



2023

General Information:

Has your name changed since filing your 2022 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
Yes No
Yes No
Yes No

If Yes, enter the amount

[Input box]

Total purchases in 2023 subject to Massachusetts use tax

[Input box]

Sales/use tax paid to other state or jurisdiction

[Input box]

Taxpayer

Spouse

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 box] [Input box]

[Input box] [Input box]

Total paid for weekly/monthly commuter passes and FastLane tolls

[Input box]

[Input box]

Residency Information:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in Massachusetts for all of 2023, 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
Yes No

Taxpayer
Spouse

Enter the amount you wish to contribute on your 2023 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

[Input box]
[Input box]
[Input box]
[Input box]
[Input box]
[Input box]

Rental Deduction Information:

Name of landlord

Rent paid

[Input box]



2023

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

Commonwealth Care

ConnectorCare

MassHealth

Medicare

Veterans Administration Program Enrollment

Tri-Care

Other (see instructions). Enter only name(s) of provider(s) above

Applied for MassHealth or Commonwealth Care in 2023 and denied

Vertical grid for Taxpayer

Vertical grid for Spouse

Months Covered by Health Insurance (if not all of 2023)

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse)

Other Information

Taxpayer

Spouse

Are you claiming an exemption from the requirement to purchase health insurance based on sincerely held religious beliefs?

Did you claim a religious exemption and receive medical health care during the taxable year?

Certificate number if you obtained a Certificate of Exemption issued by the Health Insurance Connector

Monthly premium amount offered through employer's health insurance plan

Did your employer offer free health insurance?

Did your employer offer a qualifying plan that cost less than 9.78% of household income?

Are you a U.S. citizen or legal permanent resident alien?

Do you authorize the DOR to share your Schedule HC with the Commonwealth Health Insurance Connector Authority to appeal a penalty?

Grid for Yes/No answers

Enter Any Additional Massachusetts Information:

Empty table for additional information