

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

Form fields for personal information: FIRST NAME, M.I., LAST NAME, SPOUSE'S FIRST NAME, M.I., LAST NAME, 1. YOUR SOCIAL SECURITY NUMBER, 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, Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle, If taxpayer(s) is deceased, Under age 18, Select only one: Nonresident, Part-year resident, Filing as both a nonresident and part-year resident, Nonresident composite return, \$1 You, \$1 Spouse if filing jointly, Total, You, Spouse, Primary, Spouse, You, Spouse, Fill in if name/address has changed since 2015, Fill in if noncustodial parent, Fill in if filing Schedule TDS.

Line a: Total federal income (from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7). Line 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). 1 FILING STATUS: Single, Married filing joint return, Married filing separate return, Head of household, You are a custodial parent who has released claim to exemption for child(ren).

2 PART-YEAR RESIDENTS ONLY: Dates as Massachusetts resident: From [MMDDYYYY] To [MMDDYYYY]

3 Total days as Massachusetts resident [] + 365 = 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 [] x \$1,000 = 4b [] c. Age 65 or over before 2017: You Spouse Enter number [] x \$ 700 = 4c [] d. Blindness: You Spouse Enter number [] x \$2,200 = 4d [] e. 1. Medical/Dental [] 2. Adoption [] 1 + 2 = 4e [] f. TOTAL EXEMPTIONS. Add lines 4a through 4e. Enter here and on line 22a. []

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) []

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? Yes No Paid preparer's signature Date Fill in if self-employed I do not want my preparer to file my return electronically.

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