Completing your state tax return using Direct File.

Once you've completed your federal tax return using Direct File from the IRS, you will be directed to MassTaxConnect to complete your Massachusetts state tax return.

If you have logon credentials for MassTaxConnect, Select **Log in**. If not, choose Sign Up to create a logon.

MassTaxConnect		
Important Notice Direct File is currently only being offered to select individuals File at this time, you may still be able to file your state return at	that meet all the eligibility requirements and have aiready filed a Direct File return on IRS gov. If you are not eligible to use Direct MassBacConnect. Log in to review your filing options.	
What is Direct File? Direct file allows you to innoct your fiddeal tax return informat return through the Direct file program on IRS gos. MastfacCor choosing direct deposit to the fattert way to get your return. Who is eligible? • Tuilyeey MA residents who did not report income so pay to • Tuipapers with basis-choosing days and the same file strutum for • Tuipapers who are using the same filing status on their IRS If you field a Massachusetts return in the past three years, but of Not eligible?	Son directly from IRS.gov to give you a head start on your state taxes. It is only for taxoayers who have already fied their federal meet provides free electronic filing of your state tax return with the Department of Revenue. Filing electronically is secure, and o any other state, the current year through Direct File on IRS.gov; and state returns. So not have a MassTaxConnect logon, you can create one using the Sign Up link below.	
Even if you are not eighter for Direct File, you can file your return Essays of the second s	In using MassifulConnect. However, you will not be able to import your return information. Log in to review your filing options.	
ream use politike logged in	reguently and Questions	
Vic	leo Tutorials	

After you log in, you will be directed to your 2023 Personal Income Tax Form 1 to start filing your return. The answers have prefilled as Yes since you filed with Direct File. Select **Next** to move forward and import your federal tax return data.

Personal Income Tax Form 1	\$0.00 Total Due		
Personal Income Tax			
PH-21426799-002			
SNOW STORM			
Personal Income Tax Form 1			
Eligibility			
Who is Eligible?			
Full-year resident taxpayers are eligible to file an income tax re	eturn on MassTaxConnect. To be eligible, all schedules/forms being filed must be available	e on MassTaxConnect:	
View schedules/forms available on MassTaxConnect			
Not Eligible?			
If you are required to file a Massachusetts Nonresident or Part and quickly by choosing to file electronically with one of the c	-Year Resident Income Tax Return (Form 1-NR/PY), or if your return requires a schedule no ommercial software products approved by the Department of Revenue.	xt listed above, you ca	in still file securely
Do not file this form as an extension. Massachusetts does not MassTaxConnect.	require you to file an extension form. To make an extension payment please view instructi	ons at Making Payme	nts in
Filing Questions			
Answer the following questions about your 2023 individual ind	come tax return.		
Were you a full year resident in 2023?		Yes	No
Did you previously file your 2023 federal return through the IP	NS Direct File program?	Yes	No
Cancel Save Draft		< Previou	s Next >

Select **Import Federal Tax Return Information** to import the information you entered on your federal tax return. Note: If the taxpayer clicks on the 'Import Federal Tax Return Information', they will not have to Select **Next**. The screen will automatically go to the ID.me login screen (not shown in the testing environment).

MassTaxConnect		Θ
< SNOW STORM		-
Personal Income Tax Form 1 31-Dec-2023 Personal Income Tax PIT-21426799-002 SNOW STORM	\$0.00 Total Due	
Personal Income Tax Form 1		
Eligibility Impor	Federal Tax Return Information	
Import Federal Tax Return In	formation	
You can use your 2023 federal tax return info and keep your information safe.	ermation from IRS Direct File to pre-fill portions of your state tax return. You'll be asked to sign in	n using ID.me, which helps the IRS stop tax fraud
If you wish to file your state return without i Direct File program.	nporting your federal return information, you can do so below. Continuing without importing is	only recommended if you are not eligible for the
► Continue Without Importing		
Cancel Save Draft		< Previous Next >

You will then be redirected to the IRS website to choose "**Transfer my 2023 federal return to MassTaxConnect**" to import the data to your state return. If your federal return indicates "Submitted" status instead of "Accepted" status you will be given a warning that you may have to amend your MA return if you import the data before it is accepted. You will receive emails from IRS Direct File when your federal return has been submitted and then accepted. If your IRS return status is rejected, you will need to correct errors on your federal return before you can import the federal data to your state return in MassTaxConnect. We recommend waiting until your federal return is accepted by the IRS before completing your MA return to minimize the chance of having to file an amended return.



After choosing **"Transfer my 2023 federal return to MassTaxConnect"** your federal data will be transferred to your 2023 Massachusetts state tax return. Confirm that your information is correct and select **Next**.



Enter your **date of birth** and update your **name** if needed. Verify your address. Select **Next** to continue.

WINFRED JONES	form 1			
Dec-2023	\$	53,289.00		
onal Income Tax	Re	efund		
VFRED JONES				
rsonal Income Tax Form	1			
Eligibility	Import Federal Tax Return	Demographics		
	Information			
Primary Taypayer In	formation			
Primary Taxpayer In	formation	tax return vou're filing will be under this	name and associated ID. If you need to update your n	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name	formation nme and make sure it is correct. The n	tax return you're filing will be under this i Viddie Initial	name and associated ID. If you need to update your n Last Name	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED	formation Ime and make sure it is correct. The 1 N	tax return you're filing will be under this i Vliddle Initial	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth	formation ime and make sure it is correct. The i N S	tax return you're filing will be under this i Vilddle Initial SSN	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth	formation Ime and make sure it is correct. The N	tax return you're filing will be under this i Viddie Initial SSN ***-**-5488	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth	formation Imme and make sure it is correct. The i N S S S S S S S S S S S S S	tax return you're filing will be under this i Vilddie Initial SSN ***-**-5488	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth Update My Name	formation Ime and make sure it is correct. The N S S S S S S S S S S S S S	tax return you're filing will be under this i Vilddie Initial SSN ***-**-5488	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth Update My Name	formation Ime and make sure it is correct. The N S C C	tax return you're filing will be under this i Vilddie Initial SSN ***-**-5488	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth Update My Name	formation Imme and make sure it is correct. The M S S S S S S S S S S S S S	tax return you're filing will be under this i Vliddle Initial SSN ***-**-5488	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth * Update My Name Address Information	formation Imme and make sure it is correct. The M S S S S S S S S S S S S S	tax return you're filing will be under this i Vliddle Initial ISN ISN ISN ISN ISN ISN ISN ISN ISN ISN	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal ne First Name WINFRED Date of Birth Update My Name Address Informatio This is the address the Massac	formation Imme and make sure it is correct. The importance is correct. The	tax return you're filing will be under this i vliddle Initial SSN ***-**-5488 for you. If this address isn't correct, you r .02150	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.
Primary Taxpayer In Please review your full legal na First Name WINFRED Date of Birth Update My Name Address Information This is the address the Massac Primary Address :	formation Imme and make sure it is correct. The M S S S S S S S S S S S S S	tax return you're filing will be under this i vliddle Initial SSN ***-**-5488 for you. If this address isn't correct, you r 02150	name and associated ID. If you need to update your n Last Name JONES	ame please do so now.

Check that your spouse's name and social security number have been imported. Enter their **date of birth**. Select Update My Spouse's **Name** if needed. Select **Next** to continue.

ONNECT MussilaxConnect			جي و
JOHN BRADY			
ersonal Income Tax Form	\$0.00		
-Dec-2023	Total Due		
rsonal Income Tax			
DHN BRADY			
ersonal Income Tax Form 1			
O			-0
Eligibility	Import Federal Tax Return Filing Status Information	Primary's Demographics Spous	e's Demographics
Spouse Information			
Spouse Information Please enter your spouse's full name, First Name	ID and date of birth. Middle Initial	Last Name * Required	
Spouse Information Please enter your spouse's full name, First Name Required ID Type	, ID and date of birth. Middle initial	Last Name * Required Date of Birth *	
Spouse Information Please enter your spouse's full name, First Name Required ID Type Required	ID and date of birth. Middle Initial ID * ID * Required	Last Name * Required Date of Birth Required	
Spouse Information Please enter your spouse's full name, First Name * Required ID Type * Required Update My Spouse's Name	, ID and date of birth. Middle Initial ID * <i>Required</i>	Last Name * Required Date of Birth * Required	
Spouse Information Please enter your spouse's full name, First Name Required ID Type Required Update My Spouse's Name Cancel Save Draft	, ID and date of birth. Middle Initial ID * Required	Last Name * Required Date of Birth * Required	< Previous Next
Spouse Information Please enter your spouse's full name, First Name Required ID Type Required Update My Spouse's Name Cancel Save Draft	ID and date of birth. Middle Initial Required Frequently Asked Questions	Last Name * Required Date of Birth * Required	< Previous Next
Spouse Information Please enter your spouse's full name, First Name Required ID Type Required Update My Spouse's Name Cancel Save Draft	ID and date of birth. Middle Initial Required Frequently Asked Questions	Last Name * Required Date of Birth * Required	< Previous Next

Review your and your spouse's **ID information**. Select **Next** to continue.

MassTaxConnect				
Personal Income Tax Form 1 31-Dec-2023 Personal Income Tax PIT-21441890-002 JOHN BRADY	\$0.00 Total Due			
Personal Income Tax Form 1				
Eligibility Import Federal Ta Informatio	ex Return Filing Status	Primary's Demographics	Spouse's Demographics	
Spouse Information Please enter your spouse's full name, ID and date of bir First Name AMV	th. Middle initial	Last Name BRADV		
ID Type Social Security # ~	SSN ***-4587	Date of Birt 11-May-1	h 955	
Update My Spouse's Name				
Cancel Save Draft			< Previous	Next >
© 2024 Commonwealth of Massachusetts Massgov® is a registered service mark of the Commonwealth of Massachusetts.	Frequently Asked Questions Video Tutorials Taxpayer Bill of Rights Site Policies Web Browsers			

that ID.	b) mormation below to h	eip with the processing of your return, when entering yo	or to number, please remember to include an letters of numbers that are part of
Cell Phone Number			
ID Type		ID Number	ID State
D Issue Date		ID Expiration Date	ID is Non-Expiring
Spouse's ID Inforn		help with the processing of your return. When entering	their ID number, please remember to include all latters or numbers that are part of
Spouse's ID Inforn Please fill in your spouse's ic that ID. Cell Phone Number	nation dentity (ID) information to	b help with the processing of your return. When entering	their ID number, please remember to include all letters or numbers that are part c
Spouse's ID Inform Please fill in your spouse's id that ID. Cell Phone Number D Type	nation dentity (ID) information to	o help with the processing of your return. When entering ID Number	their ID number, please remember to include all letters or numbers that are part o
Spouse's ID Inforn Please fill in your spouse's id that ID. Cell Phone Number ID Type ID Type	nation dentity (ID) information to 	D help with the processing of your return. When entering ID Number ID Expiration Date	their ID number, please remember to include all letters or numbers that are part o

Enter additional information to help with processing of your return. This is optional. Select **Next**.

The digital assets question is already preselected as **No**. Answer the remaining questions and select **Next** to continue.

lity	Federal Return	Primary's Demographics	Spouse's Demographics	ID Verification	Tell Us	About Yourself
Tell Us Ab	out Yourself					
Did you at any disposed of a c	time during 2023 received (as a re igital asset (or a financial interest	ward, award, or payment for property in a digital asset)?	or services) or sold, exchanged, gifted	, or otherwise	Yes	No
Are you a veter	an of U.S. armed services who ser	ved in Operation Enduring Freedom, I	raqi Freedom, Noble Eagle or Sinai Per	insula? *	Yes	No
s your spouse	a veteran of U.S. armed services w	ho served in Operation Enduring Free	dom, Iraqi Freedom, Noble Eagle or Si	nai Peninsula?	Yes	No
o you want to	contribute \$1 towards the state e	election campaign fund (this contribut	on will not change your tax or reduce	your refund)? *	Yes	No
pes your spot	ise want to contribute \$1 towards	the state election campaign fund?			Yes	No
the primary t	axpayer deceased? *				Yes	No
s your spouse	deceased?				Yes	No
o you have a	child who doesn't live with you? (r	noncustodial parent) *			Yes	No

								4
Cancel	Save Draft			< Prev	ious	Next	> <	
LAON IN		 						

Dependents names, SSNs, and whether they qualify for EITC is imported from Direct File. You must enter dependents relationship, date of birth, and indicate if dependent(s) are disabled. Select **Next**.

rsonal Income Tax For Dec-2023 sonal Income Tax -21466365-002 NFRED JONES	r m 1 \$3 _{Refu}	3,289.00			
sonal Income Tax Form 1					
Eligibility	Import Federal Tax Return Information	Demographics	ID Verification	Tell Us About Yourself	Deper
Dependent Informatic	on irth and disability status for each o	of your dependents.			
Dependent :	-				
First Name	La	st Name	Relationshi	*	
LINCLON	C	OLLINS		~	
Dependent SSN	Da	ate of Birth			
***-**-5654					
Disabled					
A qualifying child for Earne	ed Income Tax Credit (EITC)				
Dependent :					
First Name	La	st Name	Relationshi	* 2	
KEISHA	C	OLLINS		~	_
Dependent SSN	Da	ate of Birth			
***-**-7949					
Disabled					
Cancel Save Draft					Next

Once all required dependent information is entered, Select **Next** to continue.

Jependent :				
irst Name	Last Name		Relationship	
LIZZARD	STORM		BIOLOGICAL CHILD	~
ependent SSN	Date of Birth			
--3414	01-Feb-2003	11		
Disabled				
A qualifying child for Earne	d Income Tax Credit (EITC)			
Dependent :				
Dependent : rst Name	Last Name		Relationship	
Dependent : Irst Name IOREASTER	Last Name STORM		Relationship BIOLOGICAL CHILD	×
Dependent : Irst Name IOREASTER lependent SSN	Last Name STORM Date of Birth		Relationship BIOLOGICAL CHILD	v
Dependent : rst Name IOREASTER ependent SSN **-**-1641	Last Name STORM Date of Birth 14-Feb-2006		Relationship BIOLOGICAL CHILD	v
Dependent : irst Name IOREASTER rependent SSN **-**-1641 Disabled	Last Name STORM Date of Birth 14-Feb-2006		Relationship BIOLOGICAL CHILD	~

Review the Exemptions screen. Select Next to continue.

graphics	ID Verification	Tell Us About Yourself	Dependents	Adoption Exemption	Review Exemptions
eview Exer	nptions				
et's review your e	exemptions before moving on.				
Personal exemptic	ons 🕐				8,800
Number of depen	dents				4
Dependent exemp	tion amount				4,000
fotal exemptions					12,800

W-2 information entered on the Federal return will import here. You may select each W-2 to review. When review is complete, select **Next** to continue.



You may make changes to State Wages (Box 16) and State Withholding (Box 17) only on the imported W-2(s). The W-2 may not be deleted. Select Ok and then select **Next** to continue.

KENNY COMMUTER		
Personal Income Tax Form 1 1-Dec-2023 ersonal Income Tax IT-21462448-002 ENNY COMMUTER	\$315.00 Refund	
ersonal Income Tax Form 1		
2		
V-2 Employee Information this for your Spouse? Yes No nployee SSN **-**-5459 nployee Name ALLY COMMUTER Corrected	W-2 Employer Information Employer Identification Number (EIN) (Box b) 00-9852215 Employer Name (Box c) WAGE INC State (Box 15) MASSACHUSETTS Employer's State ID Number (Box 15) 009852215	W-2 Wage Information Wages, tips, other compensation (Box 1) 40,575 Federal Income Tax Withheld (Box 2) 4,058 State Wages, Tips, Etc. (Box 16) 40,575 State Income Tax (Box 17) 2,029 Statutory Employee (Box 13)
		Cancel OK
	Video Tutorials	
© 2024 Commonwealth of Massachusetts	Taxpayer Bill of Rights	
Mass.gov [®] is a registered service mark of the	Site Policies	
Commonwealth of Massachusetts.	Web Browsers	

The Unemployment compensation amount entered on the Federal Direct File return will populate on the top line "Unemployment Compensation". You can add 1099-G(s) to the 1099-G table by selecting the <u>+ Add a 1099-G</u> link. The amount you add must equal the amount you reported on the Direct File return before you can continue. Select **Next**.

ONNECT Mass acconnect				(%) e
ADAM WASHINGTON				\bigcirc
ersonal Income Tax Form 1 -Dec-2023 rsonal Income Tax T-21392469-002 DAM WASHINGTON	\$120.00 Refund			
ersonal Income Tax Form 1				
cation Tell Us About Yourse	elf Adoption Exemption	Review Exemptions Way	ges I	Jnemployment Compensation
Unemployment Compensati	ion			
Our records indicate your received unemplo	oyment compensation. Add each 1099-G recei	ved for the current tax year.		
Our records indicate your received unemplo Unemployment compensation	oyment compensation. Add each 1099-G recei	ved for the current tax year.		3,000
Our records indicate your received unemplo Unemployment compensation Amount of unemployment compensation fi	oyment compensation. Add each 1099-G recei rom 1099-G table	ved for the current tax year.		3,000
Our records indicate your received unemploy Unemployment compensation Amount of unemployment compensation fr Enter 1099-Gs You indicated you have received unemploy Recipient's Name	oyment compensation. Add each 1099-G recei rom 1099-G table ment compensation. Please add each 1099-G r	ved for the current tax year. received. Unemployment Compensation (E	Box 1)	3,000 0 State Tax Withheld (Box 11)
Our records indicate your received unemploy Unemployment compensation Amount of unemployment compensation fit Enter 1099-GS You indicated you have received unemploy Recipient's Name + Add a 1099-G	oyment compensation. Add each 1099-G recei rom 1099-G table ment compensation. Please add each 1099-G r	ved for the current tax year. received. Unemployment Compensation (E	Box 1)	3,000 0 State Tax Withheld (Box 11)
Our records indicate your received unemplo Unemployment compensation Amount of unemployment compensation fr Enter 1099-GS You indicated you have received unemploy Recipient's Name + Add a 1099-G	oyment compensation. Add each 1099-G recei rom 1099-G table ment compensation. Please add each 1099-G r Payer's Name	received.	Box 1)	3,000 0 State Tax Withheld (Box 11) + Add a 1099-G

Enter information on the 1099G and select Add. Select Next.

Personal Income Tax Form 1 31-Dec-2023	\$315.00 Refund	
Personal Income Tax PIT-21462448-002 KENNY COMMUTER		
J99-G		
1099-G Recipient's Information Is this for your Spouse?	1099-G Payer's Information	1099-G Distribution Information Unemployment Compensation (Box 1)
Yes No Recipient SSN	Required Paver's Name *	0 State or local income tax refunds, credits, or offsets (Box 2)
***-**-5658	Required	0
Recipient's Name	State (Box 10a)	Box 2 amount is for tax year (Box 3)
	MASSACHUSETTS *	0
Corrected	Required	
		State Tax Withheld (Box 11)
		<u> </u>
		Cancel
Cancel Save Draft		< Previous Next
	Frequently Asked Questions	
	Video Tutorials	

The 1099-G (s) that were added will now be reflected on the second line "Amount of unemployment compensation from 1099-G table". Your amounts must match what you filed in Direct File before moving on. Select **Add**.

1099-G Recipient's Information	1099-G Payer's Information	1099-G Distribution Information
s this for your Spouse?	Payer FEIN	Unemployment Compensation (Box 1)
Yes No	00-1234567	10,000
Recipient SSN	Payer's Name	State or local income tax refunds, credits, or offsets (Box 2)
***-**-6534	COMMONWEALTH OF MA	0
Recipient's Name	State (Box 10a)	Box 2 amount is for tax year (Box 3)
WINTER STORM	MASSACHUSETTS ~	2023
	State ID Number (Roy 10h)	Federal Income Tax Withheld (Rox 4)
Corrected	001234567	1,000
		State Tay Withhold (Rev 11)
		state lax withined (box 11)

Review 1099-G information imported from Direct File and add additional 1099-Gs if any. Select **Next** to continue.

MassTaxConnect				
KENNY COMMUTER				0
rsonal Income Tax Form 1 Dec-2023 sonal Income Tax 2:1462448-002 INY COMMUTER	\$540.00 Refund			
rsonal Income Tax Form 1				
ographics ID Verification	Tell Us About Yourself Revie	w Exemptions Wag	es	Unemployment Compensation
Jnemployment Compensation				
Our records indicate your received unemployme	ent compensation. Add each 1099-G received for the	current tax year.		
Inemployment compensation				4.50
Inemployment compensation	1099-G table			4,50
Inemployment compensation Imployment compensation from 1 Imployment compensation from 1 Imployment compensation from 1 Imployment compensation from 1 Imployment compensation	1099-G table			4,50
Inemployment compensation wount of unemployment compensation from 1 Enter 1099-Gs indicated you have received unemployment Recipient's Name	compensation. Please add each 1099-G received. Payer's Name	Unemployment Compensation (Bc	ox 1)	4,50 4,50 State Tax Withheld (Box 11
Inemployment compensation wount of unemployment compensation from 1 Enter 1099-Gs ou indicated you have received unemployment Recipient's Name X KENNY COMMUTER	compensation. Please add each 1099-G received. Payer's Name COMM OF MASS	Unemployment Compensation (Bc	9x 1)	4,50 4,50 State Tax Withheld (Box 11 221
Inemployment compensation umount of unemployment compensation from 1 Enter 1099-Gs fou indicated you have received unemployment Recipient's Name X KENINY COMMUTER Add a 1099-G	compensation. Please add each 1099-G received. Payer's Name COMM OF MASS	Unemployment Compensation (Bo	ax 1) ,500	4,50 4,50 State Tax Withheld (Box 11 225
Inemployment compensation Immove of unemployment compensation from 1 Immove of the second sec	1099-G table compensation. Please add each 1099-G received. Payer's Name COMM OF MASS	Unemployment Compensation (Bo	»x 1) ,500	4,50 4,50 State Tax Withheld (Box 11 225 + Add a 1099-
Inemployment compensation Inemployment compensation Inemployment compensation from Inemployment compensation from Indicated you have received unemployment Recipient's Name X KENNY COMMUTER Add a 1099-G Cancel Save Draft	1099-G table	Unemployment Compensation (Bo	xx 1) ,500	4,50 4,50 State Tax Withheld (Box 11, 225 + Add a 1099-
Jnemployment compensation Amount of unemployment compensation from 1 Enter 1099-Gs fou indicated you have received unemployment Recipient's Name X KENNY COMMUTER + Add a 1099-G Cancel Save Draft	1099-G table compensation. Please add each 1099-G received. Payer's Name COMM OF MASS Frequently Asked Questions	Unemployment Compensation (Bo	xx 1) ,500	4,50 4,50 State Tax Withheld (Box 11) 225 + Add a 1099- C Previous Next
Inemployment compensation Inemployment compensation Inemployment compensation from 1 Inemployment compensation from 1 Inemployment Inemployment compensation Indicated you have received unemployment Recipient's Name X KENNY COMMUTER Add a 1099-G Cancel Save Draft Intemployment Interployment I	I099-G table compensation. Please add each 1099-G received. Payer's Name COMIM OF MASS Frequently Asked Questions Video Tutorials	Unemployment Compensation (Bo	xx 1) ,500	4,50 4,50 State Tax Withheld (Box 11 225 + Add a 1099-
Unemployment compensation Amount of unemployment compensation from 1 Enter 1099-Gs fou indicated you have received unemployment Recipient's Name X KENNY COMMUTER Add a 1099-G Cancel Save Draft	I099-G table compensation. Please add each 1099-G received. Payer's Name COMIM OF MASS Frequently Asked Questions Video Tutorials Taxpayer Bill of Rights	Unemployment Compensation (Bo	xx 1) ,500	4,50 4,50 State Tax Withheld (Box 11) 225 + Add a 1099-1

Withholding amounts will reflect W-2 and 1099-G information imported from Direct File. Select **Next** to continue.

onal Income Ta:	Х				
ow storm rsonal Incom	ne Tax Form 1				
		⊘	Ø		O
ents	Adoption Exemption	Review Exemptions	Wages	Unemployment Compensation	Massachusetts Income Tax
Massachus et's review your 099-G, 1099-R	setts Income Tax Withhe r Massachusetts income tax withhele or 1099-MISC.	eld d from each of the income sources you	u provided. You can enter a	additional Massachusetts income tax with	Withheld
Massachus Let's review your 1099-G, 1099-R (Income tax with)	setts Income Tax Withhe r Massachusetts income tax withhele or 1099-MISC. held from form(s) W-2	eld d from each of the income sources you	u provided. You can enter a	additional Massachusetts income tax with	Withheld held that was not reported on the 5,250
Massachus Let's review your 1099-G, 1099-R i Income tax withi	setts Income Tax Withhe r Massachusetts income tax withhele or 1099-MISC. held from form(s) W-2 held from form(s) 1099	eld d from each of the income sources you	u provided. You can enter a	additional Massachusetts income tax with	Withheld held that was not reported on the 5,250 500
Massachus Let's review your 1099-G, 1099-R i Income tax withł Income tax withł	setts Income Tax Withhe r Massachusetts income tax withhele or 1099-MISC. held from form(s) W-2 held from form(s) 1099 held from form(s) W-2G	eld d from each of the income sources you	u provided. You can enter a	additional Massachusetts income tax with	Withheld held that was not reported on the 5,250 500 0

Attach your 1099s. If you have unemployment income, you will be required to attach a 1099G here. Select **Next**.

ption	Review Exemptions	Wages	Unemployment Compensation	Massachusetts Income Tax Withheld	Attachments
oload Your	Income Schedule(s)				
Massachusetts (Department of Revenue requires th	e below schedules to be u	ploaded.		
massachusetts t					
e following attach	nment formats are allowed: Word (E	IOC, DOCX), Image (JPEG,	JPG, PNG, TIF), Pdf (PDF), Text (TXT), and E	cel (XLS, XLSX). Please note, a	file cannot be larger than 5
e following attach gabytes.	ıment formats are allowed: Word ([IOC, DOCX), Image (JPEG,	JPG, PNG, TIF), Pdf (PDF), Text (TXT), and E	ccel (XLS, XLSX). Please note, a	file cannot be larger than 5
e following attach gabytes.	iment formats are allowed: Word (E	IOC, DOCX), Image (JPEG,	JPG, PNG, TIF), Pdf (PDF), Text (TXT), and E	ccel (XLS, XLSX). Please note, a	file cannot be larger than 5
e following attach gabytes. tachments	nment formats are allowed: Word (E Name	IOC, DOCX), Image (JPEG,	JPG, PNG, TIF), Pdf (PDF), Text (TXT), and E	ccel (XLS, XLSX). Please note, a	file cannot be larger than 5
e following attach gabytes. tachments pe	nment formats are allowed: Word (D Name Testing 1099G.c	IOC, DOCX), Image (JPEG,	JPG, PNG, TIF), Pdf (PDF), Text (TXT), and E reription	<pre>xcel (XLS, XLSX). Please note, a Size 11.72 KB</pre>	file cannot be larger than 5
e following attach gabytes. ttachments pe 99-G -2	Imment formats are allowed: Word (D Name Testing 1099G.c Testing W2 X2.5	IOC, DOCX), Image (IPEG, Der locx 105 rdf W2	JPG, PNG, TIF), Pdf (PDF), Text (TXT), and E cription #2	<pre>kcel (XLS, XLSX). Please note, a size 11.72 KB 33.20 KB</pre>	file cannot be larger than 5 Remove Remove
e following attach gabytes. ttachments pe 99-G -2 -2	Iment formats are allowed: Word (D Name Testing 1099G.c Testing W2 X2.pdf	IOC, DOCX), Image (IPEG, Der locx 109 df W2 W2	JPG, PNG, TIF), Pdf (PDF), Text (TXT), and E cription #2 #1	xcel (XLS, XLSX). Please note, a Size 11.72 KB 33.20 KB 33.20 KB	file cannot be larger than 5

Select Yes or No to the MA bank interest question. Select Nex
--

)	<u> </u>	O		O	0
emptions	Wages	Unemployment Compensation	Massachusetts Income Tax Withheld	Attachments	Massachusetts Interest Income
Massachuset	ts Interest Incom	le		ľ	Ver No.
				L	
Cancel	Save Draft				s Next →
		Frequently Asked Que	estions		
		Video Tutorials			

If **yes**, enter your MA bank interest amount, and the MA bank exemption calculates automatically depending on your filing Status. Your total amount of Interest income reported on your federal return will be indicated on the Massachusetts Bank interest received line. Select **Next**.

KENNY COMMUTER					
Presonal Income Tax Form 1 Dec-2023 sonal Income Tax -21462448-002 NNY COMMUTER	\$525.00 Refund				
rsonal Income Tax Form 1					
mptions Wages	Unemployment Compensation	Massachusetts Income Tax Withheld	Attachments	Massachuse	tts Interest Income
Massachusetts Interest Income					
Massachusetts Interest Income Did you receive interest credited to deposit account	ts in Massachusetts banks?			Yes	No
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount	ts in Massachusetts banks? cannot exceed the total interest of \$5	500 reported on Direct File.		Yes	No 500
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount i Massachusetts bank interest exemption amount	ts in Massachusetts banks? cannot exceed the total interest of \$	500 reported on Direct File.		Yes	No 500
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank Interest received. This amount Massachusetts bank Interest exemption amount	ts in Massachusetts banks? cannot exceed the total interest of \$3	500 reported on Direct File.		Yes	No 500 200
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount Massachusetts bank interest exemption amount Cancel Save Draft	is in Massachusetts banks? cannot exceed the total interest of \$	500 reported on Direct File.		Yes	No 500 200
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount i Massachusetts bank interest exemption amount Cancel Save Draft	is in Massachusetts banks? cannot exceed the total interest of \$! Erequently Asked Que	500 reported on Direct File.		Ves	No 500 200 Next
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank Interest received. This amount i Massachusetts bank Interest exemption amount Cancel Save Draft	is in Massachusetts banks? cannot exceed the total interest of \$ Frequently Asked Que Video Tutorials	500 reported on Direct File.		Yes	No 500 200
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount of Massachusetts bank interest exemption amount Cancel Save Draft	ts in Massachusetts banks? cannot exceed the total interest of \$2 Frequently Asked Que Video Tutorials Taxnaver Bill of Biohts	500 reported on Direct File.		Yes	No 500 200 Next
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount of Massachusetts bank interest exemption amount Cancel Save Draft	ts in Massachusetts banks? cannot exceed the total interest of \$2 Frequently Asked Que Video Tutorials Taxpayer Bill of Rights Site Policies	500 reported on Direct File.		Yes	No 500 200 Next
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount o Massachusetts bank interest exemption amount Cancel Save Draft © © 2024 Commonwealth of Massachusetts Mass.gov ® is a registered service mark of the Commonwealth of Massachusetts.	ts in Massachusetts banks? cannot exceed the total interest of \$2 Frequently Asked Que Video Tutorials Taxpayer Bill of Rights Site Policies Web Processor	500 reported on Direct File.		Yes	No 500 200
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount of Massachusetts bank interest exemption amount Cancel Save Draft © 2024 Commonwealth of Massachusetts Massagov © is a registered service mark of the Commonwealth of Massachusetts.	ts in Massachusetts banks? cannot exceed the total interest of \$2 Frequently Asked Que Video Tutorials Taxpayer Bill of Rights Site Policies Web Browsers	500 reported on Direct File.		Yes	No SOC 200
Massachusetts Interest Income Did you receive interest credited to deposit account Massachusetts bank interest received. This amount a Massachusetts bank interest exemption amount Cancel Save Draft © 2024 Commonwealth of Massachusetts Mass.gov 9 is a registered service mark of the Commonwealth of Massachusetts. Mass.gov Privacy Policy	ts in Massachusetts banks? cannot exceed the total interest of \$2 Frequently Asked Que Video Tutorials Taxpayer Bill of Rights Site Policies Web Browsers	500 reported on Direct File.		Yes	No SOC 200

If you reported Interest Income on your federal return, Schedule B is automatically selected as **Yes** and cannot be changed. Make additional selections and select **Next**.

Personal Income Tax Form 1 31-Dec-2023 Personal Income Tax PIT-21392794-002 SNOW STORM	\$1,235.00 Refund				
Personal Income Tax Form 1					
ages Unemployment Compensation	Massachusetts Income Tax Withheld	Attachments	Massachusetts Interest Incom	ie Addit	- >
Additional Income					
Did you receive income or loss from operating a b	usiness or profession in Massachusetts? (I	Reported on Massachusett	s Schedule C) *	Yes	No
Did you receive income or loss from: Taxable Alim Winnings, Fees, or Excess Business Loss Adjustmer	ony Received, Taxable IRA/Keogh and Rotl at? (Reported on Massachusetts Schedule	n IRA Conversion Distributi X)	ons, Other Gambling *	Yes	No
Did you receive income or loss from: interest incor term collectibles gain/loss? (Reported on Massach	ne not from state banks, dividend income usetts Schedule B)	, or short-term capital gair	ns/losses including long-	Yes	No
Are you reporting long-term capital gains/losses?	(Reported on Massachusetts Schedule D)	*		Yes	No
Cancel Save Draft					Next >
11.00	Frequently Asked Questic	ons			

Total interest income reported on your federal return will be imported to Schedule B. The amount of MA bank interest that was reported on the previous screen will populate on line 5. Select **Next** to continue.

Personal Inco 81-Dec-2023 Personal Income Tax PIT-21426799-002 SNOW STORM	ome Tax Form 1	\$1,235.00 Refund			
ersonal Incom	e Tax Form 1				
Compensation	Massachusetts Income Tax Withheld	Attachments	Massachusetts Interest Income	Additional Income	Interest and Dividend Income
Schedule B	Part 1 Interest and Divid	end Income			
1. Total interest in	ncome				1,500
2. Total ordinary of	dividends				0
3. Other interest a	and dividends not included above				0
4. Total interest a	nd dividends. Add lines 1, 2 and 3				1,500
5. Total interest fr	om Massachusetts banks				500
6. a. Other int	erest and dividends to be excluded				0
b. Part-Year	/Nonresidents only				0
7. Subtotal: Line 4	4 minus lines 5, 6a and 6b.				1,000
8. Allowable dedu	uctions from your trade or business (fr	om Schedule C-2)			0
9. Subtotal: Subtr	act line 8 from line 7				1,000
9. Subtotal: Subtr	act line 8 from line 7 Save Draft				1,000

Schedule B is automatically selected **only** if you indicated you had Interest Income on your Direct File return. Total interest income imports from Direct File to line 1, and MA bank interest income populates from what you entered on the previous screen. If you have MA carry-over losses from Schedule D that you are using against non-MA bank interest, you must select Schedule D on prior screens.

2	⊘	Q	O	⊘	0
tts Income Tax hheld	Attachments	Massachusetts Interest Income	Additional Income	Interest and Dividend Income	Short-Term Capital Gains/Losses & Long-Term Gains on Collectibles
Schedule B Pa	art 2 Short-Term	Capital Gains/Losses & Long	-Term Gains on Col	lectibles	
10. Short-term capita	al gains				0
11. Long-term capita	al gains on collectibles and	pre-1996 installment sales (from Schedule	D)		0
12. Gain on the sale,	exchange or involuntary o	onversion of property used in a trade or bu	siness and held for one year o	r less	0
13. a. Add lines 10) through 12				0
b. Part-Year/No	onresidents only				0
c. Subtract line	e 13b from line 13a. Not les	is than 0			0
14. Allowable deduct	tions from your trade or bu	usiness (from Schedule C-2)			0
15. Subtotal: Subtrac	t line 14 from line 13c				0
16. Short-term capita	al losses (included in U.S. S	chedule D, lines 1 through 5, col. h)			0
17. Loss on the sale,	exchange or involuntary co	onversion of property used in a trade or bu	siness and held for one year o	r less	0
18. Prior short-term	unused losses for years be	ginning after 1981			0
19. a. Combine lin	es 15 through 18				0
b. Part-Year/No	onresidents only				0
c. Exclude line	19b (losses) from line 19a				0

Choose Next

Cancel Save Draft	Next >
28. Short-term gains after long-term gains deduction. Subtract line 27 from line 26	0
27. Long-term gains deduction. Complete only if lines 11 and 26 are greater than 0. From worksheet in instructions	0
26. Subtotal. Subtract line 25 from line 24	0
25. Long-term losses applied against short-term gain	0
24. Short-term gains and long-term gains on collectibles. Enter amount from line 19c	0
23. Short-term losses available for carryover in next year. Combine lines 21 and 22	0
22. Short-term losses applied against long-term gains	0
21. Available short-term losses. Combine lines 19c and 20	0
20. Short-term losses applied against interest and dividends. Enter the smaller of lines 9 or 19c. (considered as a positive amount). Not more than \$2,000	0

If you have carry-forward long-term losses to apply against interest, you will need to fill out Schedule D first and then return to Schedule B to enter long-term losses applied against interest. This requires going back to the Additional Income screen and answering yes to the fourth question of "Are you reporting any long-term capital gains/losses?" You will then be able to enter the losses on Schedule D as well as the amount you want to use to offset the Interest Income on Schedule B. You will then need to come back to Schedule B and enter the same amount on line 32 of Schedule B. Select **Next** to continue.

ents	Massachusetts Interest Income	Additional Income	Interest and Dividend Income	Short-Term Capital Gains/Losses & Long-Term Gains on Collectibles	Taxable Interest, Dividends and Certain Capital Gains
Schedul	e B Part 3 Taxable Interest,	Dividends and Cert	ain Capital Gains		
9. Enter the	amount from line 9				1,00
0. Short-ter	m losses applied against interest and divid	dends. Enter the amount from	line 20		1
1. Subtotal	interest and dividends. Subtract line 30 fro	om line 29			1,00
2. Long-teri	m losses applied against interest and divid	lends. Not more than \$2,000			
3. Adjusted	interest and dividends. Subtract line 32 fr	om line 31			1,00
4. Enter the	amount from line 28				
5. Adjusted	gross interest, dividends and certain capit	al gains. Add lines 33 and 34			1,00
6. Excess ex	emptions				
7. Subtract	line 36 from line 35				1,00
8. The small	er of lines 9 and 37				1,00
9. Total Taxa n Form 1, lin Istructions.	able 8.5% and 12% capital gains. Subtract ne 23a or Form 1-NR/PY, line 27a. Otherw	line 38 from line 37. Not less t ise, enter result here and com	than 0. If no entry on Part 2, line 11, ent plete the Taxable Capital Gains Workshe	er result here and et in the	
0. MA Avail	able short-term losses for carryover in nex	t year. Enter amount from line	23		

Total federal income and federal adjusted gross income are imported from your federal return data. Review Income and Exemptions and select **Next**.

terest Income	Additional Income	Interest and Dividend Income	Short-Term Capital Gains/Losses & Long-Term	Taxable Interest, Dividends and Certain Capital Gains	Review Income
			Gains on Collectibles		
ederal Inco	me				
otal federal income	e				116,
ederal adjusted gr	oss income				115,7
leview Incor	ne				
et's review your inc	come before we move on.				
/ages, salaries, tips	s and other employee compe	nsation			105,
otal Massachusetts	s bank interest				
nemployment con	npensation				10,
otal income					115,
otal exemptions					12,
ncome after exem	nptions				102,
Cancel	Save Draft				

Schedule Y is automatically selected only if Educator Expenses and/or Student Loan Interest is claimed on your federal return. Student Loan interest and Educator expenses reported on your federal return will be imported to Schedule Y. Select **Next** to continue.

est	Interest and Dividend Income	Short-Term Capital Gains/Losses & Long-Term Gains on Collectibles	Taxable Interest, Dividends and Certain Capital Gains	Review Income	Deduct	tion Question
Deduct	ion Questions					
Tell us abo	ut your deductions. You can learn more a	bout eligible deductions at Mass.go	DV.			
Did you pa	y rent in 2023? *				Yes	No
Did you pa	y commuting fees not reimbursed by you	ır employer in the last year? *			Yes	No
Did you pa	y college tuition towards a qualifying two	o or four-year college? *			Yes	No
Did you ma	ake contributions towards pre-paid tuitio	n programs or a college savings pro	ogram established by the Commonwealth?	*	Yes	No
Do you hav	ve additional deductions to report? (Repo	rted on Massachusetts Schedule Y)			Yes	No

Answer the deduction questions and input your total amount of rent paid if applicable. Select **Next** to continue.

st	Interest and Dividend Income	Short-Term Capital Gains/Losses & Long-Term Gains on Collectibles	Taxable Interest, Dividends and Certain Capital Gains	Review Income	Deduct	ion Questions
Deduct	ion Questions					
ell us abou	ut your deductions. You can learn more al	bout eligible deductions at Mass.go	DV.			
Did you pa	y rent in 2023?				Yes	No
nter your	total rent paid for 2023					20
Did you pa	y commuting fees not reimbursed by you	ir employer in the last year?			Yes	No
Did you pa	y college tuition towards a qualifying two	o or four-year college?			Yes	No
Did you ma	ake contributions towards pre-paid tuition	n programs or a college savings pro	ogram established by the Commonwealth?		Yes	No
Do you hav	ve additional deductions to report? (Repo	rted on Massachusetts Schedule Y)			Yes	No
						Neut

If.applicable, enter amounts paid by you and/or spouse for.Commuter.deduction.expenses. Your total deduction is calculated and imported to Schedule Y. Select **Next** to continue.

-Dec-2023	ome Tax Form 1	\$1,510.00 Refund			
rsonal Income Tax I-21426799-002 IOW STORM	ĸ				
ersonal Incom	e Tax Form 1				
idend Income	Short-Term Capital Gains/Losses & Long-Term Gains on Collectibles	Taxable Interest, Dividends and Certain Capital Gains	Review Income	Contraction Questions	Commuter Deduction
Commuter	Deduction				
You indicated you	u or your spouse paid commutin	g fees not reimbursed by your employer i	n the last year.		
Amount you paid	d in 2023 for tolls through an E-Z	Pass account			0
Amount you paid	d in 2023 for weekly or monthly t	ransit commuter passes for MBTA transit	or commuter rail		1,000
Your commuter c	deduction				750
Amount your spo	ouse paid in 2023 for tolls throug	h an E-Z Pass account			0
Amount your spo	ouse paid in 2023 for weekly or n	nonthly transit commuter passes for MBTA	transit or commuter rail		1,000
Your spouse's co	mmuter deduction				750
Total commuter o	deduction ⑦				1.500
Cancel	Save Draft				Next >
		Frequently Asked Questi	ons		*
		AND A REAL PROPERTY AND A			

If you select the college Tuition Deduction, enter information, and the College Tuition deduction amount will be calculated. If you qualify, the calculated College Tuition deduction amount will transfer to Schedule Y. Select **Next** to continue.

Personal Income Ta PIT-21392794-002 SNOW STORM	iX				
Personal Incon	ne Tax Form 1				
rm Capital & Long-Term Collectibles	Taxable Interest, Dividends and Certain Capital Gains	Review Income	Deduction Questions	Commuter Deduction	Tutition Deduction
Tuition De	duction				
You indicated yo	ou paid college tuition towards a quali	ying two or four-year college. 1	Fuition payments for students pursuin	g graduate degrees are not eligible	for the college tuition deduction.
Amount of tuition	on payments paid by you, for yourself	or a dependent, to a qualifying	two or four year college in 2023		35,000
Amount of scho	larships, grants, or financial aid receive	d in 2023			3,000
Amount of reim	bursements or refunds received in 202	3 of amounts shown in line 1 re	eported by an insurer (from U.S. Form	1098-T, box 10)	0
College tuition of	deduction 🕜				3,075
Cancel	Save Draft				Next >

Educator Expenses reported on Federal Direct File import to Line 9a. Student Loan Interest reported on your federal return imports to line 10. College Tuition deduction, contributions to pre-paid college tuition and commuter deduction will populate to the appropriate lines from amounts you entered on previous screens.

Schedule Y : Other Deductions	
1. Reserved for future use	0
2. Penalty on early savings withdrawal	0
3. Amount of deductible alimony paid (from US return)	0
4. Amounts excludible under MGL Ch. 41, § 111F or US tax treaty	0
Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, § 111F	
Income exempt under US tax treaty	
5. Moving expenses for members of the Armed Forces (from US return)	0
6. Medical savings account deduction	0
7. Self-employed health insurance deduction	0
8. Health savings accounts deduction	0
9. a. Certain qualified deductions from US Form 1040	300
9. b. Certain business expenses from US Form 1040	0
9. c. Charitable contributions deduction	0
10. Student loan interest deduction	500
•	

Select **Next** to continue.

Income exempt under US tax treaty	: Staging	
5. Moving expenses for members of the Armed Force	s (from US return)	
6. Medical savings account deduction		
7. Self-employed health insurance deduction		
8. Health savings accounts deduction		0
9. a. Certain qualified deductions from US Form 1040		0
9. b. Certain business expenses from US Form 1040		0
9. c. Charitable contributions deduction		0
10. Student loan interest deduction		2,500
11. College Tuition Deduction (full-year residents or	ily)	0
12. Undergraduate student loan interest deduction		0
13. Deductible amount of qualified contributory pens	on income from another state or political subdivision	
14. Claim of right deduction		
15. Commuter deduction		o
16. Human organ donation deduction (full-year resid	lents only)	
17. Certain gambling losses		
18. a. Prepaid tuition or college savings program ded	uction	
18. b. Student loan repayment assistance deduction		0
19. Total other deductions		2,500
Cancel Save Draft		Next >
	Frequently Asked Questions	
	Video Tutorials	
© 2024 Commonwealth of Massachusetts	Taxpayer Bill of Rights	
Mass.gov® is a registered service mark of the	Site Policies	
Commonwealth of Massachusetts.	Web Browsers	

Enter Amount paid to Social Security from W2s for you and your Spouse. The maximum allowed is \$2,000. If you enter an amount greater than \$2,000, it will automatically change to \$2,000. Rental deduction populates from the previous amount you entered for total rent paid in 2023. Social Security is prepopulated with calculated amounts based on the W-2 information. Select **Next** to continue.

SNOW STORM

come	Deduction Questions	Commuter Deduction	Tutition Deduction	Other Deductions	Total Deductions
lotal Dedu	uctions				
et's review you	r deductions before moving on.				
mount you pa annot exceed 2	id to Social Security, Medicare, Railr 2,000.	oad, U.S. or Massachusetts retiremen	nt programs (Reported on U.S. Form	n W-2). This amount	2,0
mount your sp mount cannot	oouse paid to Social Security, Medic exceed 2,000.	are, Railroad, U.S. or Massachusetts	etirement programs (Reported on	U.S. Form W-2). This	2,0
fotal rent paid o	deduction 🕥				4,0
Other deduction	ns (Reported on Massachusetts Sch	edule Y)			5,3
Total Deductio	ns				13,3

Select **Yes** or **No** if you want to pay the 5.85% tax rate. Select **Next** to continue.

Personal Inco 31-Dec-2023 Personal Income Tax PIT-21392794-002 SNOW STORM	ome Tax Form 1	\$1,864.00 Refund			
Personal Incom	ne Tax Form 1				
>	⊘		⊘	⊘	0
n Questions	Commuter Deduction	Tutition Deduction	Other Deductions	Total Deductions	Income After Exemptions and Deductions
Total taxable inco	ome at 5%				90,125 Yes No
Tax on 5% Incom	ne				4,506
Tax on income fr	rom Schedule B				0
Total income ta	х				4,506
Cancel	Save Draft				Next >

Select the appropriate answer and enter Health Insurance information in subsequent screens. Select **Next** to continue.

< SI	WOR	STORM	

Personal Inc 31-Dec-2023 Personal Income Ta PIT-21392794-002 SNOW STORM Personal Incom	ome Tax Form 1 × ne Tax Form 1	\$1,864.00 Refund					
P Deduction	Tutition Deduction	Other Deductions	V Total Deductions	Income After Exemptions and Deductions	Н	ealth Care	
Tell Us Abo We will now gat Did you and you	out Your Health Insuran her information regarding your Mini ur spouse have the same full year Mi	CE mum Creditable Coverage (MCC). nimum Creditable Coverage (MCC)?			Yes	No	
Cancel	Save Draft					Next	>

Child and family tax credits populate depending on dependent information that was entered. Select **Next** to continue.

< SNOW STORM	-			
Personal Income Tax Form 1 31-Dec-2023 Personal Income Tax PIT-21392794-002 SNOW STORM	\$1,864.00 Refund			
Personal Income Tax Form 1				
Exemptions and Health Care uctions	Health Care Plans	✓ 1099-HC Information	Noge-HC - Spouse	Credits
Refundable Credits				
Let's review the retundable credits you are eligible for. Number of dependents under age 13 or over age 65				2
Child and family tax credit				620
Total Refundable Credits				620
Cancel Save Draft	Frank Adada			Next >
1-3 × 10 M	Frequentiv Asked Ques	tions		

Federal Earned Income Credit information will import from your federal return and 40% is calculated. Select **Next** to continue.

)(⊘	Q	⊘	O	-0
Questions	Total Deductions	Income After Exemptions and Deductions	Health Care	Health Care Plans	Credits
Refundable	e Credits				
Let's review the I	refundable credits you are eligil	ble for.			
Number of earne	ed income qualifying children				1
Amount of earne	ed income credit from U.S. Forn	n 1040 Line 27. The amount cannot exceed \$	3995		3,850
Earned Income C	Credit				1,540
Number of depe	ndents under age 13 or over ag	ge 65			1
Child and family	tax credit				310
Total Refundab	le Credits				1 850

If you qualified for the Circuit Breaker credit and completed the information previously, that information will automatically be entered here. Select **Next**.

	\$5,490.00			
	Refund			
rm 1				
-0	Ø	⊘		-0
Health Care	Health Care Plans	Senior Circuit Breaker Tax Credit	Circuit Breaker Credit Schedule	Credits
credits you are eligible fi t (From Schedule CB)	or.			2,465
ler age 13 or over age 6	5			1
				310
				2,775
	rm 1 Health Care S credits you are eligible f t (From Schedule CB) ler age 13 or over age 63	rm 1 Health Care Health Care Plans S credits you are eligible for. t (From Schedule CB) ler age 13 or over age 65	Im 1 Image: Second S	Im 1 Health Care Health Care Senior Circuit Breaker Tax Circuit Breaker Credit Schedule Credit S credits you are eligible for. t(From Schedule CB) ter age 13 or over age 65

Select **Yes** or **No**. If you select Yes, select which fund and how much you want to contribute. Choose **Next** to continue.

rsonal Income Tax Form 1	\$1,864.00			
sonal income Tax	Keluna			
F-21426799-002				
NOW STORM				
ersonal Income Tax Form 1				
	⊘	⊘	⊘	
luctions Income After Exemptions and Deductions	Health Care	Health Care Plans	Credits	Voluntary Funds Contribution
Voluntary Funds Contribution	e following funds. Remember, these an	nounts are added to your tax. They in	ncrease the amount of your	payment or reduce the amount of your
Voluntary Funds Contribution You may contribute any amount you choose to the refund. • Endangered Wildlife Conservation Funds • Organ Transplant • Public Health HIV and Hepatitis • U.S. Olympic • Military Family Relief • Homeless Animal Prevention	following funds. Remember, these an	nounts are added to your tax. They ir	ncrease the amount of your	payment or reduce the amount of your
Voluntary Funds Contribution You may contribute any amount you choose to the refund. • Endangered Wildlife Conservation Funds • Organ Transplant • Public Health HIV and Hepatitis • U.S. Olympic • Military Family Relief • Homeless Animal Prevention Do you want to contribute towards any voluntary	following funds. Remember, these an	nounts are added to your tax. They ir	ncrease the amount of your	payment or reduce the amount of your
Voluntary Funds Contribution You may contribute any amount you choose to the refund. • Endangered Wildlife Conservation Funds • Organ Transplant • Public Health HIV and Hepatitis • U.S. Olympic • Military Family Relief • Homeless Animal Prevention Do you want to contribute towards any voluntary	e following funds. Remember, these an	nounts are added to your tax. They ir	ncrease the amount of your	payment or reduce the amount of your
Voluntary Funds Contribution You may contribute any amount you choose to the refund. • Endangered Wildlife Conservation Funds • Organ Transplant • Public Health HIV and Hepatitis • U.S. Olympic • Military Family Relief • Homeless Animal Prevention Do you want to contribute towards any voluntary Cancel Save Draft	following funds. Remember, these an	nounts are added to your tax. They ir	ncrease the amount of your	Payment or reduce the amount of your Yes No Next >

Information on credits and withholding will automatically populate from information entered previously. Enter Use tax, previous year overpayment, estimated payments and extension payments. <u>Total payments and credits</u> will include Refundable Credit amounts based on information entered previously (such as Earned Income Credit, Child and family tax credit and/or Circuit Breaker credit). Select **Next** to continue.

Care Plans	1099-HC Information	1099-HC - Spouse	Credits	Voluntary Funds Contribution	Tax Calculation
Tax Calcul	ation				
Your withholdir	ng and payments have been calculated	d. Please review and make any neces	sary updates to your payme	nt amounts.	
Use tax due on	Internet, mail order and other out-of-	state purchases 🕜			0
Income tax afte	er credits, contributions, use tax and he	ealth care penalty			4,506
Massachusetts	income tax withheld (From W-2s, 109	9s, and other sources)			5,750
Previous year o	verpayment applied to your 2023 esti	mated tax			0
2023 state estir	nated tax payments				0
Payments made	e with extension				0
Total payments	and credits				6,370
Overpayment					1,864
Refund amour	nt				1,864
Tax Due					0
Cancel	Save Draft		•		s Next >

Choose refund preferences and enter the required information. Select **Next** to continue.

MassTaxConnect			Θ
SNOW STORM Personal Income Tax Form 1 31-Dec-2023 Personal Income Tax PIT-21392794-002 SNOW STORM	\$1,864.00 Refund		
Personal Income Tax Form 1			
Information 1099-HC - Spouse	Credits Voluntary Funds Contribution Tax Calculation		Refund
Refund			
Would you like to apply some of your refund towards next yea	ar's estimated tax? This will reduce your refund	Yes	No
Would you like your refund issued as a direct deposit?		Yes	No
Your refund will be mailed to 100 Cambridge St LBBY Boston	n MA 02114-2529.		
Cancel Save Draft			Next >

Confirm information and select **Submit** to submit your completed return.

Review Return					
	· · · · · · · · · · · · · · · · · · ·	i i standar and i standar a			
Review this information	is accurate and then su	ubmit your return. If you notice something was	entered incorrectly, correct it	t before submitting the return.	
Total taxable income at 5	5%				
Total income tax					
Health care penalty					
Income tax after credits,	contributions, use tax	and health care penalty			
Total payments and cred	its				
Overpayment					
Refund amount					
Tax Duo					
Cancel	e Draft			I	
Cancel Save	e Draft en to the co	onfirmation page. You	have the optic	on to give feedb	ack.
Cancel Save	e Draft en to the co e Tax Form 1 -	onfirmation page. You Confirmation	have the optic	on to give feedb	ack.
Cancel Save L Will be take Personal Incom • Return Confirmati • Submitted Date an	e Draft en to the co e Tax Form 1 - on Number: 0-861-8; nd Time: 1/30/2024 1 Norw crown	Onfirmation page. You Confirmation ³¹⁻⁴⁵⁶ 1:28:10 AM	have the optic	on to give feedb	ack.
Cancel Saw U will be take Personal Incom • Return Confirmati • Submitted Date au • Taxpayer Name: S • SSN: ***.**.4236 • Credit: \$1.964.00	e Draft en to the co e Tax Form 1 - on Number: 0-861-8. Ind Time: 1/30/2024 1 NOW STORM	Onfirmation page. You Confirmation ³¹⁻⁴⁵⁶ 1:28:10 AM	have the optic	on to give feedb	ack.
Cancel Sav U Will be take Personal Incom • Return Confirmati • Submitted Date an • Taxpayer Name: S • SSN: ***.**.4236 • Credit: \$1,864.00 • Return Period: 12/	e Draft en to the co e Tax Form 1 - on Number: 0-861-8 nd Time: 1/30/2024 1 NOW STORM	Onfirmation page. You Confirmation 31-456 1:28:10 AM	have the optic	on to give feedb	ack.
Cancel Sav J Will be take Personal Incom • Return Confirmati • Submitted Date ar • Taxpayer Name: S • SSN: ***-4236 • Credit: \$1,864.00 • Return Period: 12/ Your return has been filf for your records. Please	e Draft en to the co e Tax Form 1 - on Number: 0-861-83 nd Time: 1/30/2024 1 NOW STORM 31/2023 ed successfully. You wi do not mail in a pape	Onfirmation page. You Confirmation 31-456 1:28:10 AM ill receive an email shortly containing this conf rr return.	have the optic	On to give feedb details. Please print this page an	ack.
Cancel Save L Will be take Personal Incom • Return Confirmati • Submitted Date and • Taxpayer Name: 5 • SSN: ***.**-4236 • Credit: \$1,864.00 • Return Period: 12/ Your return has been fill for your records. Please View Your Submission You can view details abs section. Submissions in allows you to make chan	Draft En to the co e Tax Form 1 - on Number: 0-861-8: d Time: 1/30/2024 1 NOW STORM 31/2023 ed successfully. You wi do not mail in a pape but your submission at a status of Submitted . nges to the submission	Onfirmation page. You Confirmation 31-456 1:28:10 AM ill receive an email shortly containing this conf r return. ny time by logging into your MassTaxConnect can be viewed and deleted by clicking the corn n.	have the optic	on to give feedb details. Please print this page an tur tab, and clicking the Search 9 nding on the submission type, y	ack. Id save the confirmation num Submissions link under the 9 rou may also have an <i>Edit</i> hy
Cancel Sav J Will be take Personal Incom • Return Confirmati • Submitted Date an • Taxpayer Name: S • STN: ***.**.428 • Credit: \$1,864.00 • Return Period: 12/ Your return has been filk for your records. Please View Your Submission You can view details abs section. Submissions in allows you to make chai Print Your Tax Return Once your return is proo Tax account, select the M	Draft En to the co e Tax Form 1 - on Number: 0-861-8: d Time: 1/30/2024 1 NOW STORM 31/2023 ed successfully. You wi do not mail in a pape but your submission at a status of <i>Submitted</i> of nges to the submission cessed, you can print a /iew/Amend next to ta	Onfirmation page. You Confirmation 31-456 1:28:10 AM ill receive an email shortly containing this conf r return. ny time by logging into your MassTaxConnect can be viewed and deleted by clicking the corr n. a copy of your tax return at any time by loggin the period you wish to print then select <i>Save a</i>	have the optic	Don to give feedb details. Please print this page an tur tab, and clicking the Search 9 inding on the submission type, y	ack. ack. submissions link under the submissions link under the submissions link under the submissions are different to your Person rocess the return.
Cancel Saw L Will be take Personal Incom • Return Confirmati • Submitted Date au • Taxpayer Name: S • SSN: ***-**-4236 • Credit: \$1,864.00 • Return Period: 12/ Your return has been fill for your records. Please View Your Submission You can view details abdo section. Submissions in allows you to make char Print Your Tax Return Once your return is pro- Tax account, select the N Contact Us If you need further assis to 4:00 p.m.	e Draft En to the co e Tax Form 1 - on Number: 0-861-8; Ind Time: 1/30/2024 1 NOW STORM 31/2023 ed successfully. You wi <i>do not</i> mail in a pape sut your submission at a status of <i>Submitted</i> nges to the submission cessed, you can print a <i>liew/Amend</i> next to f tance, please contact	Onfirmation page. You Confirmation 31-456 1:28:10 AM ill receive an email shortly containing this confir r return. ny time by logging into your MassTaxConnect can be viewed and deleted by clicking the corr n. a copy of your tax return at any time by loggin the period you wish to print then select <i>Save a</i> the Department of Revenue at (617) 887-6367	have the optic	Don to give feedb details. Please print this page an tab, and clicking the Search 9 nding on the submission type, y account, selecting the View Re , it may take up to 24 hours to p s at (800) 392-6089. Business ho	ack. ad save the confirmation num Submissions link under the s rou may also have an <i>Edit</i> hy turns link next to your Person rocess the return.
Cancel Saw L Will be take Personal Incom • Return Confirmati • Submitted Date au • Taxpayer Name: S • SSN: ***-**-4236 • Credit: \$1,864.00 • Return Period: 12/ Your return has been fill for your records. Please View Your Submission You can view details abo section. Submissions in allows you to make chan Print Your Tax Return Once your return is pro- Tax account, select the N Contact Us If you need further assis to 4:00 p.m. Feedback	e Draft En to the co e Tax Form 1 - on Number: 0-861-8; Id Time: 1/30/2024 1 NOW STORM 31/2023 ed successfully. You wi <i>do not</i> mail in a pape but your submission at a status of <i>Submitted</i> nges to the submission ressed, you can print a <i>liew/Amend</i> next to 1 tance, please contact	Onfirmation page. You Confirmation 31-456 1:28:10 AM ill receive an email shortly containing this confir r return. ny time by logging into your MassTaxConnect can be viewed and deleted by clicking the corr n. a copy of your tax return at any time by loggin the period you wish to print then select <i>Save a</i> the Department of Revenue at (617) 887-6367	have the optic	Don to give feedb details. Please print this page an the tab, and clicking the Search S inding on the submission type, y account, selecting the View Re it may take up to 24 hours to p s at (800) 392-6089. Business ho	ack. ad save the confirmation num Submissions link under the S rou may also have an <i>Edit</i> hy turns link next to your Perso rocess the return.
Cancel Sav D will be take Personal Incom • Return Confirmati • Submitted Date an • Taxpayer Name: S • SSN: ***-*-4236 • Credit: \$1,364.00 • Return Period: 12/ Your return has been fill for your records. Please View Your Submission You can view details abd section. Submissions in allows you to make chan Print Your Tax Return Once your return is pro- Tax account, select the N Contact Us If you need further assis to 4:00 p.m. Feedback How satisfied were	Draft En to the color e Tax Form 1 - on Number: 0-861-8 nd Time: 1/30/2024 1 NOW STORM 31/2023 ed successfully. You wi do not mail in a pape but your submission at a status of Submitted nges to the submission are status of Submitted inges to the submission tesseed, you can print a //ew/Amend next to to tance, please contact you with this procee	Onfirmation page. You Confirmation 31-456 1:28:10 AM ill receive an email shortly containing this confir r return. ny time by logging into your MassTaxConnect can be viewed and deleted by clicking the corr n. a copy of your tax return at any time by loggin the period you wish to print then select <i>Save a</i> the Department of Revenue at (617) 887-6367 ess?	have the optic	Don to give feedb details. Please print this page an tab, and clicking the Search 1 nding on the submission type, y account, selecting the View Re . it may take up to 24 hours to p s at (800) 392-6089. Business ho	ack. d save the confirmation num Submissions link under the S rou may also have an <i>Edit</i> hy turns link next to your Person roccess the return.
Cancel Save Cancel Save Personal Incom • Return Confirmati • Submitted Date at • Taxpayer Name: S • SSN: ***-**-4236 • Credit: \$1,864.00 • Return Period: 12/ Your return has been fild for your records. Please View Your Submission You can view details abdo section. Submissions in allows you to make chan Print Your Tax Return Once your return is pro- Tax account, select the V Contact Us If you need further assis to 4:00 p.m. Feedback How satisfied were the	a Draft b Control the Con	Onfirmation page. You Confirmation 31-456 1:28:10 AM ill receive an email shortly containing this conf r return. ny time by logging into your MassTaxConnect can be viewed and deleted by clicking the corr n. a copy of your tax return at any time by loggin the period you wish to print then select <i>Save a</i> the Department of Revenue at (617) 887-6367	have the optic	Don to give feedb details. Please print this page an that tab, and clicking the Search S inding on the submission type, y account, selecting the View Re it may take up to 24 hours to p s at (800) 392-6089. Business ho	ack. ad save the confirmation num Submissions link under the S roou may also have an <i>Edit</i> hyp turns link next to your Person rocess the return. burs are Monday through Frid