



Form 33X-A Massachusetts Amended Individual Income Tax Return

(For tax years 1995–1996)

19
Massachusetts
Department of
Revenue

Registration	Check applicable year <input type="checkbox"/> 1995 <input type="checkbox"/> 1996		
	Your first name and initial		Your Social Security number
	Last name		
	Spouse's first name and initial		Spouse's Social Security number
	Last name		
	Present street address (and apartment number)		
City/Town/P.O. Box number		State	Zip
			<input type="checkbox"/> Check box if address changed since filing original return.
Filing status claimed on original return (check one):		Filing status claimed on this return (check one):	<input type="checkbox"/> Check here if using whole-dollar method
<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Head of household		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Head of household	

Adjustments	1. 5.95% income as originally reported after deductions and exemptions (from Form 1, line 19 or taxable 5.95% income from your Telefile receipt)	▶ 1	
	2. Wages. Amount of increase or (decrease). Attach copy of Form(s) W-2 and/or W-2C	▶ 2	
	3. 5.95% bank interest. Amount of increase or (decrease). See instructions.	▶ 3	
	4. Subtotal 5.95% income. <i>Combine lines 1, 2 and 3</i>	▶ 4	
	5. Social Security, Medicare, Railroad, U.S. or Mass retirement. Amount of increase or (decrease). (Original amount plus or minus net change may not exceed \$2,000 per spouse). You ▶ _____ Spouse ▶ _____ Total	▶ 5	
	6. 50% of rent paid. Amount of increase or (decrease)	▶ 6	
	7. Child under age 15, or disabled dependent/spouse care expense deduction. Amount of increase or (decrease)	▶ 7	
	8. Dependent member of household under age 12 deduction. Amount of increase or (decrease).	▶ 8	
	9. Number of dependent children. Amount of increase or (decrease) ▶ _____ × \$1,000	▶ 9	
	10. Age 65 or over exemption. Amount of increase/(decrease) You ____ + Spouse ____ = ▶ ____ × \$700	▶ 10	
	11. Medical exemption. Amount of increase or (decrease). See instructions.	▶ 11	
	12. Personal exemption amount. Amount of increase or (decrease)	▶ 12	
	13. Subtotal deductions and exemptions. <i>Combine lines 5 through 12</i>	▶ 13	
	14. Corrected 5.95% income after deductions and exemptions. <i>Subtract line 13 from line 4. Not less than "0."</i> If line 13 is a negative amount, add line 13 as a positive amount to line 4	▶ 14	
	15. Corrected 5.95% Tax. <i>Multiply line 14 by .0595 (5.95%)</i>	▶ 15	
	16. Income tax paid to another state or jurisdiction (from worksheet). Attach a copy of the other state or jurisdiction's return	▶ 16	
	17. Massachusetts withholding. Amount of increase or (decrease). Attach Form W-2(s)	▶ 17	
Your corrected tax after withholding and credits, including adjustments to Limited Income Credit and No Tax Status will be automatically calculated. If you are paying additional tax with this return or would like to make these calculations for your own records, a Tax Calculation worksheet is provided on page 3 of the instruction booklet. Enclose your payment with amount due on this form.			
18. Payment enclosed with this return (from Tax Calculation worksheet in instructions, line 11)	▶ 18		
Enter amounts from Tax Calculation worksheet, line 10, if applicable. Interest ▶ _____ Penalty ▶ _____ M-2210 ▶ _____			

If this return is filed after the date of the original return, the taxpayer named herein makes application for abatement of the tax assessed for the period stated pursuant to the applicable Massachusetts General Laws, Chapter 62. Consent is hereby given, pursuant to Chapter 58A, section 6, for the Commissioner of Revenue to act upon this amended return after six months from the date of filing. This consent is provided to protect my rights where processing of my refund is delayed for any reason. My consent may be withdrawn at any time. If I refuse consent by striking out this section, or by withdrawing my consent, the refund will be denied (1) at the expiration of six months from the date of filing or (2) at the date consent is withdrawn, whichever is later.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.

Sign Here	Your signature	Date	Your Social Security number	
	Spouse's signature (if filing jointly, both must sign, even if only one had income)	Date	Spouse's Social Security number	
	Paid preparer's signature		Preparer's E.I. or Social Security number	
	Address	City	State	Zip