COMPLETE AS OF NOVEMBER 23, 2007. SUBJECT ONLY TO LEGISLATIVE ACTION.

AREA RESERVED FOR 2-D BARCODE

2007 Form 1-NR/PY XXXXXXXXXXXX

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2007 or other taxable

Year beginning Ending

Taxpayer deceased Spouse deceased

Joe Smoke 400008104

Holly Smoke 400008103

123 Main Street Boston MA 02124

c/o KKNG Incorporated Division of Taxation

Apt. no. Suite 3G Name/address changed since 2006

Check one: X Nonresident Part-year resident Filing as both nonresident and part-year resident Nonresident composite

Fill in if veteran of U.S. armed forces during Operations Enduring Freedom, Iraqi Freedom or Noble Eagle ► X You ► Spouse

State Election Campaign Fund: X $1 You X $1 Spouse, if filing jointly TOTAL ► $ 2

1. **Filing status** *(select one only)*: Single X Married filing joint return Married filing separate return Head of household
2. **Part-year residents.** Enter dates as Massachusetts resident: From ► To ►
   Total days as Massachusetts resident ÷ 365 = ► 2
3. **Total income** ► 3 24680
4. **Exemptions:** Fill in if noncustodial parent Fill in if filing Schedule TDS
   a. Personal exemptions Fill in if under age 18 ► a 8250
   b. Number of dependents. (Do not include yourself or your spouse.) Enter number ► 3 × $1,000 = b 3000
   c. Age 65 or over before 2008 X You + Spouse = ► 1 × $700 = c 700
   d. Blindness X You + X Spouse = ► 2 × $2,200 = d 4400
   e. Other: 1. Medical/dental ► 2. Adoption ► 2400 1 + 2 = e 2400
   f. Total exemptions. Add items a, b, c, d and e. Enter here and on line 22a ► 4f 18750
5. Wages, salaries, tips ► 5 23203
6. Taxable pensions and annuities ► 6 370
7. Mass. bank interest: a. ► 175 – b. exemption 200 = 7 0
8. Business/profession or farm income or loss ► 8 0
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss ► 9 0
10. Unemployment: a. ► 100 Mass. lottery winnings: b. ► 60 a + b = 10 160

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

I do not want preparer to file my return electronically ► (this may delay your refund)

May the Department of Revenue discuss this return with the preparer shown here? ► X Yes

Print paid preparer's name Date Check if self-employed Paid preparer's SSN

Chris P Bacon X ► 010236770

Paid preparer's signature Paid preparer's phone Paid preparer's EIN

► 666777888

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

Jan 18, 2008 12:01am XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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2007 Form 1-NR/PY, pg. 2 XXXXXXXXXXXX

Massachusetts Nonresident/Part-Year Resident Income Tax Return

400008104

11.	Other income	► **11**	210
12.	**TOTAL 5.3% INCOME**	**12**	23943
13.	**NONRESIDENT APPORTIONMENT WORKSHEET.** You **cannot** apportion Mass. wages as shown on Form W-2. Do **not** use this worksheet if you know the exact amount of your Mass. source income. **Only** use when income from employment/business is earned both inside and outside Mass. **and** the exact Mass. amount is not known. Basis: X working days miles sales other:		
	Working days (or other basis) outside Massachusetts	**13a**	10
	Working days (or other basis) inside Massachusetts	**13b**	240
	Total working days	**13c**	250
	Nonworking days (holidays, weekends, etc.)	**13d**	115
	Massachusetts ratio	► **13e**	.9600
	Total income being apportioned. You **cannot** apportion Massachusetts wages as shown on Form W-2	**13f**	24170
	Massachusetts income	**13g**	23203
14.	**NONRESIDENT DEDUCTION AND EXEMPTION RATIO**		
	a. Total 5.3% income	**14a**	23943
	b. Interest income	**14b**	175
	c. Total capital gain income	**14c**	0
	d. Total income this return	**14d**	24118
	e. Non-Massachusetts source income. **Not less than "0"**	► **14e**	1345
	f. Total income	**14f**	25463
	g. Deduction and exemption ratio	**14g**	.9466
15.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		
	a. You ► + b. Spouse ► 725	a + b = **15**	725
16.	Child under age 13, or disabled dependent/spouse care expenses	► **16**	
17.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/07, or disabled dependent(s) **Not more than two.** a. ► 1	× $3,600 = ► **17**	3408
18.	Rental deduction. a. ►	÷ 2 = ► **18**	
	Nonresidents, during 2007, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? X Yes No. If "Yes," you do **not** qualify for this deduction.		
19.	Other deductions from Schedule Y, line 16	► **19**	707
20.	**Total deductions.** Add lines 15 through 19	► **20**	4840
21.	**5.3% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than "0"**	**21**	19103
22.	Exemption amount. a. 18750	► **22**	17749
23.	**5.3% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than "0"**	**23**	1354

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

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2007 Form 1-NR/PY, pg. 3 XXXXXXXXXXXX

Massachusetts Nonresident/Part-Year Resident Income Tax Return

Joe Smoke 400008104

24.	**INTEREST AND DIVIDEND INCOME**	► 24	0
25.	**TOTAL TAXABLE 5.3% INCOME.** Add lines 23 and 24	25	1354
26.	**TAX ON 5.3% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 20 by .0585 ►	26	73
27.	**12% INCOME.** Not less than "0." a. ► 0	× .12 = 27	0
28.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS ►	► 28	0
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 ►		
29.	Credit recapture amount X BC EOA LIH HR	► 29	700
30.	If you qualify for No Tax Status, fill in and enter "0" on line 31 ►		
31.	**TOTAL INCOME TAX.** Add lines 26 through 29	31	773
32.	Limited Income Credit ► 126		
33.	Credits from Schedule Z, line 11 ► 27		
34.	Credits from Schedule Z, line 14 ► 3		
35.	Total credits	35	156
36.	**INCOME TAX AFTER CREDITS.** Subtract line 35 from line 31. **Not less than "0"**	36	617
37.	Voluntary Contributions: a. Endangered Wildlife Conserv. ► 5 b. Organ Transplant Fund ► 5		
	c. Massachusetts AIDS Fund ► 12 d. Mass. U.S. Olympic Fund ► 13		
	e. Mass. Military Family Relief Fund ► 5 **Total of a through e**	37	40
38.	Use tax due on out-of-state purchases. If no use tax due enter "0"	► 38	0
39.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 36 through 38	39	657
40.	Massachusetts income tax withheld	► 40	205
41.	2006 overpayment applied to your 2007 estimated tax	► 41	75
42.	2007 Massachusetts estimated tax payments	► 42	
43.	Payments made with extension	► 43	
44.	Earned Income Credit. a. Number of qualifying children ► 1 Amount from U.S. return ► 131 × .15 =	► 44	19
45.	Senior Circuit Breaker Credit	► 45	0
46.	Refundable Film Credit	► 46	55
47.	**TOTAL.** Add lines 40 through 46	47	354
48.	**Overpayment.** Subtract line 39 from line 47	► 48	
49.	Amount of overpayment you want **applied to your 2008 estimated tax**	► 49	
50.	**Refund.** Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	► 50	
	Direct deposit of refund. Type of account ► checking savings		
	RTN # ► account # ►		
51.	**Tax due.** Mail to: Massachusetts DOR, PO Box 7002, Boston, MA 02204	► 51	303
	Interest ► Penalty ► M-2210 amt. ►	►	EX enclose Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

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AREA RESERVED FOR 2-D BARCODE

2007 Schedule NTS-L-NR/PY

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No Tax Status and Limited Income Credit

400008104

Schedule NTS-L-NR/PY. No Tax Status and Limited Income Credit

1.	Total 5.3% income	1	23943
2.	Adjustments to income	2	355
3.	Adjusted 5.3% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	23588
4.	Interest exemption used	4	175
5.	Adjusted gross interest, dividends and certain capital gains	5	0
6.	Long-term capital gain	6	0
7.	Additional income/loss while a nonresident/part-year resident	► 7	2345
8.	Total income. Combine lines 3 through 7	8	26108
9.	Additional adjustments to income while a nonresident/part-year resident	► 9	788
10.	Massachusetts Adjusted Gross Income (AGI)	10	25320
	If you are single and the total in line 10 is $8,000 or less, you qualify for No Tax Status		
11.	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,000 and add $15,850 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,000 and add $13,975 to that amount	11	18850
12.	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,750 and add $27,738 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by $1,750 and add $24,456 to that amount	12	32988
13.	No Tax Status threshold	13	18850
14.	Income for Limited Income Credit	14	647
15.	Tax before adjustments	15	773
16.	Tax for Limited Income Credit	16	647
17.	Limited Income Credit	17	126

Schedule F. Credit for Income Taxes Paid to Other Jurisdictions

1.	Total 5.3% income included in Form 1-NR/PY, line 12 taxed by other jurisdictions	1	
2.	Total gross 5.3% income	2	
3.	Percentage of total taxed by other jurisdictions. Divide line 1 by line 2	3	
4.	Massachusetts tax on 5.3% income	4	
5.	Percentage of Massachusetts tax	5	
6.	Income tax paid on such income to other jurisdictions	6	
7.	**ALLOWABLE CREDIT**	7	

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▼ DETACH HERE ▼

Form PV

Income Tax Payment Voucher — 2006

Massachusetts Department of Revenue

Social Security number	Spouse's Social Security number	Due date	Amount enclosed
400008104	400008103	12/07	303.00

Joe Smoke
Holly Smoke
6 Winston Way
Marlboro, MA 01752

Check which form you filed:

☐ Form 1 Full-Year Resident

☐ Form 1-NR/PY Nonresident/ Part-Year Resident

☐ Name/address changed since 2005

Return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7003, Boston, MA 02204.**

400008104 4 191315 7 00000038200 2 1206 0140 136 9

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AREA RESERVED FOR 2-D BARCODE

2007 Schedule C XXXXXXXXXXXX

Massachusetts Profit or Loss From Business

Joe Smoke 400008104
Holly's Hobbie Horse Farm
Marketing Consulting 1
7 Salem Street Hollis NH 03811

Accounting method: X Cash Accrual Other (specify) No. of employees 1

Did you materially participate in the operation of this business during 2007? Yes X No

Did you claim the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2007? Yes No X

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3

Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:

1.	a. Gross receipts or sales	3600			
	b. Returns and allowances	2000		a – b = 1	1600
2.	Cost of goods sold and/or operations			2	600
3.	Gross profit. Subtract line 2 from line 1			3	1000
4.	Other income			4	10000
5.	Total income. Add line 3 and line 4			5	11000
6.	Advertising			6	100
7.	Bad debts from sales or services			7	100
8.	Car and truck expenses			8	100
9.	Commissions and fees			9	300
10.	Depletion			10	200
11.	Depreciation and Section 179 deduction			11	200
12.	Employee benefit programs			12	1000
13.	Insurance			13	2000
14.	Interest				
	a. mortgage interest paid to financial institutions				
	b. other interest		100	a + b = 14	100
15.	Legal and professional services			15	900
16.	Office expense			16	1100
17.	Pension and profit-sharing			17	
18.	Rent or lease a. vehicles, machinery and equipment		1000		
	b. other business property			a + b = 18	1000

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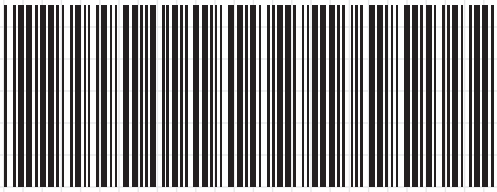

2007 Schedule C, pg. 2 XXXXXXXXXXXX

400008104

19.	Repairs and maintenance	19	900
20.	Supplies	20	
21.	Taxes and licenses	21	300
22.	Travel	22	1500
23.	a. Total meals and entertainment		
	b. Enter 50% of 23a subject to limitations	a – b = 23	
24.	Utilities	24	1200
25.	Wages	25	
26.	Other expenses	26	
27.	Total expenses. Add lines 6 through 26	27	11000
28.	Tentative profit or loss. Subtract line 27 from line 5	28	0
29.	Expenses for business use of your home	29	
30.	Abandoned Building Renovation Deduction	30	
31.	Net profit or loss. Subtract total of line 29 and line 30 from line 28	31	0
32.	Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1?		
	Yes X No. If "yes," enter amount here and in Massachusetts Schedule B, line 3	32	
33.	If you have a loss, you must check the statement that describes your investment in this activity.	33a. All investment at risk	
		X 33b. Some investment is not at risk	

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: X Cost Lower of cost or market Other

Was there any change in determining quantities, costs or valuations between opening & closing inventory? If "yes," encl. explanation X Yes No

1.	Inventory at beginning of year		1	1000
2.	a. Purchases	500		
	b. Items withdrawn for personal use	400	a – b = 2	100
3.	Cost of labor		3	50
4.	Materials and supplies		4	130
5.	Other costs		5	20
6.	Add lines 1 through 5		6	1300
7.	Inventory at end of year		7	700
8.	Cost of goods sold and/or operations. Subtract line 7 from line 6		8	600

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AREA RESERVED FOR 2-D BARCODE

2007 Schedule E XXXXXXXXXXXX

Joe Smoke 400008104

Schedule E, Part I. Rental, Royalty and REMIC Income or Loss

1a.	Rental and royalty income or loss	1a	20
1b.	Real Estate Mortgage Investment Conduit (REMIC) income or loss	1b	30
1.	Subtotal. Combine line 1a and line 1b	1	50
2.	Massachusetts differences. Explain	2	-25
3.	Subtotal. Combine line 1 and line 2	3	25
4.	Abandoned Building Renovation Deduction	4	
5.	Total rental, royalty and REMIC income or loss for Massachusetts. Subtract line 4 from line 3	5	25

Schedule E, Part II. Income or Loss from Partnerships and S Corporations

1.	Partnerships and S corporation income or loss	1	-100
2.	Massachusetts differences. Explain	2	
3.	Subtotal. Combine line 1 and line 2	3	-100
4.	Abandoned Building Renovation Deduction	4	
5.	Massachusetts adjusted partnership and S corporation income or loss. Subtract line 4 from line 3	5	-100
6.	Interest (other than from Massachusetts banks) and dividends in line 5	6	
7.	Interest from Massachusetts banks included in line 5	7	
8.	Total income or loss from partnerships and S corporations. Subtract total of lines 6 and 7 from line 5	8	-100

Schedule E, Part III. Income or Loss from Grantor-Type Trusts and Non-Massachusetts Estates and Trusts

1.	Estate and trust income or loss	1	75
2.	Massachusetts differences. Explain	2	
3.	Subtotal. Combine line 1 and line 2	3	75
4.	Abandoned Building Renovation Deduction	4	
5.	Massachusetts adjusted trust and estate income or loss. Subtract line 4 from line 3	5	75
6.	Estate or nongrantor-type trust income taxed on Massachusetts Form 2, if included in line 5	6	
7.	Grantor-type trust and non-Massachusetts estate and trust income. Subtract line 6 from line 5	7	75
8.	Interest (other than from Massachusetts banks) and dividends in line 7	8	
9.	Adjustments of 5.3% income	9	
10.	Subtotal. Combine line 8 and line 9	10	
11.	Income or loss from grantor-type trusts and non-Mass. estates and trusts. Subtract line 10 from line 7	11	75

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FOR 2-D BARCODE

2007 Schedule INC

Joe Smoke 400008104

Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
010236777	0	70		
010236776	82	600		
010236781	0	110		
010236774	123	23330	725	
010236782	0	60		
TOTALS	205	24170	725	

Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
001202101		80
001202102		60
001202103		130
001202104		100
010236783		100
TOTALS		470

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AREA RESERVED FOR 2-D BARCODE

2007 Schedule X & Y XXXXXXXXXXXX

Joe Smoke 400008104

Schedule X. Other Income

1.	Alimony received	► 1	
2.	Taxable IRA/Keogh and Roth IRA conversion distributions	► 2	
3.	Other gambling winnings. **Not less than "0."** Gambling losses are not deductible under Massachusetts law	► 3	50
4.	Fees and other 5.3% income. **Not less than "0"**	► 4	160
5.	Total other 5.3% income. Add lines 1 through 4. **Not less than "0"**	► 5	210

Schedule Y. Other Deductions

1.	Allowable employee business expenses	► 1	
2.	Penalty on early savings withdrawal	► 2	25
3.	Alimony paid	► 3	40
4.	Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5	► 4	50
	Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F		
	X Income exempt under U.S. tax treaty		
5.	Moving expenses	► 5	75
6.	Medical savings account deduction	► 6	80
7.	Self-employed health insurance deduction	► 7	
8.	Health care accounts deduction	► 8	
9.	X Certain qualified deductions from U.S. Form 1040		
	Certain business expenses from U.S. Form 1040	► 9	85
10.	Student loan interest	► 10	
11.	College Tuition Deduction	► 11	95
12.	Undergraduate student loan interest deduction	► 12	200
13.	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	► 13	
14.	Claim of right deduction	► 14	27
15.	Commuter deduction	► 15	30
16.	Total other deductions. Add lines 1 through 15	► 16	707

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AREA RESERVED FOR 2-D BARCODE

2007 Schedule Z XXXXXXXXXXXX

Joe Smoke 400008104

Schedule Z. Other Credits

Part 1. Credits

1.	Lead Paint		► 1	7
2.	Economic Opportunity Area		► 2	4
3.	Full Employment		► 3	
4.	Septic		► 4	2
5.	Brownfields. Enter certificate number	8765BC4321	► 5	5
6.	Low-Income Housing		► 6	
7.	Historic Rehabilitation		► 7	
8.	Home Energy Efficiency		► 8	5
9.	Film Incentive. Enter certificate number	8765FI4321	► 9	3
10.	Medical Device. Enter certificate number	8765MD4321	► 10	1
11.	Add lines 1 through 10. Nonresidents and part-year residents, enter the result here and on Form 1-NR/PY, line 33. Part-year residents, also complete lines 12 through 14, if applicable. Full-year residents, also complete lines 12 through 15, if applicable		11	27

Part 2. Credits for Full-Year and Part-Year Residents Only

12.	Income tax paid to another state or jurisdiction ► IN ► ►		► 12	
13.	Solar and wind energy		► 13	3

Part 3. Totals

14.	Add lines 12 and 13	14	3
15.	Add lines 11 and 14	15	30

Schedule DI. Dependent Information

Puffy Smoke 111111111
Son Is dependent a qualifying child for earned income credit? ► 06211986

Chayne Smoke 222222222
Daughter Is dependent a qualifying child for earned income credit? ► X 02141998

Gunne Smoke 333333333
Daughter Is dependent a qualifying child for earned income credit? ► 04012000

Smoke
Is dependent a qualifying child for earned income credit? ►

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22222	a Employee's social security number 400008103	OMB No. 1545-0008

b Employer identification number (EIN) 010236774	1 Wages, tips, other compensation 23330	2 Federal income tax withheld
c Employer's name, address, and ZIP code B&H Smokes 2 Upinsmoke Street Berry, MA 02443	3 Social security wages 23330	4 Social security tax withheld 725
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Holly Smoke 6 Winston Way Hollis, NH 03811	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236774	23330	123			

Form **W-2** **Wage and Tax Statement** 2007 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

22222	a Employee's social security number 400008104	OMB No. 1545-0008

b Employer identification number (EIN) 010236777	1 Wages, tips, other compensation 70	2 Federal income tax withheld
c Employer's name, address, and ZIP code Philip More 30 Cigg Street Salem, MA 01970	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Joe Smoke 6 Winston Way Hollis, NH 03811	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236777	70	0			

Form **W-2** **Wage and Tax Statement** 2007 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

22222	a Employee's social security number 400008104	OMB No. 1545-0008

b Employer identification number (EIN) 010236776	1 Wages, tips, other compensation 600	2 Federal income tax withheld
c Employer's name, address, and ZIP code Philip M. District 36 Pack Point W. Salem, MA 01975	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Joe Smoke 6 Winston Way Hollis, NH 03811 f Employee's address and ZIP code	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236776	600	82			

Form **W-2** **Wage and Tax Statement** 2007 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

22222	a Employee's social security number 400008104	OMB No. 1545-0008

b Employer identification number (EIN) 010236781	1 Wages, tips, other compensation 110	2 Federal income tax withheld
c Employer's name, address, and ZIP code Lucky Strike Bowladrome 100 Menthol Lane Newport, MA 01254	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Joe Smoke 8 Marlboro Path Hollis, NH 03811 f Employee's address and ZIP code	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236781	110	0			

Form **W-2** **Wage and Tax Statement** 2007 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ CORRECTED

PAYER'S name, address, ZIP code, federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld
MA State Lottery 25 Fortune Way Greenback, MA 02190	60	
	3 Type of wager	4 Date won 8/25/07
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code Holly Smoke 8 Marlboro Path Hollis, NH 03811	9 Winner's taxpayer identification no. 400008103	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payer's state identification no. 010236782	14 State income tax withheld

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► **Date ►**

OMB No. 1545-0238

2007

Form W-2G

Certain Gambling Winnings

Copy 1

For State Tax Department

Form **W-2G** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Billy's Bank 8 Quinn Road Hope, MA 01844		$ 130	2007	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 001202103	RECIPIENT'S identification number 400008103	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Holly Smoke		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 8 Marlboro Path		7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Hollis, NH 03811		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 130 $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Boris Bank 9 Quinn Road Hope, MA 01844		$ 60	2007	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 001202102	RECIPIENT'S identification number 400008104	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Joe Smoke		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 8 Marlboro Path		7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Hollis, NH 03811		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 60 $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Ben's Bank 7 Quinn Road Hope, MA 01844		$ 80	2007	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 001202101	RECIPIENT'S identification number 400008104	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Joe Smoke		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 8 Marlboro Path		7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Hollis, NH 03811		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 80 $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $ 100	OMB No. 1545-0119 2007 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Bob's Bank 20 Quinn Road Hope, MA 01844		2a Taxable amount $		
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 001202104	RECIPIENT'S identification number 400008103	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Holly Smoke		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 8 Marlboro Path		7 Distribution code(s) IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Hollis, NH 03811		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 100 $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury — Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Unemployment compensation	OMB No. 1545-0120	
MA Division of Unemployment Insurance 19 Staniford Street Boston, MA 02114		$ 100	2007	**Certain Government Payments**
		2 State or local income tax refunds, credits, or offsets $	Form **1099-G**	
PAYER'S federal identification number 010236783	RECIPIENT'S identification number 400008104	3 Box 2 amount is for tax year	4 **Federal income tax withheld** $	**Copy B** **For Recipient**
RECIPIENT'S name Joe Smoke		5 ATAA payments $	6 Taxable grants $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 6 Winston Way		7 Agriculture payments $	8 Box 2 is trade or business income ► ☐	
City, state, and ZIP code Hollis, NH 03811				
Account number (see instructions)				

Form **1099-G** (keep for your records) Department of the Treasury - Internal Revenue Service

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AREA RESERVED FOR 2-D BARCODE

2007 Schedule HC

Joe Smoke 400008104

As a result of the new health care reform law, most Massachusetts residents age 18 and over are required to have health insurance, if it is affordable for them. Those who did not have health insurance by December 31, 2007 may lose their personal exemption. This schedule **must** be completed by all full-year residents and certain part-year residents (see instructions) age 18 and over to determine the amount of their personal exemption.

Completing Schedule HC: If you were **enrolled** in a health insurance plan as of December 31, 2007, you **only** need to complete page 1 of Schedule HC, using the information from Form MA 1099-HC issued to you by your health insurance carrier (see instructions for line 2 if you were not issued a Form MA 1099-HC). After completing page 1 of this schedule and entering your personal exemption amount on Form 1 or Form 1-NR/PY, you should skip the remainder of Schedule HC and continue completing your tax return.

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.

Date of birth 01/05/1964 Spouse's date of birth 02/03/1966

1. Were you (and/or your spouse if married filing jointly) enrolled in a health insurance plan as of December 31, 2007? ► **1** You Yes X No
Spouse X Yes No

If you (and your spouse if married filing jointly) answer Yes in line 1, complete lines 2 or 3 below, whichever is appropriate. Also, enter one of the following amounts on line 2a of Form 1 or line 4a of Form 1-NR/PY: $4,125 if single or married filing a separate return; $6,375 if head of household; or $8,250 if married filing jointly. Be sure to indicate in line 2 if you were not issued Form MA 1099-HC (see instructions).

If you are filing a joint return, and one spouse answers Yes in line 1 but the other answers No in line 1, the spouse who answers Yes must complete lines 2 or 3 below, whichever is appropriate, and the spouse who answers No must go to line 4a on page 2.

If you (and your spouse if married filing jointly) answer No to line 1, go to line 4a on page 2.

2. **Private Health Insurance:** If you (and/or your spouse if married filing jointly) were enrolled in a private health insurance plan, such as coverage provided by an employer or purchased on your own, complete the information below. **Note:** If you are married filing jointly and you are both covered under the same insurance plan, you must complete both Parts 1 and 2 below.

Part 1. Your Health Insurance ►

Fill in if you were not issued Form MA 1099-HC by your insurance carrier.

Part 2. Spouse's Health Insurance ► X

Fill in if your spouse was not issued Form MA 1099-HC by your insurance carrier.

Tufts 1A2B3C4D5E6F7G8H9J10J

3. **Government-subsidized health insurance:** If you (and/or your spouse if married filing jointly) were enrolled in a government-subsidized health insurance plan, fill in the appropriate item below. **Note:** Government-subsidized health insurance does not include services provided to individuals who have received access to care through the Health Safety Net Trust Fund (previously known as the "Uncompensated Care Pool" or "Free Care Pool").

a. Commonwealth Care ► **3a** You Spouse
b. MassHealth ► **3b** You Spouse
c. Medicare ► **3c** You Spouse
d. Veterans Administration Program Enrollment ► **3d** You Spouse
e. Other ► **3e** You Spouse

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2007 Schedule HC, pg. 2

400008104

Religious Exemption and Certificate of Exemption

Complete this page **only** if you (and/or your spouse if married filing jointly) **do not** have health insurance. If married filing jointly and one spouse answered Yes in line 1 on page 1 but the other spouse answered No in line 1 on page 1, only the spouse who answered No must answer the following questions.

4a.	**Religious exemption:** Are you (and/or your spouse if married filing jointly) claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs?	► **4a** You	Yes	X	No
		Spouse	Yes		No
4b.	If you (and/or your spouse if married filing jointly) are claiming a religious exemption in line 4a, did you (and/or your spouse if married filing jointly) receive medical health care during tax year 2007?	► **4b** You	Yes		No
		Spouse	Yes		No

If you (and your spouse if married filing jointly) answer No to line 4b, go to line 7a.

If you are filing a joint return and one spouse either has health insurance or answers No to line 4b but the other spouse answers Yes to line 4b, the spouse who answered Yes must go to line 5.

If you (and your spouse if married filing jointly) answer Yes to line 4b, go to line 5.

5.	**Certificate of exemption:** Have you (and/or your spouse if married filing jointly) obtained a Certificate of Exemption for the 2007 tax year issued by the Commonwealth Health Insurance Connector Authority?	► **5** You	Yes	X	No
		Spouse	Yes		No

If you (and your spouse if married filing jointly) answer Yes to line 5, **enter the certificate number(s)**. Also, go to line 7a.

If you are filing a joint return and one spouse either has health insurance or answers Yes to line 5 but the other spouse answers No to line 5, the spouse who answered Yes must enter the certificate number and the spouse who answered No must go to line 6a.

If you (and your spouse if married filing jointly) answered No to line 5, go to line 6a.

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 the amount of your personal exemption to enter on Form 1, line 2 or Form 1-NR/PY, line 4.

6a.	Did your employer (and/or your spouse's employer if married filing jointly) offer affordable health insurance as determined by completing the Schedule HC Worksheet for Line 6a in the instructions?	► 6a You	X	Yes	No
		Spouse		Yes	No

If your employer did not offer health insurance or you were not eligible for health insurance offered by your employer, go to line 6b.

If you answer **No**, fill in No for yourself (and your spouse if married filing jointly) and go to line 6b. If you answer **Yes**, fill in Yes for yourself (and your spouse if married filing jointly) and go to line 7b.

6b.	Are you (and/or your spouse if married filing jointly) eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 6b in the instructions?	► 6b You	Yes	X	No
		Spouse	Yes		No

If you answer **No**, fill in No for yourself (and your spouse if married filing jointly) and go to line 6c. If you answer **Yes**, fill in Yes for yourself (and your spouse if married filing jointly) and go to line 7b.

6c.	Are you (and/or your spouse if married filing jointly) able to afford private health insurance as determined by completing the Schedule HC Worksheet for Line 6c in the instructions?	► 6c You	Yes	X	No
		Spouse	Yes		No

If you answer **No**, fill in No for yourself (and your spouse if married filing jointly) and go to line 7a. If you answer **Yes**, fill in Yes for yourself (and your spouse if married filing jointly) and go to line 7b.

If you are filing a joint return and one spouse has health insurance or answers No to line 6c but the other spouse answers Yes to line 6c and is filing an appeal, go to the Appeals section below; if you are not filing an appeal, the joint filers are allowed to deduct half of the personal exemption. Enter $4,125 in line 2a of Form 1 or line 4a on Form 1-NR/PY. Skip the remainder of this schedule and **continue completing your tax return**.

Personal Exemption

7a. You are entitled to your personal exemption. Enter one of the following amounts on line 2a of Form 1 or line 4a of Form 1-NR/PY: $4,125 if single or married filing a separate return; $ 6,375 if head of household; or $8,250 if married filing jointly.

7b. You are not entitled to your personal exemption. If you are not claiming an appeal on Schedule HC-A, enter "0" on line 2a of Form 1 or line 4a of Form 1-NR/PY. If you are claiming an appeal, see the Appeals section below.

Appeals

Taxpayers who will lose their personal exemption may submit an appeal by filing Schedule HC-A, Health Care Appeals, claiming a hardship prevented the purchase of affordable health insurance coverage. Fill in if filing Schedule HC-A (page 3 of Schedule HC). X

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2007 Schedule HC-A

Joe Smoke 400008104

Health Care Appeals

Taxpayers who did not have health insurance which was deemed affordable on Schedule HC may maintain their personal exemption only by submitting an appeal claiming a hardship prevented them from purchasing health insurance in tax year 2007.

There is a three step process to appeal. First, fill in the item(s) below that reflects the hardship that you (and/or your spouse if married filing jointly) experienced in 2007. Second, you will receive a follow-up letter and form after you file your tax return. You must complete that form stating your grounds, and provide significant documentation to substantiate your claim for hardship, within 30 calendar days of receipt of the form. Failure to submit the form and provide documentation in the required time frame will result in a dismissal, and you will be issued a bill based on the loss of your personal exemption. Third, the Commonwealth Health Insurance Connector Authority will review your claim and documentation. You may be required to attend a hearing to review your case. All claims and documentation will be filed under the pains and penalties of perjury.

1. I authorize DOR to share this schedule and income information on this return with the Commonwealth Health Insurance Connector Authority, who will be making the determination on my appeal. **1** X

Note: Failure to complete this item to share this return will result in your appeal being denied and the loss of your personal exemption. If you do not fill this in, enter "0" in line 2a of Form 1 or line 4a of Form 1-NR/PY and continue completing your tax return.

Grounds for Hardship Appeal During 2007:

2a. You were homeless, more than 30 days in arrears in rent or mortgage payments, or received an eviction or foreclosure notice. You will be asked to provide proof, such as a copy of an eviction or foreclosure notice. **2a** X

2b. You received a shut-off notice, were shut off, or were refused the delivery of essential utilities (gas, electric, oil, water, or telephone). You will be asked to provide a copy of a shut off notice (not a late notice) or other similar correspondence from the utility company. Shut off or delivery refusal must be for essential services only. **2b**

2c. You had non-cosmetic medical and/or dental out-of-pocket expenses (exclusive of premium payments), totaling more than 7.5% of your adjusted gross income that were not subject to payment by a third party. You will be asked to provide copies of medical bills for non-cosmetic, non-reimbursable medical services received in 2007, which the Commonwealth Health Care Connector Authority will compare to your declared income. **2c** X

2d. The expense of purchasing health insurance would have caused a serious deprivation of food, shelter, clothing or other necessities. You will be asked to provide proof to show additional expenses above and beyond that which your income would cover. Please note that your documentation and claim must show serious deprivation. **2d**

2e. You incurred a fire, flood, natural disaster, or other unexpected natural or human-caused event causing substantial household or personal damage to/for you. You will be asked to provide copies of insurance claims correspondence, police reports or other proof. **2e** X

2f. You incurred a significant, unexpected increase in essential expenses resulting directly from the consequences of: domestic violence; the death of a spouse, family member, or partner with primary responsibility for child care; the sudden responsibility for providing full care for an aging parent or other family member, including a major, extended illness of a child that requires you to hire a full-time caretaker for the child. You will be asked to provide proof, such as death certificates, medical records or other documentation proving your claim. **2f**

2g. Other. You may state other grounds, such as the application of the affordability tables in Schedule HC to you is inequitable (for example, because of family size), you were unable to obtain government-subsidized insurance despite your income, or there are circumstances that made you unable to purchase insurance despite your income. You will be asked to provide documentation for your claims. **2g** X

3. If you are filing an appeal to maintain your personal tax exemption, enter one of the following amounts on line 2a of Form 1 or line 4a of Form 1-NR/PY: $4,125 if single or married filing a separate return; $6,375 if head of household; or $8,250 if married filing jointly.

If filing a joint return and one spouse has health insurance or answered No to line 6c and the other spouse is filing an appeal, the joint filers should enter their full personal exemption amount of $8,250. You will maintain your personal tax exemption pending the review of your appeal. This does not mean the appeal has been allowed. Your appeal may be denied, and you will be billed accordingly.

Note: 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.

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