

2016 Form 1

MA16001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2016 or other taxable

Year beginning

Ending

ERIC

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MA

Fill in if: [X] Original return [] Amended return [] Amended return due to federal change

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 ▶

a. Total federal income ▶ 49
b. Federal adjusted gross income ▶ 49

1. Filing status (select one only): [X] 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)

\$1 You \$1 Spouse TOTAL ▶ 0
You ▶ Spouse
You Spouse
You ▶ Spouse
Name/address changed since 2015
Fill in if noncustodial parent
Fill in if filing Schedule TDS

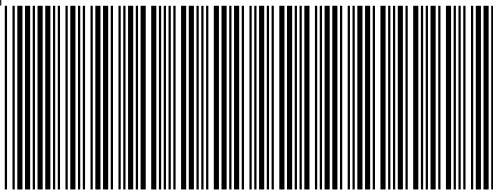
2. Exemptions

a. Personal exemptions 2a 4400
b. Number of dependents... Enter number ▶ x \$1,000 = 2b 0
c. Age 65 or over before 2017 You + Spouse = ▶ x \$700 = 2c 0
d. Blindness You + Spouse = ▶ x \$2,200 = 2d 0
e. 1. Medical/dental ▶ 0 2. Adoption ▶ 0 1 + 2 = 2e 0
f. Total exemptions... Enter here and on line 18 ▶ 2f 4400
3. Wages, salaries, tips ▶ 3 0
4. Taxable pensions and annuities ▶ 4 0
5. Mass. bank interest: a. ▶ 0 - b. exemption 0 = 5 0
6. Business/profession or farm income or loss ▶ 6 0
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss ▶ 7 0
8a. Unemployment ▶ 8a 0
8b. Mass. lottery winnings ▶ 8b 0
9. Other income from Schedule X, line 5 ▶ 9 0

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
SELF - PREPARED

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



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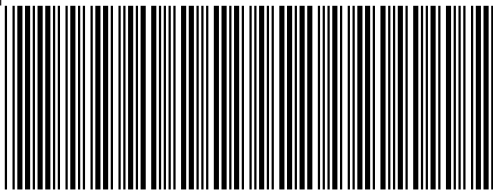
MA16001021555

Massachusetts Resident Income Tax Return

024-56-0161

10. TOTAL 5.1% INCOME		10	0
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	0
12. Child under age 13, or disabled dependent/spouse care expenses		▶ 12	0
13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/16, or disabled dependent(s)			
Not more than two. a. ▶		× \$3,600 = ▶ 13	0
14. Rental deduction. a. ▶ 0		+ 2 = ▶ 14	0
15. Other deductions from Schedule Y, line 18		▶ 15	0
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	0
18. Exemption amount		18	4400
19. 5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"		19	0
20. INTEREST AND DIVIDEND INCOME		▶ 20	0
21. TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20		21	0
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	0
23. 12% INCOME. Not less than "0." a. ▶ 0		× .12 = 23	0
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	0
25. Credit recapture amount (from Credit Recapture Schedule)		▶ 25	0
26. Additional tax on installment sale		▶ 26	0
27. If you qualify for No Tax Status, fill in and enter "0" on line 28		▶ X	
28. TOTAL INCOME TAX. Add lines 22 through 26		28	0
29. Limited Income Credit		▶ 29	0
30. Income tax paid to another state or jurisdiction		▶ 30	0
31. Other credits from Credit Manager Schedule		▶ 31	0
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"		32	0

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



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Massachusetts Resident Income Tax Return

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33. Voluntary Contributions

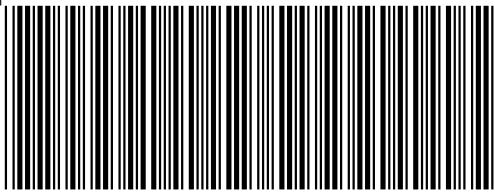
a. Endangered Wildlife Conservation	▶ 33a	0
b. Organ Transplant Fund	▶ 33b	0
c. Massachusetts AIDS Fund	▶ 33c	0
d. Massachusetts U.S. Olympic Fund	▶ 33d	0
e. Massachusetts Military Family Relief Fund	▶ 33e	0
f. Homeless Animal Prevention and Care	▶ 33f	0
Total. Add lines 33a through 33f	33	0
34. Use tax due on Internet, mail order and other out-of-state purchases	▶ 34	0
35. Health care penalty a. You ▶ 0 + b. Spouse ▶ 0 - c. Fed. health care penalty ▶	0 35	0
36. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35	36	0
37. Massachusetts income tax withheld	▶ 37	3059
38. 2015 overpayment applied to your 2016 estimated tax	▶ 38	0
39. 2016 Massachusetts estimated tax payments	▶ 39	0
40. Payments made with extension	▶ 40	0
41. Earned Income Credit. a. Number of qualifying children ▶ Amount from U.S. return ▶ 0 × .23 = ▶	41	0
42. Senior Circuit Breaker Credit	▶ 42	0
43. Other Refundable Credits	▶ 43	0
44. TOTAL. Add lines 37 through 43	44	3059
45. Overpayment. Subtract line 36 from line 44	▶ 45	3059
46. Amount of overpayment you want applied to your 2017 estimated tax	▶ 46	0
47. Refund. Subtract line 46 from line 45. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶ 47	3059

Direct deposit of refund. Type of account ▶ checking savings

RTN # ▶ account # ▶

48. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 ▶	48	0
Interest ▶ 0 Penalty ▶ 0 M-2210 amt. ▶ 0 ▶		
		EX enclose Form M-2210

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



2016 Schedule INC

MA16INC011555

ERIC

D

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
	3059	0	5135	0	W2

TOTALS	3059	0	5135	0	
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Form M-4852 Substitute for Form W-2, Wage and Tax Statement

**Massachusetts
Department of
Revenue**

Complete a separate form for each employer or payer for which a wage or earnings statement is not available.

Your information

1 Last name D	First name Eric	Middle initial	2 Social Security no.
3 Street address	City/Town	State MA	Zip

Form W-2 not received

I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, from the employer or payer named below. The amounts shown are my best estimates of all wages or payments paid to me and the Massachusetts taxes withheld by this employer or payer.

4 Year 2016	5 Employer or payer's name	Identification number	Telephone number
Employer or payer's address		City/Town	State MA Zip

Include in line 6 the total of wages paid, non-cash payments, tips reported and all other compensation before deductions for taxes, insurance, etc.

6 Wages \$0	7 Massachusetts withholding* \$3059.29	8 Social Security and Medicare tax \$5135.26
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*To calculate estimated Massachusetts withholding tax, multiply gross income from your federal Form W-2 by 5%. Call 800-829-1040 for copy of your federal Form W-2. Please note that, for a fee, the Social Security Administration may be able to provide you with your state W-2; call them at 800-772-1213 for more information.

9 Explain how you determined the amounts in lines 6 through 8:

Line 6 was corrected as I did not receive any "wages" as defined in IRC Sections 3401(a) & 3121(a), Lines 7 & 8 were derived from W-2 I was sent.

10 Describe your efforts to obtain Forms W-2, 1099R or W-2C, Statement of Corrected Income and Tax Amounts, from your employer or payer:

Requested, but company/payer refuses to issue forms correctly listing payments of "wages" as defined in IRC Sections 3401 (a) and 3121 (a).

10a At any time were you a full-time student?

Yes No

10b At any time did you request that your employer or payer not withhold Massachusetts income tax because you reasonably expected to earn less than \$8,000?

Yes No

Signature

Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief it is true, correct and complete.

Signature	Date
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For DOR use Wages	Withholding	FICA	Approved
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