

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:**

Mark to contribute to the State Election Campaign Fund Taxpayer _____ [10] Spouse _____ [11]

Organ Transplant Fund _____ [12] United States Olympic Fund _____ [15]

Endangered Wildlife Conservation _____ [13] Military Family Relief Fund _____ [16]

AIDS Fund _____ [14] 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

Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year Taxpayer _____ [19] Spouse _____ [20]

Insurance information has changed from last year Yes _____ [21] No _____ [22] Yes _____ [23] No _____ [24]

Federal identification number _____ [25] _____ [26]

Subscriber number _____ [27] _____ [28]

Name of insurance company (Taxpayer) _____ [29]

Name of insurance company (Spouse) _____ [30]

Commuter Deduction

Taxpayer Tolls paid through Fastlane _____ [31] MBTA Transit/commuter passes _____

Spouse _____ [32] _____

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 _____ [33]

To _____ [34]

NOTES/QUESTIONS: