

## Massachusetts General Information

Mark if name and address have changed since last year \_\_\_\_\_ [1]  
 Mark if noncustodial parent \_\_\_\_\_ [2]  
 In care of address or address of legal residence or domicile:  
 Street \_\_\_\_\_ [3]  
 City, state, zip code \_\_\_\_\_ [4] \_\_\_\_\_ [5] \_\_\_\_\_ [6]

### Use Tax

Estimate use tax for out of state purchases less than \$1,000 \_\_\_\_\_ [7]  
 Out of state purchases \_\_\_\_\_ [8] Sales tax paid to other state \_\_\_\_\_ [9]

### Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	____ [10]	____ [11]
Organ Transplant Fund _____ [12]		_____ [15]
Endangered Wildlife Conservation _____ [13]		_____ [16]
AIDS Fund _____ [14]		_____ [17]
United States Olympic Fund _____ [15]		
Military Family Relief Fund _____ [16]		
Homeless Animal Prevention and Care Fund _____ [17]		

### Adjustments and Deductions

#### Rental Deduction

Residence #1 rented address _____ [18]		
Landlord's name and address _____		
Date from _____	Date to _____	Rent paid _____
Residence #2 rented address _____		
Landlord's name and address _____		
Date from _____	Date to _____	Rent paid _____

#### Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year _____ [19]		_____ [20]
Federal identification number _____ [21]		_____ [22]
Subscriber number _____ [23]		_____ [24]
Name of insurance company (Taxpayer) _____ [25]		
Name of insurance company (Spouse) _____ [26]		

#### Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer _____ [27]		_____ [27]
Spouse _____ [28]		_____ [28]

### Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:

From _____ [29]	
To _____ [30]	

NOTES/QUESTIONS: