

TAXPAYER'S FIRST NAME

M.I. LAST NAME

TAXPAYER'S SOCIAL SECURITY NUMBER

MASSACHUSETTS WITHHOLDING, PAYMENTS AND REFUNDABLE CREDITS

- [illegible]

These amounts will affect your refund or tax due:

Interest					0	0
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Penalty

						0	0
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M-2210 amount

 Exception. **Enclose** Form M-2210.

PRINT PAID PREPARER'S NAME

PAID PREPARER'S SSN or PTIN

PAID PREPARER'S PHONE

DATE _____

PAID PREPARER'S SIGNATURE

PAID PREPARER'S FIN

Fill in if self-employed ☐ DOR may discuss this return with the preparer ☐ I do not want my preparer to file my return electronically ☐

**BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULE HC (IF APPLICABLE).
FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.**