

Ovals must be filled in completely. Example: [] For the year January 1–December 31, 2004 or other taxable year beginning [], 2004, ending []

Form 1

04

Form header section with fields for: FIRST NAME, M.I., LAST NAME, SPOUSE'S FIRST NAME, M.I., LAST NAME, 1. YOUR SOCIAL SECURITY NUMBER, 2. SPOUSE'S SOCIAL SECURITY NUMBER, ADDRESS, CITY/TOWN/POST OFFICE, STATE, ZIP + 4

If name/address has changed since 2003, fill in oval: [] If taxpayer(s) is deceased, fill in appropriate oval(s) (see instr.): 1. [] 2. []

State Election Campaign Fund (this contribution will not change your tax or reduce your refund) [] \$1 You [] \$1 Spouse, if filing jointly Total ▶ \$ []

1 Filing status: (select one only) [] Single [] Married filing joint return [] Married filing separate return. (Enter spouse's Soc. Sec. number in the appropriate space above.) [] Head of household (see instructions) (both must sign return)

2 Exemptions: [] Fill in if noncustodial parent [] Fill in if using whole-dollar method

a. Personal exemptions. If single or married filing separately, enter \$3,300. If head of household, enter \$5,100. If married filing jointly, enter \$6,600. [] a

b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ [] × \$1,000 [] b

c. Age 65 or over before 2005: [] You [] Spouse. Enter number ▶ [] × \$700 [] c

d. Blindness: [] You [] Spouse. Enter number ▶ [] × \$2,200. [] d

e. Other: 1. Medical/Dental ▶ [] From U.S. Schedule A, line 4 2. Adoption ▶ [] See instructions 1 + 2 = e []

f. Total exemptions. Add items a, b, c, d and e. Enter here and on line 18. [] ▶ 2f

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) [] ▶ 3

4 Taxable pensions and annuities (see instructions) [] ▶ 4

5 Mass. bank interest: a. ▶ [] - b. exemption [] = 5 Exemption: if married filing jointly, subtract \$200 from Total; otherwise subtract \$100 & enter result. Not less than "0." ▼ If showing a loss, mark an X in box at left

6 Business/profession or farm income/loss (enclose Mass. or U.S. Sch. C or C-EZ or U.S. Sch. F) [] ▶ 6

7 Rental, royalty, REMIC, partnership, S corp., trust income/loss (enclose Massachusetts Sch. E) [] ▶ 7

8 a. ▶ [] Unemployment Compensation + b. ▶ [] Massachusetts state lottery winnings [] a + b = 8

9 Other income (alimony, taxable IRA/Keogh distr., winnings, fees) from Sch. X, line 5 (enclose Sch. X) ▶ 9 Not less than "0."

10 TOTAL 5.3% INCOME. Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) [] ▶ 10

11 Amount paid to Social Security, Medicare, R.R., U.S. or Massachusetts retirement. Not more than \$2,000 per person. a. You ▶ [] + b. Spouse ▶ [] a + b = 11 ▲ If showing a loss, mark an X in box at left

12 Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) [] ▶ 12

13 Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/04, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12). Not more than two: a. ▶ [] × \$3,600 = [] ▶ 13

14 Rental deduction (rent paid in 2004): a. ▶ [] ÷ 2 = [] Not more than \$3,000 (\$1,500 if married filing separately) ▶ 14

15 Other deductions from Schedule Y, line 10 (enclose Schedule Y) [] ▶ 15

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.

Signature section with fields for: Your signature, Date, Print paid preparer's name, Preparer's SSN or PTIN, Spouse's signature (if filing jointly), Date, Paid preparer's phone, Paid preparer's EIN, May DOR discuss this return with the preparer?, Do not want my preparer to file my return electronically, Paid preparer's signature, Date, Fill in if self-employed

Attach, with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).

