

Massachusetts Department of Revenue Schedule R/NR Resident/Nonresident Worksheet

2020

Name(s) as shown on Massachusetts Form 1-NR/PY

Social Security number(s)

If you received Massachusetts source income before or after you became a Massachusetts resident for part of the year and your gross income exceeded \$8,000 for the year, you must file a Form 1-NR/PY as both a nonresident and part-year resident.

This worksheet is to be used to calculate income, deductions, exemptions and the Earned Income Credit. Married taxpayers filing separate Massachusetts income tax returns must complete separate worksheets. Read the instructions for Form 1-NR/PY and this worksheet before entering any amounts on this worksheet.

Part 1. Income adjustments

as modified col. a	resident period col. b Income from col. a for this period	nonresident period col. c Income from col. a for this period	nonresident period col. d Income from col. c from Mass. sources	taxable income col. e	
Form 1-NR/PY	ior triis period	ioi tilis periou	from Mass. Sources	add cors. D and d	
5 Wages, salaries, tips a	and other employee compo	ensation.			
6 Taxable pensions and	annuities.				_
7 Massachusetts bank ir	nterest.				
8a Business/profession	income/loss (see Schedu	le C)			
]
8b Farming income/loss	(from U.S. Schedule F)				
9 Rental, royalty, REMIC	, partnership, S corporation	on, trust income/loss (see	Schedule E).		
10a Unemployment con	npensation.				
]
10b Massachusetts stat	te lottery winnings.				
]
11 Other income (alimor	ny, taxable IRA/Keogh and	d Roth IRA conversion dis	stributions, other gambling	winnings, fees, prizes, etc	c.; see Schedule X)
]
24 Interest and dividend	ls (see Schedule B).				•
]
27 Certain capital gains	(see Schedule B).		•	•	1
]
Schedule D. Long-term	n capital gains/losses, exc	luding collectibles; see So	chedule D.	1	1
]
Total	1	1	1	1	1

Subtract the total of col. d from the total of col. c and enter enter the column e result on line 14e of Form 1-NR/PY. If the total of column d is zero, you should be filing as a part-year resident only. Before completing Part 2 of this worksheet, complete Form 1-NR/PY, line 14, Nonresident Deduction and Exemption Ratio.



2020 SCHEDULE R/NR, PAGE 2

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Part 2. Deduction and exemption adjustments

Section A. The amounts reported in col's. a, b and c must be related to Massachusetts income reported on Form 1-NR/PY.

Massachusetts Massachusetts nonresident period resident period Total col. a col. b col. c add col's. a and b Form 1-NR/PY 15a Amount you paid to Social Security, Medicare, RR, US or Massachusetts retirement. Col. C cannot exceed \$2,000. 15b Amount spouse paid to Social Security, Medicare, RR, US or Massachusetts retirement. Col. C cannot exceed \$2,000. Schedule Y 2 Penalty on early savings withdrawal. 4 Amounts excludible under MGL ch 41, § 111F or U.S. tax treaty. 5 Moving expenses. 7 Self-employed health insurance deduction. 9 Qualified performing arts-related expenses, jury duty pay given to your employer, reforestation amortization, repayment of supplemental unemployment benefits under the Trade Act of 1974, employee business expenses of fee-basis state or local government officials, deductible expenses related to income from the rental of personal property engaged in for-profit, business expenses of National Guard and Reserve members, and attorney's fees and court costs involving certain unlawful discrimination claims (part-year residents only). 13 Deductible amount of qualified contributory pension income from another state or political subdivision. 14 Claim of right deduction. 17 Certain gambling losses deduction.

Enter the amounts from each line in col. C in the applicable lines on Form 1-NR/PY or Schedule Y.



2020 SCHEDULE R/NR, PAGE 3

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Part 2. Deduction and exemption adjustments (cont'd.)

Total before adjustments col. a

Total

Massachusetts resident period **col. b**

see instructions

Massachusetts nonresident period col. c subtract col. b

from col. a

Massachusetts nonresident period col. d

col. d multiply col. c by Form 1-NR/PY, line 14g Total before adjustments **col. e**

add col's. b and d

Form	1	-N	R	/PY
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16 Child under age 13, or instructions.	or disabled dependent/spo	ouse care expenses. Enter	r in col. a the amount from	item C of the worksheet i	in the Form 1-NR/PY	
	s) of household under age) for one such dependent (pendents.	
22 Exemptions. Enter in	col. a the amount from Fo	orm 1-NR/PY, line 4g.				
Schedule Y						
3 Alimony paid.						
6 Medical savings accou	int.					
8 Health savings accoun	ts deduction.					
9 Attorney's fees and con	urt costs involving certain	unlawful discrimination cla	aims.			
10 Deductions for stude	nt loan interest.					
12 Undergraduate stude	ent loan interest deduction	. Enter in col. a the amour	nt of such interest paid.			
15 Commuter deduction	. See instructions.					
18 Prepaid tuition or college savings program deduction. See instructions.						

Enter the amounts from each line in col. e from the applicable lines on Form 1-NR/PY or Schedule Y.