

# Electronic Filing Instructions for your 2012 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Declaration Control Number: Accepted: 02/03/2013

Clifford M Gillette Jr.

437 Jefferson St.

Fall River, MA 02721

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$1,205.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2013. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2012 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	29,113.00
	Taxable Income	\$	19,363.00
	Total Tax	\$	2,471.00
	Total Payments/Credits	\$	3,676.00
	Amount to be Refunded	\$	1,205.00
	Effective Tax Rate		8.49%



Hi Clifford,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2012 taxes:

Your federal refund is: \$ 1,205.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.





# Federal Carryover Worksheet

**2012**

▶ Keep for your records

Name(s) Shown on Return <u>Clifford M Gillette Jr.</u>	Social Security Number <u>011-68-7382</u>
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**2011 State and Local Income Tax Information** (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
MA			1,345.		390.	
<b>Totals . .</b>			1,345.		390.	

Other Tax and Income Information		2011	2012
<b>1</b>	Filing status . . . . .	<u>1</u>	<u>Single</u>
<b>2</b>	Number of exemptions for blind or over 65 (0 - 4) . . . . .	<u> </u>	<u> </u>
<b>3</b>	Itemized deductions . . . . .	<u>1,345.</u>	<u>1,442.</u>
<b>4</b>	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Adjusted gross income . . . . .	<u>26,940.</u>	<u>29,113.</u>
<b>6</b>	Tax liability for Form 2210 or Form 2210-F . . . . .	<u>2,189.</u>	<u>2,471.</u>
<b>7</b>	Alternative minimum tax . . . . .		
<b>8</b>	Federal overpayment applied to next year estimated tax . . . . .		

**QuickZoom to the IRA Information Worksheet for IRA information** . . . . . ▶

Excess Contributions		2011	2012
<b>9 a</b>	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
<b>b</b>	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
<b>10 a</b>	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
<b>b</b>	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
<b>11 a</b>	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
<b>b</b>	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2011	2012
Note: Enter all entries as a positive amount			
<b>12 a</b>	Short-term capital loss . . . . .		
<b>b</b>	AMT Short-term capital loss . . . . .		
<b>13 a</b>	Long-term capital loss . . . . .		
<b>b</b>	AMT Long-term capital loss . . . . .		
<b>14 a</b>	Net operating loss available to carry forward . . . . .		
<b>b</b>	AMT Net operating loss available to carry forward . . . . .		
<b>15 a</b>	Investment interest expense disallowed . . . . .		
<b>b</b>	AMT Investment interest expense disallowed . . . . .		
<b>16 a</b>	Nonrecaptured net Section 1231 losses from:		
<b>a</b>	2012 . . . . .		
<b>b</b>	2011 . . . . .		
<b>c</b>	2010 . . . . .		
<b>d</b>	2009 . . . . .		
<b>e</b>	2008 . . . . .		
<b>f</b>	2007 . . . . .		

Clifford M Gillette Jr.

011-68-7382

Loss and Expense Carryovers (cont'd)				2011	2012
17	AMT Nonrecap'd net Sec 1231 losses from:				
		a	2012 . . .	17 a	
		b	2011 . . .	b	
		c	2010 . . .	c	
		d	2009 . . .	d	
		e	2008 . . .	e	
		f	2007 . . .	f	
Credit Carryovers				2011	2012
18	General business credit . . . . .			18	
19	Adoption credit from:   a   2012 . . . . .			19 a	
20	Mortgage interest credit from:			20 a	
		a	2012 . . . . .	a	
		b	2011 . . . . .	b	
		c	2010 . . . . .	c	
		d	2009 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2011	2012
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
	foreign	b	Taxpayer (Form 2555, line 48) . . . . .	b	
	housing	c	Spouse (Form 2555, line 46) . . . . .	c	
	deduction:	d	Spouse (Form 2555, line 48) . . . . .	d	

Charitable Contribution Carryovers					
26	2011 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2011 . . . . .				
b	2010 . . . . .				
c	2009 . . . . .				
d	2008 . . . . .				
e	2007 . . . . .				
27	2012 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2012 . . . . .				
b	2011 . . . . .				
c	2010 . . . . .				
d	2009 . . . . .				
e	2008 . . . . .				
28	Amount overpaid less earned income credit . . . . .				1,107.

2011 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Clifford M Gillette Jr.

**Primary SSN:** 011-68-7382

**Federal Return Submitted:** February 03, 2013 02:32 PM PST

**Federal Return Acceptance Date:** 02/03/2013

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### **1. THE INTUIT ELECTRONIC POSTMARK.**

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### **TIMELY FILING:**

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2013. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2013, your Intuit electronic postmark will indicate April 15, 2013, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2013, and a corrected return is submitted and accepted before April 20, 2013. If your return is submitted after April 20, 2013, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2013. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2013, and the corrected return is submitted and accepted by October 20, 2013.

### **2. THE ACCEPTANCE DATE.**

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

# Electronic Filing Instructions for your 2012 Massachusetts Tax Return

Important: Your taxes are not finished until all required steps are completed.



Declaration Control Number: 00-100013-74630-3 Accepted: 02/03/2013

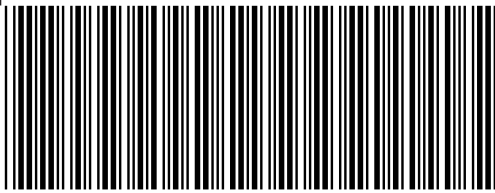
Clifford M Gillette Jr.

437 Jefferson St.

Fall River, MA 02721

<b>Balance Due/Refund</b>	Your Massachusetts state tax return (Form 1) shows a refund due to you in the amount of \$388.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.												
<b>Where's My Refund?</b>	Before you call the Massachusetts Department of Revenue with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Massachusetts Department of Revenue directly at 1-617-887-6367. You can also visit the Massachusetts Department of Revenue web site at <a href="http://www.dor.state.ma.us/">http://www.dor.state.ma.us/</a> .												
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.												
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns Forms W-2, W-2G, and 1099R ( if applicable )												
<b>2012 Massachusetts Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>20,068.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>1,054.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>1,442.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>388.00</td></tr></table>	Taxable Income	\$	20,068.00	Total Tax	\$	1,054.00	Total Payments/Credits	\$	1,442.00	Amount to be Refunded	\$	388.00
Taxable Income	\$	20,068.00											
Total Tax	\$	1,054.00											
Total Payments/Credits	\$	1,442.00											
Amount to be Refunded	\$	388.00											





**2012 Form 1** MA1200111555  
 Massachusetts Resident Income Tax Return  
 FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2012 or other taxable  
 Year beginning Ending

CLIFFORD M GILLETTE JR. 011-68-7382  
 437 JEFFERSON ST FALL RIVER MA 02721

Apt. no.

**State Election Campaign Fund:**

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶	\$1 You ▶	\$1 Spouse ▶	TOTAL ▶	0
Taxpayer deceased ▶	You ▶	Spouse ▶		
Fill in if under age 18 ▶	You ▶	Spouse ▶		

1. **Filing status** (select one only): ▶  Single  
 Married filing jointly  
 Married filing separate return  
 Head of household ▶ You are a custodial parent who has released claim to exemption for child(ren)

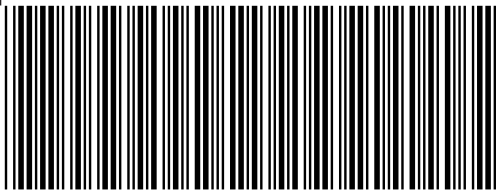
**2. Exemptions**

a. Personal exemptions		<b>2a</b>	4 400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶		× \$1,000 = <b>2b</b>	0
c. Age 65 or over before 2013 You + Spouse = ▶		× \$700 = <b>2c</b>	0
d. Blindness You + Spouse = ▶		× \$2,200 = <b>2d</b>	0
e. 1. Medical/dental ▶ 0 2. Adoption ▶ 0		1 + 2 = <b>2e</b>	0
f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18		▶ <b>2f</b>	4 400
3. Wages, salaries, tips		▶ <b>3</b>	2 911 3
4. Taxable pensions and annuities		▶ <b>4</b>	0
5. Mass. bank interest: a. ▶ 0 – b. exemption 0		= <b>5</b>	0
6. Business/profession or farm income or loss		▶ <b>6</b>	0
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss		▶ <b>7</b>	0
8a. Unemployment		▶ <b>8a</b>	0
8b. Mass. lottery winnings		▶ <b>8b</b>	0
9. Other income from Schedule X, line 5		▶ <b>9</b>	0
<b>10. TOTAL 5.25% INCOME</b>		<b>10</b>	2 911 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
May the Department of Revenue discuss this return with the preparer shown here? ▶	Yes		
I do not want preparer to file my return electronically ▶	(this may delay your refund)		
Print paid preparer's name	Date	Check if self-employed ▶	Paid preparer's SSN
Paid preparer's signature	Paid preparer's phone ▶		Paid preparer's EIN
<b>SELF-PREPARED</b>			

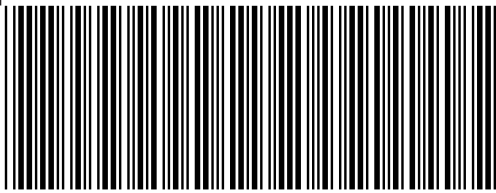
**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



**2012 Form 1, pg. 2** MA1200121555  
 Massachusetts Resident Income Tax Return  
 011-68-7382

11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	▶ 11a	1645
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11b	0
12.	Child under age 13, or disabled dependent/spouse care expenses	▶ 12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/12, or disabled dependent(s)		
	<b>Not more than two. a. ▶</b>	× \$3,600 = ▶ 13	0
14.	Rental deduction. a. ▶ 6600	+ 2 = ▶ 14	3000
15.	Other deductions from Schedule Y, line 17	▶ 15	0
16.	<b>Total deductions.</b> Add lines 11 through 15	▶ 16	4645
17.	<b>5.25% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. <b>Not less than "0"</b>	17	24468
18.	Exemption amount	18	4400
19.	<b>5.25% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. <b>Not less than "0"</b>	19	20068
20.	<b>INTEREST AND DIVIDEND INCOME</b>	▶ 20	0
21.	<b>TOTAL TAXABLE 5.25% INCOME.</b> Add lines 19 and 20	21	20068
22.	<b>TAX ON 5.25% INCOME.</b> Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	22	1054
23.	<b>12% INCOME.</b> Not less than "0." a. ▶ 0	× .12 = 23	0
24.	<b>TAX ON LONG-TERM CAPITAL GAINS.</b> Not less than "0." Fill in if filing Schedule D-IS ▶ Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	0
25.	Credit recapture amount ▶ BC EOA LIH HR	▶ 25	0
26.	Additional tax on installment sale	▶ 26	0
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28 ▶		
28.	<b>TOTAL INCOME TAX.</b> Add lines 22 through 26	28	1054
29.	Limited Income Credit	▶ 29	0
30.	Other credits from Schedule Z, line 13	▶ 30	0
31.	<b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 and 30 from line 28. <b>Not less than "0"</b>	31	1054

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**



**2012 Form 1, pg. 3** MA1200131555  
 Massachusetts Resident Income Tax Return  
 011-68-7382

**32. Voluntary Contributions**

a. Endangered Wildlife Conservation	▶ 32a	0
b. Organ Transplant Fund	▶ 32b	0
c. Massachusetts AIDS Fund	▶ 32c	0
d. Massachusetts U.S. Olympic Fund	▶ 32d	0
e. Massachusetts Military Family Relief Fund	▶ 32e	0
f. Homeless Animal Prevention and Care	▶ 32f	0
Total. Add lines 32a through 32f	32	0
33. Use tax due on out-of-state purchases. If no use tax due enter "0"	▶ 33	0
34. Health care penalty a. You ▶ 0 b. Spouse ▶ 0	a + b = 34	0
35. <b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 31 through 34	35	1054
36. Massachusetts income tax withheld	▶ 36	1442
37. 2011 overpayment applied to your 2012 estimated tax	▶ 37	0
38. 2012 Massachusetts estimated tax payments	▶ 38	0
39. Payments made with extension	▶ 39	0
40. Earned Income Credit. a. Number of qualifying children ▶ Amount from U.S. return ▶ 0 × .15 = ▶ 40	▶ 40	0
41. Senior Circuit Breaker Credit	▶ 41	0
42. Other Refundable Credits	▶ 42	0
43. <b>TOTAL.</b> Add lines 36 through 42	43	1442
44. <b>Overpayment.</b> Subtract line 35 from line 43	▶ 44	388
45. Amount of overpayment you want <b>applied to your 2013 estimated tax</b>	▶ 45	0
46. <b>Refund.</b> Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶ 46	388

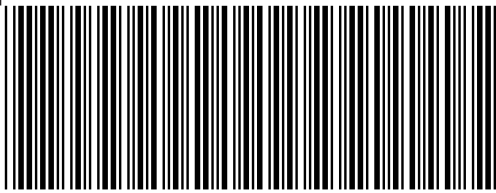
**Direct deposit of refund.** Type of account ▶ checking  
 savings

RTN # ▶ account # ▶

47. <b>Tax due. Pay online at <a href="http://www.mass.gov/dor/payonline">www.mass.gov/dor/payonline</a>.</b> Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	▶ 47	0
Interest ▶ 0 Penalty ▶ 0 M-2210 amt. ▶ 0	▶	EX enclose Form M-2210

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**





**2012 Schedule HC** MA1202911555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

CLIFFORD M GILLETTE JR. 011-68-7382

1a. Date of birth ▶ 11201985 1b. Spouse's date of birth ▶ 1c. Family size ▶ 1  
 2. Federal adjusted gross income ▶ 2 29113

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Commonwealth Care, Commonwealth Care Bridge, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2012, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

▶ 3a You:	Full-year MCC	<input checked="" type="checkbox"/>	Part-year MCC	No MCC/None
▶ 3b Spouse:	Full-year MCC		Part-year MCC	No MCC/None

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2012, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth, Commonwealth Care or Commonwealth Care Bridge, and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

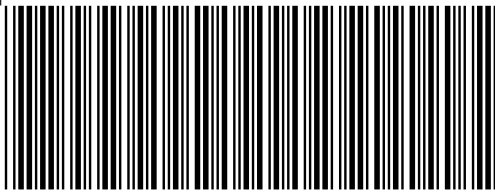
4a. Private insurance (completes line(s) 4f and/or 4g below). If more than two, complete Schedule HC-CS	<input checked="" type="checkbox"/>	You	Spouse
4b. MassHealth, Commonwealth Care or Commonwealth Care Bridge. Fill in and go to line 5		You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). <b>Note:</b> Health Safety Net is not considered insurance or minimum creditable coverage.		You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.  
 TUFFS HEALTH PLAN 96-0000131 88916148101

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or Commonwealth Care Bridge, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2012, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



# 2012 Schedule HC, pg. 2

011-68-7382 MA1202921555

## Uninsured for All or Part of 2012

6. Was your income in 2012 at or below 150% of the federal poverty level? ▶ 6 Yes  No

If you answer Yes, you are not subject to a penalty in 2012. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2012, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2012. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2012, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

## Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	<input checked="" type="checkbox"/> Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2012. Skip the remainder of this schedule and complete your tax return.

## Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs? ▶ 8a You Yes  No  
Spouse Yes No

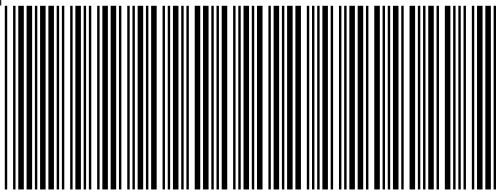
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2012 tax year? ▶ 8b You Yes No  
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the 2012 tax year? ▶ 9 You Yes  No  
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2012 Schedule HC, pg. 3

MA1202931555

CLIFFORD

M GILLETTE JR.

011-68-7382

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2012 tax year.

- 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?
10 You Yes X No
Spouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions?
11 You Yes X No
Spouse Yes No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?
12 You Yes X No
Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2012 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Commonwealth Health Insurance Connector Authority. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Commonwealth Health Insurance Connector Authority and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.

Name(s) Shown on Return <u>Clifford M Gillette Jr.</u>	Social Security Number <u>011-68-7382</u>
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**3** Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. (See the special section on MCC requirements in the instructions.)  
 Full-year MCC     Part-year MCC     No MCC/None

**4** Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2012, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth, Commonwealth Care or Commonwealth Care Bridge, and enter your private insurance information in Your Health Insurance Smartworksheets.

- a** Private Insurance complete Your Health Insurance Smartworksheets . . . . . You
- b** MassHealth, Commonwealth Care or Commonwealth Care Bridge . . . . . You
- c** Medicare . . . . . You
- d** U.S. Military (including Veterans Administration and Tri-Care). . . . . You
- e** Other government program (enter the program name(s) only below . . . . . You

**4 f** Check if you were not issued Form MA 1099-HC . . . . .

**Your Health Insurance Smartworksheets**

Name of Insurance Company or Administrator (from Form MA 1099-HC)	Federal Identification No. of Insurance Company (from Form MA 1099-HC)	Subscriber No. (from Form MA 1099-HC)
<u>TUFFS HEALTH PLAN</u>	<u>96-0000131</u>	<u>88916148101</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7** Complete this section **only** if you were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2012. Check the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, check the months you were covered by a plan that met the MCC requirements at least **15 days or more**. See instructions if, during 2012, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**.

**Special Circumstance Instructions**

<input type="checkbox"/> Indicates special circumstances							
Check the month(s) you were alive, age 18, or a resident of Massachusetts for 2012							
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June		
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec		

**Months Covered By Health Insurance That Met Minimum Creditable Coverage**

You should only check the month(s) you had health insurance that met MCC requirements.							
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June		
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec		

**Religious Exemption and Certificate of Exemption**

**8 a Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs? . . . . . ► Yes  No

If you answer Yes, go to line 8b. If you answer No, go to line 9.  
**8 b** If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2012 tax year? . . . . . ► Yes  No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

**9 Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the 2012 tax year? . . . . . ► Yes  No

If you answer Yes enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.  
 Certificate No. \_\_\_\_\_



Did your employer (or your spouse's employer if married filing jointly) offer you health insurance? . . . . .  
If you answered "Yes" above, was this insurance free?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Schedule HC Worksheet for Line 10**

The following worksheet will determine if you could have afforded employer-sponsored health insurance in 2012. Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance offered by an employer for the entire period you were uninsured in 2012 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance offered by an employer, you were self employed or you were unemployed, check the No box on line 10 and complete the Schedule HC Worksheet for line 11.

**Note:** If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the federal poverty level you are not subject to a penalty in 2012.

If an employer offers you free health insurance coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Check the Yes box in line 10 and go to the Health Care Penalty Worksheet.

<b>1</b> Enter your federal adjusted gross income (from U.S. Form 1040, line 37, Form 1040A, line 21 or Form 1040EZ, line 4) . . . . .	<b>1</b>	_____
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**If line 1 is less than or equal to:**

- ▶ \$16,764 if single or married filing a separate return;
- ▶ \$22,704 if married filing a joint return with no dependents; or head of household/married filing separately with two or more dependents,
- ▶ \$28,644 if married filing a joint return with one or more dependents or head of household/married filing separately with two or more dependents,

you are deemed unable to pay for health insurance. Check the No box in line 10. Skip the remainder of this worksheet and go to the following Schedule HC Worksheet for Lines 11.

**If line 1 is more than:**

- ▶ \$56,273 if single or married filing a separate return;
- ▶ \$89,032 if married filing a joint return with no dependents; or head of household/married filing separately with one dependent,
- ▶ \$119,270 if married filing a joint return with one or more dependents or head of household/married filing separately with two or more dependents,

you are deemed able to afford health insurance and are subject to a penalty. Check the Yes box in line 10 and go to the Penalty Worksheet.

**If line 1 is:**

- ▶ more than \$16,764 but less than or equal to \$56,273 if single or married filing a separate return;
- ▶ more than \$22,704 but less than or equal to \$89,032 if married filing a joint return with no dependents or head of household/married filing separately with one dependent; **or**
- ▶ more than \$28,644 but less than or equal to \$119,270 if married filing jointly with one or more dependents or head of household/married filling separately with two or more dependents,

**go to line 2.**

<b>2</b> Enter the monthly premium that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability. To find this amount, look at the row for your income range in column a of the appropriate table based on your filing status and go to column b to find the monthly premium amount. . . . .	<b>2</b>	_____
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<b>3</b> Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you in 2012 through an employer. The employer's Human Resources Department should be able to provide this amount to you . . . . .	<b>3</b>	_____
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**Note:** If you declined employer sponsored health insurance, the monthly premium amount may be found on the Health Insurance Responsibility Disclosure Form (HIRD) you should have received from your employer.

**If line 3 is less than or equal to line 2,** you are deemed able to afford employer-sponsored health insurance that during your uninsured period(s), which you did not obtain, and

- ▶ you are subject to a penalty. Check the Yes box in line 10 and
- ▶ go to the Health Care Penalty Worksheet.

**If line 3 is greater than line 2,** you could not afford health insurance offered to you by your employer, check

- ▶ the No box in line 10 and
- ▶ complete the Schedule HC Worksheet for Line 11.

Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance

**Line 11: Eligibility for Government-Subsidized Health Insurance Smartworksheet**

**A** Are you a U.S. citizen or alien legally residing in the U.S.? . . .  Yes  No

**B** Did your employer offer to pay more than 20% of a family plan or 33% of an individual plan? . . .  Yes  No

**C** Did you apply for *MassHealth* or *Commonwealth Care* and were denied? . . .  Yes

**D** Are you an alien with special status (legally residing in the U.S. for less than five years) but were not eligible for *Commonwealth Care Bridge*, including if you lived in a geographic area where *Commonwealth Care Bridge* was not available in 2012? . . .  Yes

The following worksheet will determine if you were eligible for government-subsidized health insurance. Complete the following worksheet only if an employer did not offer health insurance or did not offer health insurance that you could afford, as determined in the Schedule HC Worksheet for Line 10.

**Note:** If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Schedule HC must be attached to your return.

If married filing separately **and** living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet. Also, same-sex spouses filing a Massachusetts joint return or married filing separately **and** living in the same household must combine their income figures from their separate U.S. returns when completing this worksheet.

1	Enter your income before adjustments (from U.S. Form 1040, line 22, Form 1040A, line 15 or Form 1040EZ, line 4) . . . . .	1	29113
2	Enter the amount from the Income column, based on your family size (do not include dependent children age 19 or older in your family size), from the table in the instructions . . . . .	2	33516

- If line 1 is greater than line 2:**
- ▶ you were ineligible for government-subsidized health insurance in 2012 and must
  - ▶ check the No box in line 11, **and**
  - ▶ go to Schedule HC Worksheet for line 12 to determine if you were deemed able to afford private health insurance.

- If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured:**
- ▶ you were not a citizen or an alien legally residing in the U.S., **or**
  - ▶ you are an Alien with Special Status (legally residing in the U.S. for less than five years) but were not eligible for Commonwealth Care Bridge, or you are an alien with special status (legally residing in the U.S for less than five years) but were not eligible for Commonwealth Care Bridge, including if you lived in a geographic area where Commonwealth Care Bridge was not available in 2012, **or**
  - ▶ an employer offers to pay more than 20% of a family plan or 33% of an individual plan (the employer's Human Resources Department should be able to provide this information to you) **or**
  - ▶ you applied for MassHealth or Commonwealth Care and were denied because you were ineligible for services,
- you are deemed ineligible for government-subsidized health insurance in 2012 and must**
- ▶ check the No box in line 11, **and**
  - ▶ go to Schedule HC Worksheet for line 12 to determine if you were deemed able to afford private health insurance.

- If line 1 is less than or equal to line 2 and none of the conditions above apply, then**
- ▶ you would have been deemed eligible for government-subsidized health insurance in 2012 which you did not obtain and you are subject to a penalty. You must
  - ▶ check the Yes box in line 11, **and** go to the Health Care Penalty Worksheet.

If line 1 is less than line 2, but you believe that during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Check the Yes box in line 11 and go to the instructions for the Appeals section on schedule HC.

**Schedule HC Worksheet for Line 12: Affordability of Private Health Insurance**

The following worksheet will determine if you could not afford private health insurance in 2012. Complete the following worksheet only if you (or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for Line 11.

**Note:** If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Schedule HC must be attached to your return.

<b>1</b>	Enter your federal adjusted gross income (from U.S. Form 1040, line 37, Form 1040A, line 21 or Form 1040EZ, line 4) . . . . .	<b>1</b>	29113
<b>2</b>	Enter the monthly premium that corresponds with your county of residency (see the printed government instructions if you do not know what county you live in), age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums. Look at the table that corresponds to your county of residency and go to the row for your age range and then go to the column based on your filing status to find the monthly premium amount . . . . .	<b>2</b>	233
<b>3</b>	Enter the monthly premium that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability. To find this amount, look at the row for your income range in column a of the appropriate table based on your filing status and go to column b to find the monthly premium amount . . . . .	<b>3</b>	118

**If line 2 is greater than line 3:**

- Check the No box in line 12. Skip the remainder of Schedule HC and continue completing you tax return.
  - ▶ you are deemed unable to afford private health insurance and **not** subject to a penalty, and you must
  - ▶ check the No box in line 12 **and**
  - ▶ skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose the Schedule HC with your return

**If line 2 is less than or equal to line 3 and at any point during the period when you were uninsured:**

- ▶ you were 27 years or older and were offered insurance that met Minimum Creditable Coverage through an employer, **or**
- ▶ you were 18-26 years old and were offered insurance insurance from an employer towards which the employer paid 33% or more of the total premium (the employer’s Human Resources Department should be able to provide this information to you),
- ▶ **you are deemed ineligible to purchase private health insurance in 2012**
- ▶ check the No box in line 12 **and**
- ▶ skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose the Schedule HC with your return

**If line 2 is less than or equal to line 3 and none of the above conditions apply:**

- ▶ you are deemed able to afford private health insurance, which you did not obtain;
- ▶ you are subject to a penalty and you must
- ▶ check the Yes box in line 12 and go to the Health Care Penalty Worksheet.

Schedule HC Worksheet - Penalty Worksheet

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 34a and line 34b or Form 1-NR/PY, line 39a and line 39b.

Note: If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 8 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Schedule HC must be attached to your return.

Table with 8 rows and 3 columns: Line number, Description, and Value. Row 1: Enter your income before adjustments... 1. Row 2: Based on Family Size, federal AGI and your age calculated penalty... 3. Row 3: How many gap(s) in coverage... 4. Row 4: Turning 18, Part-Year Residents or a Taxpayer was deceased... 4. Row 5: Enter the total number of months for the gap(s)... 5. Row 6: Multiply line 4 by "3"... 6. Row 7: Subtract line 6 from line 5... 7. Row 8: Multiply line 3 by line 7... 8.

If you are subject to a penalty because you are deemed able to afford insurance in 2012 but did not obtain it, you may appeal the application of the penalty to you. Go to the Filing an Appeal section on the Schedule HC and follow these instructions. If you are filing an appeal, do not enter a penalty amount on Form 1, line 34a or line 34b or Form 1-NR/PY, line 39a and line 39b. If you are not appealing the penalty, enter the penalty amount from line 8 on Form 1, line 34a or 34b or Form 1-NR/PY, line 39a and line 39b.

Complete Only If You Are Filing An Appeal

You [ ] I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.