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Mass dor form 1-nr/py

Fill in black ink. For a faster refund, apply for your return electronically on mass.gov/dor. Half-year residents may need to also complete and flank the HC Schedule. Form 1-NR/PY Massachusetts Nonresident/Part-Year Tax Return Massachusetts Department of Revenue TAXPAYER'S FIRST NAME M.I. LAST NAME OF SPOUSE SOCIAL SECURITY NUMBER M.I. LAST NAME OF SPOUSE'S SOCIAL SECURITY NUMBER (no. & street; apt./suite/post box). If you have a foreign address, complete the line below as well. CITY/TOWN STATE ZIP FOREIGN PROVINCE/STATE/COUNTY FOREIGN POSTAL CODE Content if (see instruction): FOREIGN COUNTRY (OR COUNTRY CODE) Original returns Amended returns Amended due to federal changes to the \$1 Taxpayer State Election Campaign Fund (this contribution will not change your taxes or reduce your refund) \$1 Spouse. Total \$100,000 if a U.S. armed services veteran served in Operation Defense of Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula. Taxpayer Spouse Fills the appropriate oval if the taxpayer dies. See instructions ... Fill Taxpayer Spouse if under the age of 18. See instructions ... Taxpayer Spouse Fill in if the name or address has changed since 2018. Contents if parent is noncustodial. Fill in the TDS Schedule submission. See instructions. Just fill in one. See instruction: Nonresident Archiving of the year resident part as nonresident and part-year resident 5 IF LOSS, MARK AN X IN BOX a 0 0 b Total adjusted federal gross income (from Form AS 1040, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10). . . . b 0 0 Total federal revenue (from Form AS 1040, line 7b; 1040NR, line 23; or 1040NR-EZ, line 7). . . . Nonresident composite returns 1 ARCHIVING STATUS. Just fill in one. Single Married file a joint return (both must sign a return) Married submits a separate return (must enter the spouse's name and Social Security number accordingly above) Your head of household (see instruction) you are a custodial parent who has waived a release claim for a child(ren) 2 PART-YEAR RESIDENT ONLY Date as a resident of Massachusetts. of MM D D Y Y 3 Total days as a Massachusetts resident. for MM D D Y Y Y + 365 = 3 SIGNATURES HERE. Under the penalty of perjury, I declare that to my knowledge and belief that these returns and cages are true, true and complete. YOUR SPOUSE'S SIGNATURE DATE////EMAIL ADDRESS TAXPAYER PHONE BE SURE to enclose any form or schedule (W-2, W-2G, 1099, 3K-1, SK-1, PWH or LOA) indicating a Massachusetts deduction. FORM 1-NR/PY 2019, PAGE 2 TAXPAYER FIRST NAME M.I. TAXPAYER SOCIAL SECURITY LAST NAME dependents (do not include yourself or your spouse). Must flank the SCHEDULE IN. . Total x \$1,000 = 4b 0 0 c. Age 65 or older before your 2020 Spouse. Total x \$1,700 = 4c 0 0 d. Blindness of Your Spouse. Total x \$2,200 = 4d 0 0 e. Medical/dental (from U.S. Schedule A, line 4). . 4e 0 0 f. Adoption. See instructions. 4f 0 0 g. TOTAL EXCLUSION. Add rows 4a to 4f. Enter it here and in line 22a... 4g 0 0 0 INCOME. Nonresident: Reports in lines 5 through 11 of Massachusetts source revenue only. Use row 13 if appropriate. Part-year residents: Report on lines 5 through 11 of income earned and/or received when resident. Do not use lines 13 or 14. If applying as either a nonresident resident or a part-year resident, be sure to complete and flank the R/NR Schedule, Resident/Nonresident Worksheet, before proceeding further. 5 Wages, salaries, tips and other employee compensation (of all Forms W-2). . 5 0 0 6 Taxable pensions and annuities. See instructions..... 6 0 0 0 Massachusetts bank interest amount exemption. If married file together, enter \$200; if not enter \$ 100. 00 b. . 7 a. . Business/professional income/losses (see instr.) 0 0 8 a. . 0 0 a – b (not less than 0) = 7 0 0 0 Agricultural income/loss (see instr.) 0 0 a + b = 8 0 0 9 If you report rent, royalties, REMIC, partnerships, S companies, or income trusts or losses, see instructions . . . 9 0 0 10 a. Unemployment compensation. See instructions ... 10a 0 0 b. Massachusetts state lottery victory. 10b 0 0 11 Other revenue from Schedule X, line 5. Include Schedule X; no less than 0. 11 0 0 12 TOTAL REVENUE 5.05%. Add rows 5 to 11. Be sure to reduce losses in rows 8 or 9. 12 0 0 b. . 13 NONRESIDENT APPORTIONMENT WORKSHEETS. You cannot raise Massachusetts wages as shown on Form W-2. Don't use this worksheet if you know the exact amount of revenue your Massachusetts source earns. Use only when income from work/business is earned both inside and outside Massachusetts and the exact amount of Massachusetts is unknown. Basis: Other Sales Miles business days a. W orking days (or other bases) outside of Massachusetts. 13a 0 0 0 b. Weekdays (or other basics) within Massachusetts. 13b 0 0 c. Total weekdays. Add rows 13a and 13b . 13c 0 0 d. Weekdays (holidays, weekends, etc.) . Ratio 13d 0 0 e. Massachusetts. Divide line 13b by line 13c. 13e f Total revenue given. You cannot apportion Massachusetts wages as shown on Form W-2. 13f 0 0 g Massachusetts revenue. Times row 13e by line 13f. Enter it here and in the appropriate line above. 13g 0 0 2019 FORM 1-NR/PY, PAGE 3 TAXPAYER FIRST NAME M.I. LAST NAME OF TAXPAYER SOCIAL SECURITY NUMBER 14 NONRESIDENT DEDUCTION & EXEMPTION RATIO. Nonresident taxpayers must complete this item to determine the ratio of lines 16 and 17; specific Schedule Y pieces (see instructions); and liberation in line 22a. a. Total revenue 5.05% (from line 12). No less than 0. 14a 0 0 b. Interest income. Smaller than line 7a or 7b. ... 14b 0 0 c. Total capital gains income, if any (total Schedule B, Part 1, line 7; Schedule B, Part 2, line 13c; Schedule D, line 13). No less than 0. 14c 0 0 d. The total income of this return. Add rows 14a to 14c. 14d 0 0 e. Non-Massachusetts source income. No less than 0. See instructions. 14e 0 0 f. Total revenue. Add 14d rows and 14e rows. See instructions ... 14f 0 0 g. Ratio of reduction and exemption. Divide line 14d with line 14f. CUTTING 14g. The amount entered in line 15 must be related to the Massachusetts income reported on this return. 15 a. The amount you pay to Social Security, Medicare, Railroad, U.S. or Massachusetts retires. No more than \$2,000. 15a 0 0 b. The number of spouses paid into Social Security, Medicare, Railroad, U.S. or Massachusetts retirement. No more than \$2,000. 15b 0 0 16 Children under the age of 13, or the cost of care of disabled dependents/spouses (from the worksheet). . 16 0 0 17 Number of household dependents under the age of 12, or dependent(s) age 65 and above (not you or your spouse) on D. ecember 31, 2019, or disability dependents (only if a single, domestic or married head submits a joint return and does not claim line 16). 0 0 Part-year residents: Expand line 17b by line 3. A. No more than two x \$3,600 = b. . Nonresident: Substprocal line 17b by line 14g. 17 0 0 18 Rental reduction. The total rental deduction should not exceed \$3,000 (\$1,500 if married apply separately). See instructions. 0 0 + 2 = 18 0 0 a. Total Massachusetts rent paid in 2019. Nonresident: Fill in if during 2019 you do not have any family home or residence Massachusetts where you generally or usually return or intend to return in the future If filled, you qualify for this deduction. If not filled in, you are not eligible for this deduction.. 19 Other pieces from Schedule Y, line 19. Enclose Schedule Y. 19 0 0 20 TOTAL CUTS. Add lines 15 through 19... 20 0 21 5.05% REVENUE AFTER THE CUT. Subtract row 20 from row 12. No less than 0. 21 0 0 22 a. Total number of exemptions (from line 4g) 0 0 Part-year residents: Multiply line 22a by line 3. Nonresident: Times line 22a by 14g line. . 22 23 REVENUE 5.05% AFTER RELEASE. Subtract row 22 from row 21. No less than 0. If row 21 is missing 0 0 of row 22, see instructions. 23 0 0 24 INTEREST AND DIVIDEND INCOME from Schedule B, line 38. No less than 0. Include Schedule B... 24 0 25 TOTAL TAXABLE INCOME 5.05%. Add lines 23 and 24. 25 0 0 26 TAX ON INCOME 5.05% (from the tax table). If row 25 is more than \$24,000, double that of .0505. Note: If you choose an optional 5.85% tax rate, fill in the oval and see the instructions. 26 0 0 2019 FORM 1-NR/PY, PAGE 4 TAXPAYER FIRST NAME M.I. LAST NAME OF TAXPAYER SOCIAL SECURITY NUMBER 27 INCOME 12% (from Schedule B, line 39). No less than 0. Include Schedule B. 0 0 a. 27 0 0 b. x .12 = 27 0 0 28 TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 22). No less than 0. Include Schedule D. If the submission of Schedule D-IS, Installment Sales, fill in the oval and include schedule D-IS. 28 If excess exceptions are used in calculating rows 24, 27 or 28, fill in the oval and see instruction 0 0 29 The amount of credit recapitulation. Include CRS Schedule. See instructions ... 29 0 0 30 Additional taxes on installment sales. See instructions ... 30 0 0 31 If you qualify for No Tax Status, fill in the oval and enter 0 in row 32. Include NTS-L-NR/PY Schedule. 32 TOTAL INCOME TAXES. Add lines 26 through 30. 32 SKS 0 0 33 Limited Income Credit. Include NTS-L-NR/PY. ... 33 0 0 34 Income tax due to other states or jurisdictions (only part-year residents; from worksheets). Include OJC Schedule. . . . 34 0 0 35 Other credits (from CMS Schedule). . 35 0 0 36 INCOME TAX AFTER CREDIT. Subtract the total rows from 33 to 35 from row 32. No less than 0. 36 0 0 37 Voluntary fund contributions. a. Wildlife Conservation is endangered. 37a 0 0 b. Organ Transplantation. 37b 0 0 c. Massachusetts Public Health HIV and Hepatitis Fund . 37c 0 0 d. Massachusetts U.S. Olympics. 37d 0 0 e. Massachusetts Military Family Relief. 37e 0 0 f. Prevention and Care of Homeless Animals. Total 37f 0 0 0. Add line 37a through 37f. 37 0 0 38 Use taxes due on the Internet, mail orders and other out-of-state purchases (from worksheets). . 38 0 39 Health Care Penalties for certain half-year residents. No less than 0 (from a worksheet). Include HC Schedule. A. You 0 0 b. Couple 0 0 Total. . a + b = 39 0 0 40 MODIFIED RETURNS ONLY. Overpayment of the original return. No less than 0. See instructions ... 40 0 41 INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAXES AND HC FINES. Add rows 36 through 40. 41 0 0 2019 FORM 1-NR/PY, PAGE 5 TAXPAYER FIRST NAME M.I. LAST NAME MASSACHUSETTS TAXPAYER SOCIAL SECURITY NUMBER WITHHOLDING, PAYMENT AND REFUNDABLE CREDIT 42 Massachusetts income taxes withheld. Be sure to flank any form or schedule (W-2, W-2G, 2G, 1099, 3K-1, SK-1, PWH-WA or LOA) that indicates Massachusetts 42 0 0 43 2018 overpayments apply to your estimated 2019 taxes (from 2018 Form 1, line 48 or Form 1-NR/PY, line 52. Do not enter the 2018 refund..... I can't do it anymore. 43 0 0 44 2019 Massachusetts estimates tax payments. Do not include 43 line numbers. . 44 0 0 45 Payments made by extension. 45 0 0 46 MODIFIED RETURNS ONLY. Payment is made with the original return. No less than 0. See instructions ... 46 0 0 47 EARN INCOME CREDITS. A. Number of eligible children 0 0 x .30 = c. . 00 b. Number of us return 0 0 Population half year: Times the line 47c by line 3. Nonresidents are not eligible. See instructions..... 47 Note: You cannot claim Earned Income Credits if your married filing status is filed separately unless you qualify for an exemption (see instructions). Fill the oval if you qualify for the exception of this 48 Senior Circuit Breaker Credit (part-year occupant only). Enclose CB Schedule. 48 0 0 49 Other refundable credits (from CMS Schedule). . 49 0 0 50 Excess Family Paid Leave Withholding. 50 0 0 51 TOTAL. Add lines 42 through 50. 51 0 0 52 OVERPAYMENTS. If row 41 is smaller than row 51, subtract row 41 from row 51. If row 41 is greater than row 51, go to row 55. If row 41 and row 51 are the same, enter 0 in row 54. 52 0 0 53 The overpayment amount you want IS APPLIED TO YOUR ESTIMATED TAX 2020. 53 0 0 54 THIS IS YOUR REFUND. Subtract row 53 from row 52. R E F U N D Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204. 54 Direct refund deposit. See instructions. Account type (choose one): Routing number (first two digits must be 01 to 12 or 21 to 32) Account number D 0 0 Checking Savings 0 0 55 TAX DUE. Subtract row 51 from row 41. Pay in full online at 55 or pay by mail. Make cheques payable to the Commonwealth of Massachusetts. Write your Social Security number in the check memo section and be sure to sign the check. Letters to: Massachusetts DOR, PO Box 7003, Boston, MA 02204. This amount will affect your refund or tax: PRINT INTEREST PAID NAME PREPARER 0 0 0 0 0 Penalty 0 M-2210 Exclusion amount. Include Form M-2210. SSN PAID PREPARER'S PHONE / / (PAID PREPARER'S SIGNATURE PAID PREPARER'S EIN Fill in if the dor entrepreneur can discuss this return with preparation 0 DATE) I do not want my preparation to apply for my return electronically BE SURE TO SIGN THE RETURN ON PAGE 1 AND INCLUDE THE HC SCHEDULE (IF APPLICABLE). FOR A NOTICE OF PRIVACY LAW, SEE INSTRUCTIONS. Extracted from PDF file 2019-massachusetts-form-1-nrpy.pdf, last modified January 2020 2020