Fill out in black ink.
For a faster refund, file your return electronically at mass.gov/dor.
Part-year residents may need to also complete and enclose Schedule HC.

Massachusetts Department of Revenue

2019

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

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). If you have a foreign address, also complete line below. | 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, Noble Eagle or Sinai Peninsula. . . . ○ 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 2018. . . . . ○
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

▼ IF A LOSS, MARK AN X IN BOX

a Total federal income (from U.S. Form 1040, line 7b; 1040NR, line 23; or 1040NR-EZ, line 7). . . . . a ☐ 0 0

b Total federal adjusted gross income (from U.S. Form 1040, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10). . . . . b ☐ 0 0

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 / /

TAXPAYER'S E-MAIL ADDRESS | TAXPAYER'S PHONE

Be sure to enclose any forms or schedules (W-2, W-2G, 1099, 3K-1, SK-1, PWH or LOA) that show Massachusetts withholding.