

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.

2021

Massachusetts Department of Revenue

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): Amended return Other j Amended return due to IRS BBA Pa	urisdiction change Federal amen artnership Audit	ıdment
State Election Campaign Fund (this contribution will not change your tax or redu	ice your refund) 🔷 \$1 Taxpayer 🧲	\$1 Spouse Total \$
Fill in if veteran of U.S. armed services who served in Operation Enduring Freed	om, Iraqi Freedom, Noble Eagle or Sinai Peninsula.	Taxpayer Spous
Fill in appropriate oval(s) if taxpayer(s) is deceased. See instructions		Taxpayer Spous
Fill in if under age 18. See instructions		Taxpayer Spous
Fill in if name has changed since 2020		Taxpayer 🔘 Spous
Fill in if noncustodial parent	S Chedule FCI	
Fill in one only. See instructions: Nonresident Part-year resident Filing as both (See instruction)	ns)	nresident composite return
a Total federal income (from U.S. Form 1040, line 9; 1040NR, line 9)		O C
b Total federal adjusted gross income (from U.S. Form 1040, line 11; 1040Ni		
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		child(ren)
2 PART-YEAR RESIDENTS ONLY Dates as Massachusetts resident	from	o mmddyyyy
3 Total days as Massachusetts resident		÷ 365 = 3
SIGN HERE. Under penalties of perjury, I declare that to the best of my YOUR SIGNATURE DATE	knowledge and belief this return and enclosu SPOUSE'S SIGNATURE	ires are true, correct and complete. DATE ///
TAXPAYER'S E-MAIL ADDRESS	TA	AXPAYER'S PHONE