

FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

Note: If you are reporting other income on Form 1, line 9 or Form 1-NR/PY, line 11 and/or claiming other deductions on Form 1, line 15, or Form 1-NR/PY, line 19 you must complete and enclose the following schedule(s) with your return. Failure to enclose these schedules will delay the processing of your return.

Schedule X. Other Income Enclose with Form 1 or Form 1-NR/PY**1996**

LINE

- 1** Alimony received (from U.S. return) (full-year residents and part-year residents only — see instructions) ▶ 1
- Enter payer's name _____ and S.S. #
- 2** Taxable IRA/Keogh distributions (see instructions). Enter taxable IRA/Keogh distribution amount in line 2. ▶ 2
- Amount of previously taxed contributions _____
- Total amount distributed to date _____
- 3** Winnings, fees and other 5.95% income (list sources and amounts). Note: Gambling losses are not deductible under Massachusetts law. Total ... ▶ 3
- 4** Total other taxable 5.95% income. Add lines 1, 2 and 3. Enter here and on Form 1, line 9 or Form 1-NR/PY, line 11 4

Schedule Y. Other Deductions Enclose with Form 1 or Form 1-NR/PY

- 1** Allowable employee business expenses (from worksheet in instructions). Enclose U.S. Form 2106 or 2106-EZ (nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ▶ 1
- 2** Penalty on early savings withdrawal (from U.S. return) (nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ▶ 2
- 3** Alimony paid (from U.S. return). Part-year residents, enter the amount paid while a Mass. resident; nonresidents, multiply alimony paid by line 14g of Form 1-NR/PY. ▶ 3
- Alimony recipient's name _____ and S.S. #
- 4** Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 (see instructions) ▶ 4
- Enter name of state or political subdivision _____
- 5** Total other deductions. Add lines 1, 2, 3 and 4. Enter here and on Form 1, line 15 or Form 1-NR/PY, line 19. 5