

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 _____ [8]
 Foreign province or county _____ [9]
 Foreign postal code _____ [10]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____ [11]
 Out of state purchases _____ [12] Sales tax paid to other state _____ [13]

Contributions

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

	Taxpayer _____ [14]	Spouse _____ [15]
Contribute to the State Election Campaign Fund		
Organ Transplant Fund _____ [16]		United States Olympic Fund _____ [19]
Endangered Wildlife Conservation _____ [17]		Military Family Relief Fund _____ [20]
Public Health HIV and Hepatitis Fund _____ [18]		Homeless Animal Prevention and Care Fund _____ [21]

Adjustments and Deductions

Rental Deduction

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

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer _____ [33]		_____
Spouse _____ [34]		_____

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 _____ [35]
 To _____ [36]