

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

FIRST NAME										M.I.		LAST NAME										1. YOUR SOCIAL SECURITY NUMBER									
SPOUSE'S FIRST NAME										M.I.		LAST NAME										2. SPOUSE'S SOCIAL SECURITY NUMBER									
ADDRESS										CITY/TOWN/POST OFFICE/FOREIGN COUNTRY										STATE		ZIP + 4									
ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)										CITY/TOWN/POST OFFICE/FOREIGN COUNTRY										STATE OR FOREIGN COUNTRY											

Fill in if (see instructions): ☐ Original return ☐ Amended return ☐ Amended return due to federal change
 State Election Campaign Fund (this contribution will not change your tax or reduce your refund) ☐ \$1 You ☐ \$1 Spouse if filing jointly Total
 Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶ ☐ You ▶ ☐ Spouse ▶ \$
 If **taxpayer(s) is deceased**, fill in appropriate oval(s); see instructions ☐ Primary ☐ Spouse
 Under age 18; see instructions ▶ ☐ You ▶ ☐ Spouse
 Select **only one**: ☐ Nonresident ☐ Filing as **both** a nonresident and ☐ Fill in if **name/address has changed** since 2015
 ☐ Part-year resident ☐ part-year resident (see instructions) ☐ Fill in if noncustodial parent
 ☐ Nonresident composite return (see inst.) ▶ ☐ Fill in if filing Schedule TDS (see instructions)

a Total federal income (from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7) ▶ **a**

b Federal adjusted gross income (from U.S. Forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10) ▶ **b**

1 FILING STATUS ▶ ☐ Single ☐ Married filing joint return (both must sign return)
(select one only) ☐ Married filing separate return (enter spouse's name and Social Security number in the appropriate spaces above)
▶ ☐ Head of household (see instructions) ☐ You are a custodial parent who has released claim to exemption for child(ren)

2 PART-YEAR RESIDENTS ONLY

Dates as Massachusetts resident: From To

3 Total days as Massachusetts resident $\div 365 = \blacktriangleright 3$

4 EXEMPTIONS

a. Personal exemptions. If single or married filing separately, enter **\$4,400**. If head of household, enter **\$6,800**.
If married filing jointly, enter **\$8,800** 4a

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

c. Age 65 or over before 2017: ☐ You ☐ Spouse Enter number × \$ 700 = 4c

d. Blindness: ☐ You ☐ Spouse Enter number × \$2,200 = 4d

e. 1. Medical/Dental 00 2. Adoption 00 1 + 2 = 4e
From U.S. Schedule A, line 4 **See instructions**

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

INCOME

Nonresidents report in lines 5 through 11 Massachusetts source income only. Use line 13 if appropriate. **Part-year residents** report in lines 5 through 11 income earned and/or received while a resident. Do **not** use lines 13 or 14. If filing both as a **nonresident** and **part-year resident**, be sure to complete and **enclose** Schedule R/NR, Resident/Nonresident Worksheet, before proceeding any further.

5 Wages, salaries, tips and other employee compensation (from all Forms W-2) ▶ 5

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

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

SOCIAL SECURITY NUMBER

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

2016

[illegible]

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

2016

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

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

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

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

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

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

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

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

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

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

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

1. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

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

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DATE OF BIRTH

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

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DATE OF BIRTH

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

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DATE OF BIRTH

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

DATE OF BIRTH

M

M

D

D

Y

Y

Y

Y

6. SOCIAL SECURITY NUMBER

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DATE OF BIRTH

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

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DATE OF BIRTH

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

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DATE OF BIRTH

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

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DATE OF BIRTH

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

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DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
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