



2021

General Information:

Has your name changed since filing your 2020 income tax return? .....

Are you or your spouse a noncustodial parent? .....

Would you like to choose the optional 5.85% tax rate? .....

Did you or your spouse make voluntary paid family and medical leave contributions from self-employment income? .....

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

If Yes, enter the amount .....

Total purchases in 2021 subject to Massachusetts use tax .....

Sales/use tax paid to other state or jurisdiction .....

Taxpayer		Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify for the blind exemption? .....

Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle? .....

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

Total paid for weekly/monthly commuter passes and FastLane tolls .....

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

If you did not live in Massachusetts for all of 2021, enter the dates you did live in Massachusetts .....

Enter the state names other than Massachusetts where you had income .....

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?

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

Taxpayer .....

Spouse .....

Enter the amount you wish to contribute on your 2021 tax return to:

Organ Transplant Fund .....

Endangered Wildlife Conservation .....

Massachusetts Public Health HIV and Hepatitis Fund .....

Massachusetts United States Olympic Fund .....

Massachusetts Military Family Relief Fund .....

Homeless Animal Prevention and Care Fund .....

Rental Deduction Information:

Name of landlord .....

Rent paid .....



2021

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider

Federal Identification Number of Insurance Company

Subscriber Number

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

Table with 2 columns (Taxpayer, Spouse) and 7 rows of insurance types: Commonwealth Care, ConnectorCare, MassHealth, Medicare, Veterans Administration Program Enrollment, Tri-Care, Other (see instructions), Applied for MassHealth or Commonwealth Care in 2021 and denied.

Months Covered by Health Insurance (if not all of 2021)

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse) for reporting months covered.

Other Information

Taxpayer

Spouse

Form with various questions and checkboxes: Form MA 1099-HC not received, religious exemption questions, certificate number, monthly premium amount, employer health insurance questions, U.S. citizen status, DOR authorization.

Enter Any Additional Massachusetts Information:

Four horizontal lines for entering additional information.