

2018 Form 1

MA18001011024

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2018 or other taxable

Year beginning

Ending

ALEX

B MORSE



HOLYOKE

MA 01040

Fill in if: Original return Amended return Amended return due to federal change

Apt. no.

State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL

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

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

a. Total federal income 80280
b. Federal adjusted gross income 80280

Name/address changed since 2017

Fill in if noncustodial parent

Fill in if filing Schedule TDS

1. Filing status (select one only): Single
 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 2019 | You + Spouse = | X \$700 = 2c | |
| d. Blindness | You + Spouse = | X \$2,200 = 2d | |
| e. Medical/dental | | 2e | |
| f. Adoption | | 2f | |
| g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18 | | 2g | 4400 |

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.

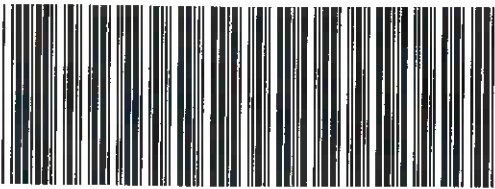
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



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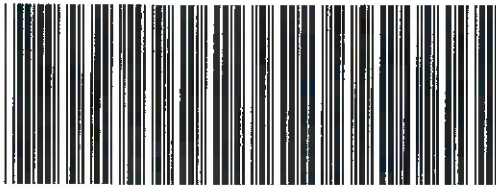
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Massachusetts Resident Income Tax Return



3. Wages, salaries, tips	3	88971
4. Taxable pensions and annuities	4	
5. Mass. bank interest: a.	= 5	
	- b. exemption	
6a. Business/profession income/loss	6a	
6b. Farming income/loss	6b	
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 5.1% INCOME	10	88971
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 12/31/18, 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 19	15	
16. Total deductions. Add lines 11 through 15	16	2000
17. 5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	86971
18. Exemption amount	18	4400
19. 5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	82571
20. INTEREST AND DIVIDEND INCOME	20	59
21. TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	82630

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



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22. TAX ON 5.1% 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	4214
23. 12% INCOME. Not less than "0." a.	23	
	x .12 =	
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 (from Credit Recapture Schedule)	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	4214
29. Limited Income Credit	29	
30. Income tax due to another state or jurisdiction	30	
31. Other credits from Credit Manager Schedule	31	
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	4214
33. Voluntary Contributions		
a. Endangered Wildlife Conservation	33a	
b. Organ Transplant Fund	33b	
c. Massachusetts AIDS Fund	33c	
d. Massachusetts U.S. Olympic Fund	33d	
e. Massachusetts Military Family Relief Fund	33e	
f. Homeless Animal Prevention and Care	33f	
Total. Add lines 33a through 33f	33	
34. Use tax due on Internet, mail order and other out-of-state purchases	34	0
35. Health care penalty a. You + b. Spouse - c. Fed. health care penalty	35	
36. Amended return only. Overpayment from original return	36	
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35	37	4214



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38. Massachusetts income tax withheld	38	4253
39. 2017 overpayment applied to your 2018 estimated tax	39	
40. 2018 Massachusetts estimated tax payments	40	
41. Payments made with extension	41	
42. Amended return only. Payments made with original return. Not less than "0"	42	
43. Earned Income Credit. a. Number of qualifying children 0 b. Amount from U.S. return 0 X .23 =	43	0
<i>Note:</i> You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
44. Senior Circuit Breaker Credit	44	
45. Other Refundable Credits	45	
46. TOTAL. Add lines 38 through 45	46	4253
47. Overpayment. Subtract line 37 from line 46	47	39
48. Amount of overpayment you want applied to your 2019 estimated tax	48	
49. Refund. Subtract line 48 from line 47. Mail to Massachusetts DOR, PO Box 7000, Boston, MA 02204	49	39

Direct deposit of refund. Type of account checking savings

RTN # account #

50. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204 Interest Penalty M-2210 amt. 50

EX enclose Form M-2210

Fill in if the Department of Revenue may discuss this return with the preparer shown here I do not want preparer to file my return electronically

Print paid preparer's name

Paid preparer's signature

(this may delay your refund)

Date Check if self-employed

02082019 X

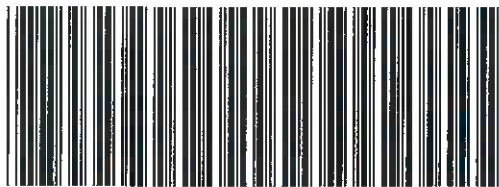
Paid preparer's phone

Paid preparer's

SSN/PTIN

Paid preparer's EIN

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2018 Schedule HC

MA18029011024

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ALEX

B MORSE



1a. Date of birth 01291989 1b. Spouse's date of birth 1c. Family size 1

2. Federal adjusted gross income 2 80280

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2018, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
3b Spouse:	<input type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2018, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/>	You	Spouse
4b. MassHealth. Fill in and go to line 5		You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.		You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.



4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2018, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.