## Attach, with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).



## CERTAIN PART-YEAR RESIDENTS MUST ENCLOSE SCHEDULE HC

FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO MASS.GOV/DOR FOR MORE INFORMATION.

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).  Select only one: On	Total  \$\black \\$  see 2015  ions)  in box at left
ADDRESS  CITYTOWN/POST OFFICE-FOREIGN COUNTRY  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  CITYTOWN/POST OFFICE-FOREIGN COUNTRY  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  CITYTOWN/POST OFFICE-FOREIGN COUNTRY  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  CITYTOWN/POST OFFICE-FOREIGN COUNTRY  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  CITYTOWN/POST OFFICE-FOREIGN COUNTRY  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  STATE 2IP +4  ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  Fill in if query and private spouse if filing point return (both must sign return)  Nonresident composite return (both must sign return)  Fill in if filing Separate return (enter spouse's name and Social Security number in the appropriate spaces above)  Fill in if mame/address has changed sinc privary  To MIM D D Y Y Y Y  To MIM D D Y Y Y Y  To MIM D D Y Y Y Y  ADDRESS OF TORION SET TO THE A	Total  \$\black \\$  see 2015  ions)  in box at left
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ADDRESS OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT)  CITYTOWN/POST OFFICE-FOREIGN COUNTRY  STATE OR FOREIGN COUNTRY  STOUCH STATUS.  STATE OR FOREIGN COUNTRY  STATE OR FOREIGN  STATE OR FAITH  STATE OR FOREIGN  STATE OR FAITH  STATE OR FOREIGN  STATE OR FOREIGN  STATE OR FAITH  STATE OR FOREIGN  STATE OR FAITH  STATE OR FOREIGN  STOUCH STATUS.  STATE OR FOREIGN  STATE OR FAITH  STATE OR FAITH  STATE OR FOREIGN  STATE OR FAITH  STATE OR FAITH  STATE OR FOREIGN  STATE OR FAITH  STATE OR FAITH  STATE OR FORD  STATE OR FORD  STATE OR FOREIGN  STATE OR FORD  STATE OR FORD  STATUS OR FILL IN TAIN	Total  \$\black \\$ see 2015 sions) sin box at left  \$\black  0  0  \$\black  0  0  \$\left  0  0  0  \$\left  0  0  0  \$\left  0  0
Fill in if (see instructions): Original return	Total  \$\black \\$ see 2015 sions) sin box at left  \$\black  0  0  \$\black  0  0  \$\left  0  0  0  \$\left  0  0  0  \$\left  0  0
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)	Total  \$\black \\$ see 2015 sions) sin box at left  \$\black  0  0  \$\black  0  0  \$\left  0  0  0  \$\left  0  0  0  \$\left  0  0
Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle  Pyou  Spouse  Primary  Primar	tions) in box at left  0 0
If taxpayer(s) is deceased, fill in appropriate oval(s); see instructions.  Under age 18; see instructions  Nonresident  Part-year resident  Part-year resident  Nonresident composite return (see instructions)  If it in if filling Schedule TDS (see instructions)  If showing a loss, mark an X  If showing a loss, mark a	tions) in box at left  0 0
Select only one:  Nonresident Part-year resident Nonresident composite return (see instructions) Nonresident (see instructions)	in box at left  0 0
Part-year resident part-year resident (see instructions) Nonresident composite return (see inst.)  Total federal income (from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7).  Pederal adjusted gross income (from U.S. Forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10).  PILING 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 f  PART-YEAR RESIDENTS ONLY Dates as Massachusetts resident: From ►  Total days as Massachusetts resident: From ►  Total days as Massachusetts resident + 365 = ► 3  EXEMPTIONS  a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800.	in box at left  0 0
Total federal income (from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7)	in box at left  0 0
Total federal income (from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7)	0 0
or 1040NR-EZ, line 7)  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)  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 f  PART-YEAR RESIDENTS ONLY  Dates as Massachusetts resident: From ►  Total days as Massachusetts resident   ÷ 365 = ► 3  EXEMPTIONS  a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800.	00
1040NR, line 36; or 1040NR-EZ, line 10). ▶ b  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 f  PART-YEAR RESIDENTS ONLY  Dates as Massachusetts resident: From ►  Total days as Massachusetts resident	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(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 f  PART-YEAR RESIDENTS ONLY  Dates as Massachusetts resident: From ►  Total days as Massachusetts resident	
PART-YEAR RESIDENTS ONLY Dates as Massachusetts resident: From ►  Total days as Massachusetts resident  EXEMPTIONS  a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800.	
PART-YEAR RESIDENTS ONLY Dates as Massachusetts resident: From ►  Total days as Massachusetts resident    Total days as Massachusetts resident	
Dates as Massachusetts resident: From ► MM M D D Y Y Y Y  Total days as Massachusetts resident	or child(ren)
Total days as Massachusetts resident	
<b>EXEMPTIONS</b> a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800.	
a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800.	
If we would all fillings in the last of the control	0 0
If married filing jointly, enter <b>\$8,800</b>	,00
b. Number of dependents. ( <b>Do not</b> include yourself or your spouse.) Enter number ► × \$1,000 = 4b	0 0
You must enclose Schedule DI.	0.0
c. Age 65 or over before 2017:  You Spouse Enter number ► × \$ 700 = 4c	00
d. Blindness:	0 0
e. 1. Medical/	0 0
Dental > 2. Adoption > 3 1 + 2 = 4e See instructions	, - 1
f. <b>TOTAL EXEMPTIONS.</b> Add lines 4a through 4e. Enter here and on line 22a ▶ 4f	0 0
INCOME	
Nonresidents report in lines 5 through 11 Massachusetts source income only. Use line 13 if appropriate. Part-year residents re 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	
resident, be sure to complete and enclose Schedule R/NR, Resident/Nonresident Worksheet, before proceeding any further.	puit your
Wages, salaries, tips and other employee compensation (from all Forms W-2) ▶ 5	0 0
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct an	00
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  FIN	,,,,,,
May DOR discuss this return with the preparer?    Yes Paid preparer's signature Date Fill in if self-en	,,,,,,

	SOCIAL SECURITY NUMBER 2016 FORM 1-NR/P PAGE 2	Υ
6	Taxable pensions and annuities (see instructions) ▶ 6	00
7	a. Massachusetts bank interest  Exemption amount  Exemption amount	00
	Exemption: if married filing jointly, subtract \$200 from line 7a; otherwise subtract \$100 and enter result (not less than "0").  ▼ If showing a loss, mark an X in	box at left
8	Business/profession or farm income/loss (enclose Massachusetts Schedule C or U.S. Schedule F)	00
9	If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions	00
10	a. Unemployment compensation. See instructions	0 0
	b. Massachusetts state lottery winnings	00
11	Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0")	00
12	TOTAL 5.1% INCOME. Add lines 5 through 11. (Be sure to subtract any loss(es) in lines 8 or 9) 12	0 0
13		thic work
13	NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Massachusetts wages as shown on Form W-2. Do not use sheet if you know the exact amount of your Massachusetts source income. Use only when income from employment/business is inside and outside Massachusetts and the exact Massachusetts amount is not known.  Basis: working days miles sales other:	
	a. Working days (or other basis) outside Massachusetts	0 0
	b. Working days (or other basis) inside Massachusetts	00
	c. Total working days. Add line 13a and line 13b	00
	d. Nonworking days (holidays, weekends, etc.)	00
	e. Massachusetts ratio. Divide line 13b by line 13c ▶ 13e	
	f. Total income being apportioned (you <b>cannot</b> apportion Mass. wages as shown on Form W-2) 13f	00
	g. Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate lines on	0 0
	pages 1 and 2	, - 1 -
14	<b>NONRESIDENT DEDUCTION &amp; EXEMPTION RATIO.</b> Nonresident taxpayers must complete this item to determine the ratio for apport the deductions in lines 16 and 17; certain Schedule Y deductions (see instructions); the exemptions in line 22a; and the EIC in line	
	a. Total 5.1% income (from line 12). <b>Not less than "0"</b>	00
		0 0
	b. Interest income (smaller of line 7a or line 7b)	0 0
	Schedule D, line 13. <b>Not less than "0."</b> )	0 0
	d. Total income this return. Add lines 14a, b and c	
	e. Non-Massachusetts source income. <b>Not less than "0."</b> See instructions ▶ 14e	0 0
	f. Total income. Add line 14d and line 14e. See instructions	0 0
	g. Deduction and exemption ratio. Divide line 14d by line 14f	
	<b>DEDUCTIONS.</b> Amounts entered in line(s) 15a and/or 15b must be related to Mass. income reported on this return.	
15	a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000 ▶ 15a	0 0
	b. Amount spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000 ► 15b	0 0

## 2016 FORM 1-NR/PY, PAGE 3

FIRST N	AME M.I. LAST NAME	SOCIAL SECURITY NUMBER	
16	Child under age 13, or disabled dependent/spouse care expenses (from worksheet)	▶ 16	00
17	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you o or disabled dependent(s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and not classically dependent (s) (only if single, head of household or married filing joint return and head of household or married filing it single (s) (only if single head of household or married filing it single head of household or married		December 31, 2016,
	Not more than two: a. ► × \$3,600 =		
18	Rental deduction. Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately)	. See instructions.	
	Total Massachusetts rent paid in 2016: a. ► ÷ 2 =	▶ 18	00
	Nonresidents, during 2016 did you have a family home or any other dwelling outside Massachusetts	to which you genera	ılly or customarily
	returned or intend to return in the future? Yes No. If Yes, you do <b>not</b> qualify for this dedu		00
19	Other deductions from Schedule Y, line 18 (enclose Schedule Y) ▶ 1	9	, , , , ,
20	TOTAL DEDUCTIONS. Add lines 15 through 19 ▶ 2	20	00
21	5.1% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	01	00
22	Exemption amount Nonresidents multiply line 22a by line 14g.		00
23	(from line 4f) a. Part-year residents multiply line 22a by line 3	> 22	00
24	If line 21 is less than line 22, see instructions	23	, , , ,
	(enclose Schedule B)	24	00
<b>25</b>	TOTAL TAXABLE 5.1% INCOME. Add lines 23 and 24.	25	
26	TAX ON 5.1% INCOME (from tax table). If line 25 is more than \$24,000, multiply by .051.		00
27	Note: If choosing the optional 5.85% tax rate, fill in oval and see instructions ►	26	, , , , , , , ,
			0 0
28	a. > 12 =	27	00
	Schedule D. If filing Sched. D-IS, Installment Sales, fill in oval and enclose Schedule D-IS ► □ ► 2 If excess exemptions were used in calculating lines 24, 27 or 28, fill in oval (see instructions) ► □	28	, Julu
29	Credit recapture amount ( <b>enclose</b> Credit Recapture Schedule; see instructions) ≥ 2	29	
30	Additional tax on installment sale (see instructions)	30	
31	If you qualify for <b>No Tax Status</b> , fill in oval and enter "0" on line 32. Complete Schedule NTS-L-NR/PY •		
<b>32</b>	TOTAL INCOME TAX. Add lines 26 through 30	32	
	CREDITS		
33	Limited Income Credit. Complete and <b>enclose</b> Schedule NTS-L-NR/PY ▶ 3	33	00
34	Income tax paid to another state or jurisdiction (part-year residents only; from Schedule OJC).  Not less than "0"	34	, 00
35	Other credits (from Credit Manager Schedule)	35	
36	INCOME TAX AFTER CREDITS. Subtract total of lines 33 through 35 from line 32. Not less than "0" 3	36	, , , 0 0

	SOCIAL SECURITY NUMBER PAGE	
37	Voluntary fund contributions: a. Endangered Wildlife Conservation ► 37a  d. Massachusetts U.S. Olympic ► 37d	00
	b. Organ Transplant ▶ 37b e. Mass. Military Family Relief ▶ 37e	
	c. Massachusetts AIDS ▶ 37c f. Homeless Animal Prevention And Care ▶ 37f	00
	Total. Add lines 37a through 37f	00
38	Use tax due on Internet, mail order and other out-of-state purchases (from worksheet) ▶ 38	00
39	Health Care penalty for certain part-year residents. Not less than "0" (from worksheet; be sure to enclose Schedule HC):	
	a. $\triangleright$ You Spouse $-c. \triangleright$ Federal healthcare penalty $a + b - c = 39$	00
40	You Spouse Federal healthcare penalty INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 36–3940	00
41	Massachusetts income tax withheld ( <b>enclose</b> all Massachusetts Forms W-2, W-2G, 2-G, PWH-WA, LOA and certain 1099s, if applicable)	00
42		00
43	2016 Massachusetts estimated tax payments (do not include amount in line 42) ▶ 43	
44	Payments made with extension	00
45	Earned Income Credit: a. Number of qualifying children   Amount from U.S. return   (Nonresidents, multiply this amount by line 14g; part-year residents multiply this amount by line 3) 45	00
46	Senior Circuit Breaker Credit (part-year residents only; <b>enclose</b> Schedule CB) ▶ 46	
47	Other refundable credits (from Credit Manager Schedule)	00
48	TOTAL. Add lines 41 through 47	00
49	<b>OVERPAYMENT.</b> If line 40 is <b>smaller</b> than line 48, subtract line 40 from line 48. If line 40 is <b>larger</b> than line 48, go to line 52. If line 40 and line 48 are equal, enter "0" in line 51 ▶ 49	
<b>50</b>	Amount of overpayment you want APPLIED to your 2017 ESTIMATED TAX ► 50	
51	THIS IS YOUR REFUND. Subtract line 50 from line 49.  Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	UNDOO
	Direct Deposit of Refund. See instructions.  Type of account (you must select one	
	Routing number (first two digits must be 01–12 or 21–32)  Account number	Savings
<b>52</b>	TAX DUE. Subtract line 48 from line 40. Pay online at mass.gov/masstaxconnect, or use Form PV ▶ 52	, 00
	Pay in full. Write Social Security number(s) on lower left corner of check and be sure to sign check.  Make payable to Commonwealth of Massachusetts. Mail to: Massachusetts DOR, PO Box 7003, Boston, MA 02204.	
	Add to total in line 52 if applicable:	

0 0

Interest ►

Penalty ►

0 0

M-2210 amount ▶

► Exception. Enclose Form M-2210

0 0

FIRST NAME M.I. LAST NAME

SOCIAL SECURITY NUMBER

Sch	hedule NTS-L-NR/PY No Tax Status and Limited Income Credit	2	2016	j
1	5.1% income from this return (from Form 1-NR/PY, line 12)		0 0	
2			0 0	
3	Adjusted 5.1% income from this return. Subtract line 2 from line 1. Not less than "0"		0 0	
4	Interest exemption used (from Form 1-NR/PY, enter the smaller of line 7a or line 7b)		0 0	
5	Adjusted gross interest, dividends and certain capital gains (from Schedule B, line 35). If there is no entry in Schedule B, line 35, or if not filing Schedule B, enter the amount from Form 1-NR/PY, line 24. Not less than "0"		0 0	
6	Long-term capital gain income. From Schedule D, line 19. Not less than "0"		0 0	
7	Additional income/loss while a nonresident/part-year resident. See instructions ▶ 7		0 0	
8	Total income. Combine lines 3 through 7. Not less than "0"		0 0	
9	Additional adjustments to income while a nonresident/part-year resident. See instructions ▶ 9		0 0	
10	Massachusetts Adjusted Gross Income (AGI). Subtract line 9 from line 8. Not less than "0"	"0" on line d/or line 30 not qualify	,	
11	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount. If line 10 is less than or equal to line 11, you qualify for No Tax Status. See the instructions for Form 1-NR/PY, line 31		0 0	
12			0 0	
13	No Tax Status threshold. Enter \$8,000 if single. If married filing a joint return or head of household, enter the amount from line 11		0 0	
14	Income for Limited Income Credit. Subtract line 13 from line 10		0 0	
15	Tax before adjustments (from Form 1-NR/PY, line 32 less any Credit Recapture Amount entered in line 29 and/or Additional Tax on Installment Sales entered on line 30)		0 0	
16	Tax for Limited Income Credit. Multiply line 14 by 10% (.10)		0 0	
17	Limited Income Credit. Subtract line 16 from line 15 and enter the result here and in line 33 of Form 1-NR/PY. If line 15 is smaller than line 16, you are not eligible for this credit		0 0	

SOCIAL SI	ECURITY NUMBE	ER	

## **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	A.I. LAST NAME	1. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
	► Yes	
2. FIRST NAME	A.I. LAST NAME	2. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
		M M D D Y Y Y Y
	▶	
3. FIRST NAME	/i.i. Last name	3. SOCIAL SECURITY NUMBER
		DATE OF BIDTH
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
	► Yes	
4. FIRST NAME	A.I. LAST NAME	4. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
	▶	
5. FIRST NAME	M.I. LAST NAME	5. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
	▶ ◯ Yes	
	A.I. LAST NAME	6. SOCIAL SECURITY NUMBER
U.TINST NAME	I.I. LAGI NAWE	
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
RELATIONSHIP TO HAZPATER		M M D D Y Y Y Y
	► Yes	
7. FIRST NAME	A.I. LAST NAME	7. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
	▶ <b>○</b> Yes	
8. FIRST NAME	► Yes  A.I. LAST NAME	M M D D Y Y Y Y 8. SOCIAL SECURITY NUMBER
8. FIRST NAME		
		8. SOCIAL SECURITY NUMBER  DATE OF BIRTH
	A.I. LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	8. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	A.I. LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y
RELATIONSHIP TO TAXPAYER  9. FIRST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y
RELATIONSHIP TO TAXPAYER  9. FIRST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  A.I. LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  9. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER  9. FIRST NAME  RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  A.I. LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  9. SOCIAL SECURITY NUMBER  DATE OF BIRTH
RELATIONSHIP TO TAXPAYER  9. FIRST NAME    RELATIONSHIP TO TAXPAYER    10. FIRST NAME    11. FIRST NAME    12. FIRST NAME    13. FIRST NAME    14. FIRST NAME    15. FIRST NAME    16. FIRST NAME    17. FIRST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  A.I. LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  A.I. LAST NAME	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  9. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  Y
RELATIONSHIP TO TAXPAYER  9. FIRST NAME  RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  A.I. LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  9. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  Y
RELATIONSHIP TO TAXPAYER  9. FIRST NAME  RELATIONSHIP TO TAXPAYER  10. FIRST NAME	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  M.I. LAST NAME  IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  Yes  M.I. LAST NAME	8. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  9. SOCIAL SECURITY NUMBER  DATE OF BIRTH  M M D D Y Y Y Y  10. SOCIAL SECURITY NUMBER