



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.

2023

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 |
| 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/COUNTRY | | | FOREIGN COUNTRY (OR COUNTRY CODE) |
| | | | FOREIGN POSTAL CODE |

Fill in if (see instructions):

Amended return Other jurisdiction change (enter date of change) MMDDYYYY

Federal amendment Amended return due to IRS BBA Partnership Audit

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 has changed. See instructions Taxpayer Spouse

Fill in if noncustodial parent.

Fill in if filing the following schedule(s). See instructions: Schedule TDS Schedule FCI

Fill in if at any time during 2023 you received (as a reward, award, or payment for property or services) or sold, exchanged, gifted, or otherwise disposed of a digital asset (or a financial interest in a digital asset). See instructions

Fill in one only. See instructions:

Nonresident Part-year resident Filing as **both** nonresident and part-year resident Nonresident composite return
(See instructions)

▼ IF A LOSS, MARK AN X IN BOX

a Total federal income (from U.S. Form 1040, line 9; 1040NR, line 9) a X 00

b Total federal adjusted gross income (from U.S. Form 1040, line 11; 1040NR, line 11) b X 00

1 FILING STATUS. Fill in one only.

Single

Married filing joint return (both must sign return)

Married filing separate return (enter spouse's name and Social Security number in the appropriate areas above) NRA (See instructions)

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.