

CERTAIN PART-YEAR RESIDENTS MUST ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Fo	rm 1-NR/PY Mass. Nonresident/Pa	art-Year Resident Tax	x Return 2010	
FIRST N	-		L SECURITY NUMBER	
		E N	T + E R + S S #	
SPOUSI	'S FIRST NAME M.I. LAST NAME	2. SPOUSE'S S	OCIAL SECURITY NUMBER T L E R L S S #	
ADDRES	S CITY/TOWN/PO:	T OFFICE/FOREIGN COUNTRY STATE		
ADDRES	S OF LEGAL RESIDENCE OR DOMICILE (IF FILING AS NONRESIDENT) CITY/TOWN/PO:	T OFFICE/FOREIGN COUNTRY STATE OR	FOREIGN COUNTRY	
0+-+0 [Letting 2 and the sentile time will not along a your toy or video your ref	\$1 \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittit{\$\text{\$\texittit{\$\text{\$\exitti}}}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex	Total	
Fill in i If taxp Under	lection Campaign Fund (this contribution will not change your tax or reduce your ref f veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Free ayer(s) is deceased, fill in appropriate oval(s); see instructions	dom or Noble Eagle ► You ► Spot Primary Spot You ► Spot	ise ►\$ sise	
•	(select one only) Married filing joint return (both must sign return) Married filing separate return (enter spouse's Social Security number in the appropriate space above) Head of household (see instructions) ► Custodial parent has released claim to exemption for child(ren)			
2	PART-YEAR RESIDENTS ONLY			
	Dates as Massachusetts resident: From ▶ MM D D Y Y	Y Y To ► M M D D Y Y		
	Total days as Massachusetts resident		÷ 365 = ▶ 2	
	Whole-dollar method onl			
3	TOTAL INCOME from U.S. 1040, line 22; 1040A, line 15; 1040EZ, line 4; 1040NR, line 23; or 1040NR-EZ, line 7. If married filing separately, see instructions			
4	4 EXEMPTIONS			
	a. Personal exemptions. If single or married filing separately, enter \$ If married filing jointly, enter \$8,800			
	b. Number of dependents. (Do not include yourself or your spouse.) You must enclose Schedule DI .	Enter number ► × \$1,000		
	c. Age 65 or over before 2011: You Spouse	Enter number ► ×\$ 700	= 4c 0 0	
	d. Blindness: You Spouse	Enter number ► × \$2,200	= 4d 0 0	
	e. 1. Medical/Dental ► From U.S. Schedule A, line 4	OO 1 + 2	= 4e 0 0	
	f. TOTAL EXEMPTIONS. Add lines 4a through 4e. Enter here and on		→ 4f 00	
	INCOME Nonresidents report in lines 5 through 11 Massachusetts source income only. Use line 13 if appropriate. Part-year residents report in lines 5 through 11 income earned and/or received while a resident. Do not use lines 13 or 14. If filing both as a nonresident and part-year resident, be sure to complete and enclose Schedule R/NR, Resident/Nonresident Worksheet, before proceeding any further.			
5	Wages, salaries, tips and other employee compensation (from all For	ns W-2) ▶ 5		
6	Taxable pensions and annuities (see instructions) ▶ 6			
	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 Print paid pre	or PTIN ►		
	Spouse's signature (if filing jointly) Date Paid preparer / / ()	phone Paid preparer's EIN ►		
	May DOR discuss this return with the preparer? Yes ► Paid preparer I do not want my preparer to file my return electronically ►	rer's signature Date	Fill in if self-employed	