



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC. FILL OUT IN BLACK INK.

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

Massachusetts Department of Revenue

Form 1-NR/PY Massachusetts Nonresident/Part-Year Tax Return

2017

TAXPAYER'S FIRST NAME, M.I., LAST NAME, TAXPAYER'S SOCIAL SECURITY NUMBER

SPOUSE'S FIRST NAME, M.I., LAST NAME, SPOUSE'S SOCIAL SECURITY NUMBER

MAILING ADDRESS (no. & street; apt./suite/postal box), CITY/TOWN, STATE, ZIP

FOREIGN PROVINCE/STATE/COUNTY, FOREIGN COUNTRY (OR COUNTRY CODE), FOREIGN POSTAL CODE

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 Taxpayer, \$1 Spouse, Total \$

Fill in if veteran of U.S. armed services who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle. Taxpayer, Spouse

Fill in appropriate oval(s) if taxpayer(s) is deceased. See instructions. Taxpayer, Spouse

Fill in if under age 18. See instructions. Taxpayer, Spouse

Fill in if name or address has changed since 2016.

Fill in if noncustodial parent.

Fill in if filing Schedule TDS. See instructions.

Fill in one only. See instructions: Nonresident, Part-year resident, Filing as both nonresident and part-year resident, Nonresident composite return

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

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

1 FILING STATUS. Fill in one only.

- Single, Married filing joint return (both must sign return), Married filing separate return (must enter spouse's name and Social Security number in the appropriate areas 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 MMDDYYYY to MMDDYYYY

3 Total days as Massachusetts resident + 365 = 3

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

Be sure to include state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding.)