



Form ID: MA

**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]  
 Foreign country name \_\_\_\_\_ [7]  
 Foreign province or county \_\_\_\_\_ [8]  
 Foreign postal code \_\_\_\_\_ [9]

**Use Tax**

Estimate use tax for out of state purchases less than \$1,000 \_\_\_\_\_ [10]  
 Out of state purchases \_\_\_\_\_ [11] Sales tax paid to other state \_\_\_\_\_ [12]

**Contributions**

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

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	_____ [13]	_____ [14]
Organ Transplant Fund _____ [15]		_____ [18]
Endangered Wildlife Conservation _____ [16]		_____ [19]
AIDS Fund _____ [17]		_____ [20]
United States Olympic Fund _____ [18]		
Military Family Relief Fund _____ [19]		
Homeless Animal Prevention and Care Fund _____ [20]		

**Adjustments and Deductions**

**Rental Deduction**

Residence #1 rented address \_\_\_\_\_ [21]  
 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	_____ [22]	_____ [23]
Insurance information has changed from last year	Yes ___ [24] No ___ [25]	Yes ___ [26] No ___ [27]
Federal identification number	_____ [28]	_____ [29]
Subscriber number	_____ [30]	_____ [31]
Name of insurance company (Taxpayer)	_____ [32]	
Name of insurance company (Spouse)	_____ [33]	

**Commuter Deduction**

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer	_____ [34]	_____
Spouse	_____ [35]	_____

**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 \_\_\_\_\_ [36]  
 To \_\_\_\_\_ [37]