

Fill out in black ink.

For a faster refund, file your return electronically at mass.gov/dor.

Part-year residents may need to also complete and enclose Schedule HC.

2022

Massachusetts Department of Revenue
Form 1-NR/PY Massachusetts Nonresident/Part-Year Tax Return

TAXPAYER'S FIRST NAME M.I. LAST NAME		TAXPAYER'S SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME M.I. LAST NAME		SPOUSE'S SOCIAL SECURITY NUMBER
MAILING ADDRESS (no. & street; apt./suite/postal box). If you have a foreign address, also complete line below.	CITY/TOWN	STATE ZIP
FOREIGN PROVINCE/STATE/COUNTY	FOREIGN COUNTRY (OR COUNTRY CODE)	FOREIGN POSTAL CODE
Fill in if (see instructions): — Amended return — Other jurisdiction change (enter date of change)		
Federal amendment Amended return due to IRS BBA Partnership Audit		
State Election Campaign Fund (this contribution will not change your tax or red	uce your refund)	\$1 Spouse Total \$
Fill in if veteran of U.S. armed services who served in Operation Enduring Freed	lom, Iraqi Freedom, Noble Eagle or Sinai Peninsula.	Taxpayer Spouse
Fill in appropriate oval(s) if taxpayer(s) is deceased. See instructions		Taxpayer Spouse
Fill in if under age 18. See instructions		Taxpayer Spouse
Fill in if name has changed since 2021		Taxpayer Spouse
Fill in if noncustodial parent		·····
Fill in if filing the following schedule(s). See instructions: Schedule TDS Schedule FCI		
Fill in if at any time during 2022 you received (as a reward, award, or payment for property or services) or sold, exchanged, gifted, or otherwise disposed of a digital asset (or a financial interest in a digital asset). See instructions		
Fill in one only. See instructions:  Nonresident Part-year resident Filing as both (See instruction)		resident composite return
	▼ IF	A LOSS, MARK AN X IN BOX
a Total federal income (from U.S. Form 1040, line 9; 1040NR, line 9)	a	
<b>b</b> Total federal adjusted gross income (from U.S. Form 1040, line 11; 1040N	R, line 11)	
1 FILING STATUS. Fill in one only.		
<ul><li>Single</li><li>Married filing joint return (both must sign return)</li></ul>		
Married filing separate return (must enter spouse's name and Socia		
Head of household (see instructions) You are a custodial parent who has released claim to exemption for child(ren)		
2 PART-YEAR RESIDENTS ONLY		
Dates as Massachusetts resident		to William Black
<b>3</b> Total days as Massachusetts resident		÷ 365 = 3
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  DATE		
TAXPAYER'S E-MAIL ADDRESS	TAX	PAYER'S PHONE