

Massachusetts General Information

Name has changed since last year _____ [1]
 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
Contribute to the State Election Campaign Fund	_____ [13]	_____ [14]
Organ Transplant Fund _____ [15]	United States Olympic Fund _____ [18]	
Endangered Wildlife Conservation _____ [16]	Military Family Relief Fund _____ [19]	
Public Health HIV and Hepatitis Fund _____ [17]	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]