



**General Information:**

Daytime telephone number (including area code)

Taxpayer .....  
Spouse .....

Has your address changed from 2010? ..... 

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

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

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

  
Spouse .....

Are you a noncustodial parent? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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Total purchases in 2011 subject to Massachusetts use tax .....

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

**Residency Information:**

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in Massachusetts for all of 2011, 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?  
Taxpayer ..... 

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

  
Spouse .....

Enter the amount you wish to contribute on your 2011 tax return to:

Organ Transplant Fund .....

Endangered Wildlife Conservation .....

Massachusetts AIDS Fund .....

Massachusetts United States Olympic Fund .....

Massachusetts Military Family Relief Fund .....

**Rental Deduction Information:**

Name of landlord .....

Rent paid .....

**Enter Any Additional Massachusetts Information:**




Schedule HC Private Health Insurance

Name of Insurance Company or Administrator

Taxpayer
Spouse

Federal Identification Number of Insurance Company

Taxpayer
Spouse

Subscriber Number

Taxpayer
Spouse

Schedule HC Government - Subsidized Health Insurance

Table with 3 columns: Description, Taxpayer, Spouse. Rows include Commonwealth Care, MassHealth, Medicare, Veterans Administration Program Enrollment, Tri-Care, Other (see instructions), and Applied for MassHealth or Commonwealth Care in 2011 and denied.

Name of Other Provider

Taxpayer
Spouse

Months Covered by Health Insurance (if not all of 2011)

Table with 13 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse) for reporting months covered.

Other Information

Table with 2 columns: Taxpayer, Spouse. Row: Not issued Form MA 1099-HC