



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.

2024

# 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/COUNTRY 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 reduce your refund) \$1 Taxpayer \$1 Spouse . . . . . Total \$

Fill in if veteran of U.S. armed services who served in Operation Enduring Freedom, 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. See instructions. . . . . Taxpayer Spouse

Fill in if noncustodial parent. . . . .

Fill in if you are a custodial parent who has released claim to exemption for child(ren). . . . .

Fill in if filing the following schedule(s). See instructions: Schedule TDS Schedule FCI

Fill in if at any time during 2024 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 nonresident and part-year resident Nonresident composite return

a Total federal income (from U.S. Form 1040, line 9; 1040NR, line 9) . . . . . a

b Total federal adjusted gross income (from U.S. Form 1040, line 11; 1040NR, line 11) . . . . . b

1 FILING STATUS. Fill in only one filing status. Fill in if not using same filing status on the federal return (See instructions) Single Married filing joint return (both must sign return) Head of household (see instructions) Married filing separate return (enter spouse's name and Social Security number in the appropriate areas above) NRA (See instructions)

2 PART-YEAR RESIDENTS ONLY Dates as Massachusetts resident . . . . . from MMDDYYYY to MMDDYYYY 3 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

TAXPAYER'S E-MAIL ADDRESS TAXPAYER'S PHONE