\$	0																				
Total Payments.....	\$	440																				
Refund Amount.....	\$	440																				
Amount You Owe.....	\$	0																				
<b>Make check payable to</b>																						
<b>Mailing Address</b>	MASSACHUSETTS DEPARTMENT OF REVENUE P.O. BOX 7000 BOSTON, MA 02204-7000																					

**Special Instructions**

Sign and Date Your Return

Please Sign and Date Form Form1. If filing a joint return both you and your spouse need to sign the form.

Assemble What You Need to Mail

Attach any schedules and forms behind Form Form1. Include all pages of the Form1. If there are supporting statements, arrange them in the same order as the schedules and forms they support and attach them last. Attach a copy of each W-2, W-2G, 1099R, and 1099G for which MA tax has been withheld.

Mail Form Form1 & Other Documents To:

Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or UPS.

Keep A Copy



**2024 STATE TAX RETURN FILING  
INSTRUCTIONS  
MASSACHUSETTS  
FOR THE YEAR ENDING  
December 31, 2024**

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

# 2024 TWO YEAR COMPARISON

DONALD W BLAIR JR  
024-62-4219

Keep for Your Records

	2024	2023	Difference
Filing status .....	Single	Single	
<b>INCOME:</b>			
Wages, salaries, tips, etc. ....			
Interest income .....			
Ordinary dividend income .....			
IRA distributions and pension income .....			
Taxable social security income .....			
Capital gain or (loss) (Schedule D) .....			
<b>Schedule 1 - Income</b>			
Refunds of state and local taxes .....			
Alimony received .....			
Business income or (loss) (Schedule C) .....		1,349	-1,349
Other gains or (losses) (Form 4797) .....			
Rental real estate, partnerships, estates, etc. (Schedule E) ....			
Farm income or (loss) (Schedule F) .....			
Unemployment compensation .....			
Other income .....			
<b>Total income</b> .....		1,349	-1,349
<b>ADJUSTMENTS:</b>			
<b>Schedule 1 - Adjustments</b>			
Educator expenses .....			
Busn expenses for reservists, performing artists, etc .....			
Health savings account deduction .....			
Moving expenses .....			
Deductible part of self-employment tax .....		96	-96
Self-employed SEP, SIMPLE and qualified plans deduction ...			
Self-employed health insurance .....			
Penalty on early withdrawal of savings .....			
Alimony paid .....			
IRA contributions .....			
Student loan interest deduction .....			
Archer MSA deduction .....			
Other adjustments .....			
<b>Total adjustments</b> .....		96	-96
<b>ADJUSTED GROSS INCOME:</b> .....		1,253	-1,253
<b>DEDUCTIONS:</b>			
Standard deduction or Itemized deductions .....	14,600	13,850	750
Charitable contributions if taking standard deduction .....	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses .....			
Sales, income, and other taxes paid .....	356		356
Interest paid .....			
Gifts to charity .....			
Casualty and theft losses .....			
Other miscellaneous deductions .....			
Qualified business income deduction .....			
<b>TAXABLE INCOME:</b> .....			

# 2024 TWO YEAR COMPARISON

DONALD W BLAIR JR  
024-62-4219

Keep for Your Records

	2024	2023	Difference
<b>TAX COMPUTATION (BEFORE CREDITS):</b>			
Tax .....			
Tax calculation method .....	TABLE	Table	
<b>Schedule 2 - Taxes</b>			
Additions to Tax .....			
Alternative minimum tax .....			
Total taxes .....			
Tax rate .....	10%	10%	
<b>CREDITS:</b>			
Child and other dependents tax credit .....			
<b>Schedule 3 - Non-Refundable Credits</b>			
Foreign tax credit .....			
Child care credit .....			
Education credit .....			
Retirement savings contribution credit .....			
Other credits .....			
Total credits .....			
<b>OTHER TAXES:</b>			
<b>Schedule 2 - Other Taxes</b>			
Self-employment tax .....		191	-191
Additional tax on IRAs .....			
Other taxes .....			
<b>TOTAL TAXES:</b> .....		191	-191
<b>PAYMENTS:</b>			
Federal income tax withheld .....			
Estimated payments made .....			
Earned income credit .....		434	-434
Refundable child tax credit or additional child tax credit .....			
American opportunity credit .....			
<b>Schedule 3 - Refundable Credits &amp; Payments</b>			
ACA premium tax credit .....			
Qualified sick and family leave credit .....			
Other payments .....			
Total payments .....		434	-434
<b>AMOUNT DUE / REFUND:</b>			
Amount overpaid .....		243	-243
Overpayment applied to next year .....			
Refund .....		243	-243
Amount due .....			
Penalty .....			

## Tax Calculation Methods:

Sch D = Sch D tax worksheet  
Sch J = Inc Aver for Farmer/Fisherman  
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS  
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)  
TABLE = Tax Table

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20 \_\_\_\_ See separate instructions.

Your first name and middle initial DONALD W	Last name BLAIR JR	<b>Your social security number</b> 024-62-4219
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. 30 Shawmut Rd		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b>
City, town, or post office. If you have a foreign address, also complete spaces below. Waltham		State MA	
ZIP code 02452			
Foreign country name	Foreign province/state/county	Foreign postal code	

**Filing Status** ☒ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

**Age/Blindness** **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Coleman	Blair	731-65-6202	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a Form W-2, see instructions.	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>	
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b>
	<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>2b</b> Taxable interest . . . . . <b>2b</b>
	<b>3a</b> Qualified dividends . . . . . <b>3a</b>	<b>b</b> Ordinary dividends . . . . . <b>3b</b>
	<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>b</b> Taxable amount . . . . . <b>4b</b>
	<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>b</b> Taxable amount . . . . . <b>5b</b>
	<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>b</b> Taxable amount . . . . . <b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>		
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b> Additional income from Schedule 1, line 10 . . . . .	<b>8</b>	
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b> 14,600	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b> 14,600	
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b> 0	

**Attach Sch. B if required.**

**Standard Deduction for--**

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Ded., see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

<b>Tax and Credits</b>	<b>16 Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	0
	<b>17</b> Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b> Add lines 16 and 17	<b>18</b>	0
	<b>19</b> Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b> Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b> Add lines 19 and 20	<b>21</b>	
	<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0
	<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0	

<b>Payments</b>	<b>25</b> Federal income tax withheld from:			
	a Form(s) W-2	<b>25a</b>		
	b Form(s) 1099	<b>25b</b>		
	c Other forms (see instructions)	<b>25c</b>		
	d Add lines 25a through 25c	<b>25d</b>		
	<b>26</b> 2024 estimated tax payments and amount applied from 2023 return	<b>26</b>		
	<b>27</b> Earned income credit (EIC)	<b>27</b>		
	<b>28</b> Additional child tax credit from Schedule 8812	<b>28</b>		
	<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>		
	<b>30</b> Reserved for future use	<b>30</b>		
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>			
<b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>			
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>			

<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
	<b>b</b> Routing number XXXXXXXXXXXXXXXXXXXX <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
<b>36</b> Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	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	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 6512524765	Email address donblair@gmail.com		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Phone no.			
	Firm's address	Firm's EIN			

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2024)

SCHEDULE 8812  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Credits for Qualifying Children  
and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 47

Name(s) shown on return

DONALD W BLAIR JR

Your social security number

024-62-4219

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	
4	Number of qualifying children under age 17 with the required social security no.	4	1
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly--\$400,000 • All other filing statuses--\$200,000	9	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	12	2,000
13	Enter the amount from <b>Credit Limit Worksheet A</b>	13	
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	14	0

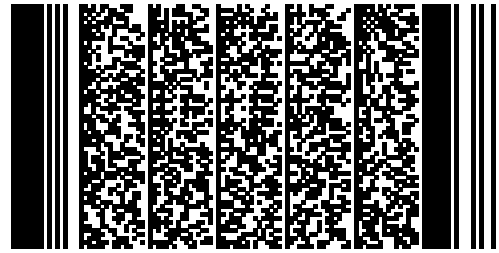
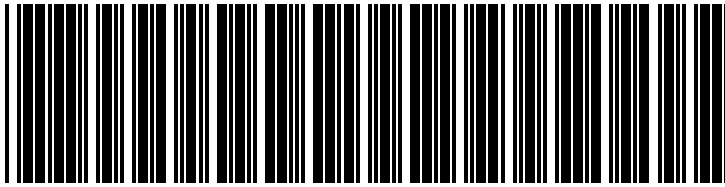
Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2024





# 2024 Form 1

MA24001011729

## Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2024 or other taxable

Year beginning

Ending

Donald

W Blair JR

024-62-4219

30 Shawmut Rd

Waltham

MA 02452

Fill in if: Amended return Other jurisdiction change Enter date of change  
Federal amendment Amended return due to IRS BBA Partnership Audit

### State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

a. Total federal income

b. Federal adjusted gross income

0

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if you are a custodial parent who has released claim to exemption for child(ren)

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

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

Fill in if not using same filing status on the federal return

☒ Single

Married filing jointly

Head of household

Married filing separate return NRA

Fill in if joint filing exemption for spouse with Massachusetts gross income under \$8,000

### 2. Exemptions

a. Personal exemptions

b. No. of dependents. (Do not include yourself or your spouse.) Enter number

1

c. Age 65 or over before 2025 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

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

2a 4400

x \$1,000 = 2b 1000

x \$700 = 2c

x \$2,200 = 2d

2e

2f

2g 5400

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

Your signature

Date

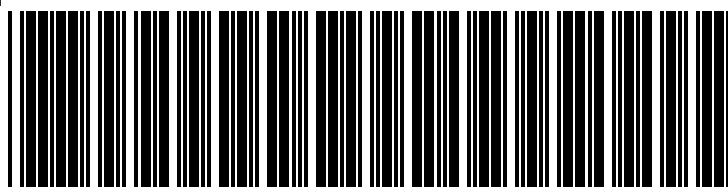
Spouse's signature

Date

donblair@gmail.com

6512524765

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



2024 Form 1, pg. 2

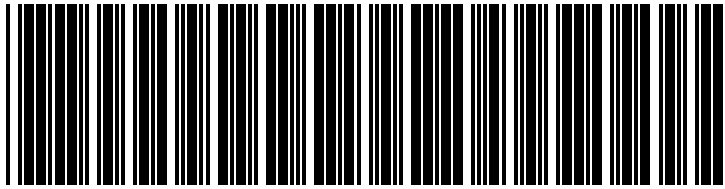
MA24001021729

Massachusetts Resident Income Tax Return

024-62-4219

3.	Wages, salaries, tips	3	
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest	5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
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 7	9	
10.	<b>TOTAL 5.0% INCOME</b>	10	0
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.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a.	÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	
16.	<b>Total deductions.</b> Add lines 11 through 15	16	
17.	<b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. Not less than "0"	17	
18.	Exemption amount	18	5400
19.	<b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. Not less than "0"	19	
20.	<b>INTEREST AND DIVIDEND INCOME</b>	20	
21.	<b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 19 and 20	21	
22.	<b>TAX ON 5.0% 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	22	
23.	<b>INCOME FROM SCHEDULE B.</b> Not less than "0."		
a.	x .085 = <b>23a</b>		
b.	x .12 = <b>23b</b>		
	<b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 23a and 23b	23	

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

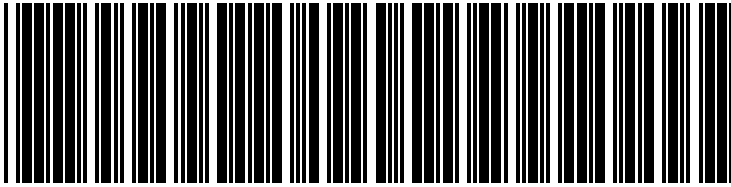
**2024 Form 1, pg. 3**

MA24001031729

Massachusetts Resident Income Tax Return  
024-62-4219

<b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Sch. D-IS	<b>24</b>
Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	
<b>25. Credit recapture amount (from Credit Recapture Schedule)</b>	<b>25</b>
<b>26. Additional tax on installment sale</b>	<b>26</b>
<b>27. If you qualify for No Tax Status, fill in and enter "0" on line 28</b>	<b>X</b>
<b>28. TOTAL INCOME TAX.</b>	
a. Income tax. Add lines 22 through 26	28a
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b
c. Total tax. Add lines 28a and 28b	<b>28</b>
<b>29. Limited Income Credit</b>	<b>29</b>
<b>30. Income tax due to another state or jurisdiction</b>	<b>30</b>
<b>31. Other credits from Credit Manager Schedule</b>	<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>
<b>33. Voluntary Contributions</b>	
a. Endangered Wildlife Conservation	<b>33a</b>
b. Organ Transplant Fund	<b>33b</b>
c. Massachusetts Public Health HIV and Hepatitis 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. Use tax due on Internet, mail order and other out-of-state purchases</b>	<b>34</b>
<b>35. Health care penalty</b> a. You + b. Spouse	<b>35</b>
<b>36. Amended return only.</b> Overpayment from original return	<b>36</b>
<b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 36	<b>37</b>
<b>38. a. Massachusetts income tax withheld Form(s) W-2</b>	<b>38a</b>
b. Massachusetts income tax withheld from Form(s) 1099	<b>38b</b>
c. Massachusetts income tax withheld from other forms	<b>38c</b>
Total. Add lines 38a through 38c	<b>38</b>





2024 Schedule DI

MA24SDI011729

Donald

W Blair JR

024-62-4219

Schedule DI. Dependent Information

Coleman  
SON

Blair

731656202

06032019

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

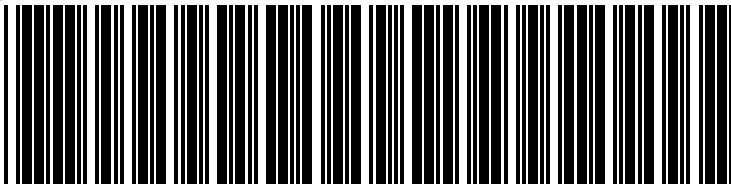
Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?



## 2024 Schedule HC

MA24029011729

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.

Donald

W Blair JR

024-62-4219

- 1a. Date of birth 03041973 1b. Spouse's date of birth 1c. Family size 2
2. Federal adjusted gross income 2 0
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 2024, you turned 18, you were a part-year resident or a taxpayer was deceased. | 3a You:    | <input checked="" type="checkbox"/> Full-year MCC | Part-year MCC | No MCC/None |
|  | 3a 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 2024, 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  | <input checked="" type="checkbox"/> You | Spouse |
| 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5   | You                                     | Spouse |
| 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5  | You                                     | Spouse |
| 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). 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.
- 4g. **Spouse's Health Insurance.** Complete if you answered line(s) 4a or 4e and go to line 5.
5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2024, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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**2024 MASSACHUSETTS SCHEDULE B, LINE 36 AND  
SCHEDULE D, LINE 20 WORKSHEET**

DONALD W BLAIR JR  
024-62-4219

**Keep for Your Records**

**Schedule B, Line 36 and Schedule D, Line 20 Worksheet**  
**Exemptions from Interest and Dividend Income, 8.5% and 12% Income and Long-Term Capital Gain Income**  
**(Only if Single, Head of Household, or Married Filing Jointly)**

If your total exemptions in line 18 (NR/PY line 22) are more than the amount of your 5.0% income after deductions in line 17 (NR/PY line 21), the excess may be applied against all your interest and dividend income and income taxed at 8.5% or 12%. Any Remaining excess amount may then be applied against all your long-term capital gain income. Complete the following worksheet only if line 17 (NR/PY line 21) is less than line 18 (NR/PY Line 22) to determine if you qualify for the excess exemption. Enter losses as "0".

- |   |    |       |
|---|----|-------|
| 1. Enter amount from Schedule B, line 35. Not less than "0" .....   | 1. |       |
| 2. Enter amount from Form 1, line 18 or amount from Form 1-NR/PY, line 22 .....   | 2. | 5400  |
| 3. Enter amount from Form 1, line 17 or amount from Form 1-NR/PY, line 21 .....   | 3. |       |
| 4. Subtract line 3 from line 2 .....  | 4. | 5,400 |
| If "0" of less, you do not qualify for this exemption. Omit remainder of worksheet.   |    |       |
| 5. Excess exemptions applied against interest and dividend income and 8.5% or 12% income .....  | 5. |       |
| If line 1 is larger than line 4, enter line 4 here and in Schedule B, Line 36 and omit remainder of worksheet. If line 4 is equal to or larger than line 1, enter line 1 here and in Schedule B, line 36. Complete lines 6 through 8. |    |       |
| 6. Subtract line 5 from line 4 .....  | 6. | 5,400 |
| If "0" omit remainder of worksheet.   |    |       |
| 7. Enter Schedule D, line 19. Not less than "0" .....   | 7. |       |
| 8. Excess exemptions applied against long-term capital gain income .....  | 8. |       |
| If line 7 is larger than line 6, enter line 6 here and in Schedule D, line 20. If line 6 is equal to or larger than line 7, enter line 7 here and in Schedule D, line 20.   |    |       |