



2014 Form 1 MA1400111024
Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2014 or other taxable

Year beginning Ending

ALEX

B MORSE



HOLYOKE

MA 01040

Apt. no.

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

Taxpayer deceased

Fill in if under age 18

\$1 You	\$1 Spouse	TOTAL
You	Spouse	
You	Spouse	
You	Spouse	
Name/address changed since 2013		
Fill in if noncustodial parent		
Fill in if filing Schedule TDS		

Federal adjusted gross income 82090

1. **Filing status** (select one only): Single 1
 Married filing jointly
 Married filing separate return
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions		2a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		X \$1,000 = 2b	
c. Age 65 or over before 2015	You + Spouse =	X \$700 = 2c	
d. Blindness	You + Spouse =	X \$2,200 = 2d	
e. 1. Medical/dental	2. Adoption	1 + 2 = 2e	
f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18		2f	4400
3. Wages, salaries, tips		3	90793
4. Taxable pensions and annuities		4	
5. Mass. bank interest: a.	14 - b. exemption 100	= 5	
6. Business/profession or farm income or loss		6	
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss		7	
8a. Unemployment		8a	
8b. Mass. lottery winnings		8b	
9. Other income from Schedule X, line 5		9	
10. TOTAL 5.2% INCOME		10	90793

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

May the Department of Revenue discuss this return with the preparer shown here? Yes

I do not want preparer to file my return electronically (this may delay your refund)

Print paid preparer's name Date Check if self-employed Paid preparer's SSN

Paid preparer's signature Paid preparer's phone Paid preparer's EIN

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

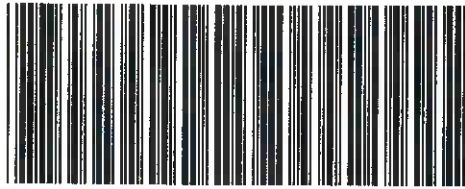


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11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	▶ 11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11b	
12.	Child under age 13, or disabled dependent/spouse care expenses	▶ 12	
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/14, or disabled dependent(s) Not more than two. a. ▶	x \$3,600 = ▶ 13	
14.	Rental deduction. a. ▶	÷ 2 = ▶ 14	
15.	Other deductions from Schedule Y, line 17	▶ 15	
16.	Total deductions. Add lines 11 through 15	▶ 16	2000
17.	5.2% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	▶ 17	88793
18.	Exemption amount	▶ 18	4400
19.	5.2% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	▶ 19	84393
20.	INTEREST AND DIVIDEND INCOME	▶ 20	
21.	TOTAL TAXABLE 5.2% INCOME. Add lines 19 and 20	▶ 21	84393
22.	TAX ON 5.2% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	▶ 22	4388
23.	12% INCOME. Not less than "0." a. ▶	x .12 = ▶ 23	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS ▶ Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	
25.	Credit recapture amount ▶ BC EOA LIH HR	▶ 25	
26.	Additional tax on installment sale	▶ 26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28 ▶		
28.	TOTAL INCOME TAX. Add lines 22 through 26	▶ 28	4388
29.	Limited Income Credit	▶ 29	
30.	Other credits from Schedule Z, line 14	▶ 30	
31.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 and 30 from line 28. Not less than "0"	▶ 31	4388

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32. Voluntary Contributions

a. Endangered Wildlife Conservation	▶	32a	
b. Organ Transplant Fund	▶	32b	
c. Massachusetts AIDS Fund	▶	32c	
d. Massachusetts U.S. Olympic Fund	▶	32d	
e. Massachusetts Military Family Relief Fund	▶	32e	
f. Homeless Animal Prevention and Care	▶	32f	
Total. Add lines 32a through 32f		32	
33. Use tax due on Internet, mail order and other out-of-state purchases	▶	33	0
34. Health care penalty a. You ▶ + b. Spouse ▶ - c. Fed. health care penalty ▶		34	
35. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 31 through 34		35	4388
36. Massachusetts income tax withheld	▶	36	4263
37. 2013 overpayment applied to your 2014 estimated tax	▶	37	
38. 2014 Massachusetts estimated tax payments	▶	38	
39. Payments made with extension	▶	39	
40. Earned Income Credit. a. Number of qualifying children ▶ 0 Amount from U.S. return ▶ 0 X .15 =		40	0
41. Senior Circuit Breaker Credit	▶	41	
42. Other Refundable Credits	▶	42	
43. TOTAL. Add lines 36 through 42		43	4263
44. Overpayment. Subtract line 35 from line 43	▶	44	
45. Amount of overpayment you want applied to your 2015 estimated tax	▶	45	
46. Refund. Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶	46	

Direct deposit of refund. Type of account ▶ checking
 savings
 RTN # ▶ account # ▶

47. Tax due. Pay online at www.mass.gov/dor/payonline . Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	▶	47	125
Interest ▶ Penalty ▶ M-2210 amt. ▶			

▶ X EX enclose
 Form M-2210

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