

Electronic Filing Instructions for your 2012 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Matthew M Ramsey
7 Arnold Court
Somerville, MA 02143

Balance Due/Refund	Your federal tax return (Form 1040A) shows a balance due of \$4,109.00.		
	Your return shows you have elected to pay your balance due of \$4,109.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$4,109.00	
	- Account Number:	1800900139062	
	- Routing Transit Number:	314977405	
	- Date of Withdrawal:	04/15/2013	
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2012 Federal Tax Return Summary	Adjusted Gross Income	\$	43,574.00
	Taxable Income	\$	33,824.00
	Total Tax	\$	4,639.00
	Total Payments/Credits	\$	601.00
	Payment Due	\$	4,038.00
	Penalty/Interest	\$	71.00
	Balance Due With Penalty/Interest	\$	4,109.00
	Effective Tax Rate		10.65%
Estimated Payments to Make for Next Year's Return	Estimated Payments for 2013 - Do not mail these vouchers with your 2012 income tax return. The estimated vouchers displayed below are used to prepay your 2013 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2013, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/15/2013	\$ 1,010.00
	2	06/17/2013	\$ 1,010.00
	3	09/16/2013	\$ 1,010.00
	4	01/15/2014	\$ 1,010.00
	Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.		
	Mail payments to:		
	Internal Revenue Service		
	P.O. Box 37007		
	Hartford, CT 06176-0007		



Hi Matthew,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2013**

2013 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,010.

REV 01/14/13 TTO 1555

434-69-0932
MATTHEW M RAMSEY

7 ARNOLD COURT
SOMERVILLE MA 02143

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-0007

434690932 YK RAMS 30 0 201312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/17/2013**

2013 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,010.

REV 01/14/13 TTO 1555

434-69-0932
MATTHEW M RAMSEY

7 ARNOLD COURT
SOMERVILLE MA 02143

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-0007

434690932 YK RAMS 30 0 201312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/16/2013**

2013 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,010.

REV 01/14/13 TTO 1555

434-69-0932
MATTHEW M RAMSEY

7 ARNOLD COURT
SOMERVILLE MA 02143

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-0007

434690932 YK RAMS 30 0 201312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/15/2014

2013 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,010.

REV 01/14/13 TTO

1555

434-69-0932
MATTHEW M RAMSEY

7 ARNOLD COURT
SOMERVILLE MA 02143

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-0007

434690932 YK RAMS 30 0 201312 430

Your first name and initial		Last name		OMB No. 1545-0074	
Matthew M		Ramsey		Your social security number 434-69-0932	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 7 Arnold Court				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Somerville MA 02143				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	

Filing status
 Check only one box.

1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions
 If more than six dependents, see instructions.

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.
 b ☐ **Spouse**
 c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b
No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶

d Total number of exemptions claimed.

Income
 Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.
 If you did not get a W-2, see instructions.
 Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	44,460.
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your total income .	15	44,460.

Adjusted gross income

16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	886.
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your total adjustments .	20	886.
21	Subtract line 20 from line 15. This is your adjusted gross income .	21	43,574.

Tax, credits, and payments**Standard Deduction for—**

• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income).	22	43,574.
23a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind } Total boxes checked <input type="checkbox"/> 23a		
b	If you are married filing separately and your spouse itemizes deductions, check here <input type="checkbox"/> 23b		
24	Enter your standard deduction .	24	5,950.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	37,624.
26	Exemptions. Multiply \$3,800 by the number on line 6d.	26	3,800.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.		
	This is your taxable income .	27	33,824.
28	Tax , including any alternative minimum tax (see instructions).	28	4,639.
29	Credit for child and dependent care expenses. Attach Form 2441.	29	
30	Credit for the elderly or the disabled. Attach Schedule R.	30	
31	Education credits from Form 8863, line 19.	31	
32	Retirement savings contributions credit. Attach Form 8880.	32	
33	Child tax credit. Attach Schedule 8812, if required.	33	
34	Add lines 29 through 33. These are your total credits .	34	
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your total tax .	35	4,639.
36	Federal income tax withheld from Forms W-2 and 1099.	36	601.
37	2012 estimated tax payments and amount applied from 2011 return.	37	
38a	Earned income credit (EIC).	38a	
b	Nontaxable combat pay election.	38b	
39	Additional child tax credit. Attach Schedule 8812.	39	
40	American opportunity credit from Form 8863, line 8.	40	
41	Add lines 36, 37, 38a, 39, and 40. These are your total payments .	41	601.
42	If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid .	42	
43a	Amount of line 42 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> 43a		
b	Routing number <input type="text" value="x x x x x x x x x x"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="x x"/>		
44	Amount of line 42 you want applied to your 2013 estimated tax .	44	
45	Amount you owe. Subtract line 41 from line 35. For details on how to pay, see instructions.	45	4,109.
46	Estimated tax penalty (see instructions).	46	71.

Refund

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

Amount you owe**Third party designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes**. Complete the following. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation Scientist	Daytime phone number (405) 308-3115
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid preparer use only

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name SELF PREPARED			Firm's EIN	
Firm's address			Phone no.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Matthew M Ramsey

Primary SSN: 434-69-0932

Federal Return Submitted: April 12, 2013 07:32 PM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 04/12/2013

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2013. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2013, your Intuit electronic postmark will indicate April 15, 2013, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2013, and a corrected return is submitted and accepted before April 20, 2013. If your return is submitted after April 20, 2013, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2013. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2013, and the corrected return is submitted and accepted by October 20, 2013.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

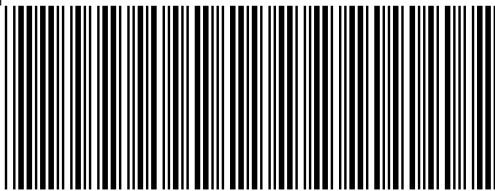
Electronic Filing Instructions for your 2012 Massachusetts Tax Return

Important: Your taxes are not finished until all required steps are completed.



Matthew M Ramsey
7 Arnold Court
Somerville, MA 02143

Balance Due/Refund	Your Massachusetts state tax return (Form 1) shows a refund due to you in the amount of \$170.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1800900139062 Routing Transit Number: 314977405.		
Where's My Refund?	Before you call the Massachusetts Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Massachusetts Department of Revenue directly at 1-617-887-6367. You can also visit the Massachusetts Department of Revenue web site at http://www.dor.state.ma.us/ .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns Forms W-2, W-2G, and 1099R (if applicable)		
2012 Massachusetts Tax Return Summary	Taxable Income	\$	33,484.00
	Total Tax	\$	1,758.00
	Total Payments/Credits	\$	1,928.00
	Amount to be Refunded	\$	170.00



2012 Form 1 MA1200111555
Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2012 or other taxable
Year beginning Ending

MATTHEW M RAMSEY 434-69-0932
7 ARNOLD COURT SOMERVILLE MA 02143

Apt. no.

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶
Taxpayer deceased ▶
Fill in if under age 18 ▶

\$1 You	\$1 Spouse	TOTAL ▶
You ▶	Spouse	0
You ▶	Spouse	
You ▶	Spouse	
▶ Name/address changed since 2011		
▶ Fill in if noncustodial parent		
▶ Fill in if filing Schedule TDS		

1. **Filing status** (select one only): ▶ ☒ Single
Married filing jointly
Married filing separate return
Head of household ▶ You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions	2a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶	× \$1,000 = 2b	0
c. Age 65 or over before 2013 You + Spouse = ▶	× \$700 = 2c	0
d. Blindness You + Spouse = ▶	× \$2,200 = 2d	0
e. 1. Medical/dental ▶ 0 2. Adoption ▶ 0	1 + 2 = 2e	0
f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18	▶ 2f	4400
3. Wages, salaries, tips	▶ 3	44460
4. Taxable pensions and annuities	▶ 4	0
5. Mass. bank interest: a. ▶ 0 – b. exemption 0	= 5	0
6. Business/profession or farm income or loss	▶ 6	0
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss	▶ 7	0
8a. Unemployment	▶ 8a	0
8b. Mass. lottery winnings	▶ 8b	0
9. Other income from Schedule X, line 5	▶ 9	0
10. TOTAL 5.25% INCOME	10	44460

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

May the Department of Revenue discuss this return with the preparer shown here? ▶ Yes
I do not want preparer to file my return electronically ▶
Print paid preparer's name

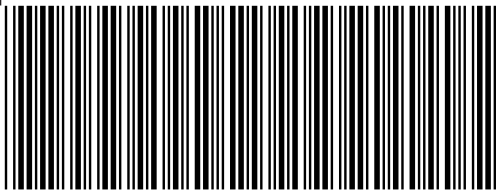
(this may delay your refund)
Date Check if self-employed Paid preparer's SSN

Paid preparer's signature Paid preparer's phone Paid preparer's EIN
SELF-PREPARED

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

04/12/2013 07:32 PM

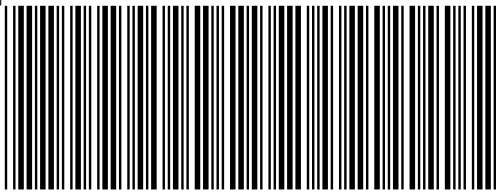
REV 11/15/12 TTO



2012 Form 1, pg. 2 MA1200121555
Massachusetts Resident Income Tax Return
434-69-0932

11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	▶ 11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11b	0
12.	Child under age 13, or disabled dependent/spouse care expenses	▶ 12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/12, or disabled dependent(s)		
	Not more than two. a. ▶	× \$3,600 = ▶ 13	0
14.	Rental deduction. a. ▶ 9396	÷ 2 = ▶ 14	3000
15.	Other deductions from Schedule Y, line 17	▶ 15	1576
16.	Total deductions. Add lines 11 through 15	▶ 16	6576
17.	5.25% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	37884
18.	Exemption amount	18	4400
19.	5.25% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	33484
20.	INTEREST AND DIVIDEND INCOME	▶ 20	0
21.	TOTAL TAXABLE 5.25% INCOME. Add lines 19 and 20	21	33484
22.	TAX ON 5.25% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	22	1758
23.	12% INCOME. Not less than "0." a. ▶ 0	× .12 = 23	0
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS ▶ Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	0
25.	Credit recapture amount ▶ BC EOA LIH HR	▶ 25	0
26.	Additional tax on installment sale	▶ 26	0
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28 ▶		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	1758
29.	Limited Income Credit	▶ 29	0
30.	Other credits from Schedule Z, line 13	▶ 30	0
31.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 and 30 from line 28. Not less than "0"	31	1758

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2012 Form 1, pg. 3 MA1200131555
Massachusetts Resident Income Tax Return
434-69-0932

32. Voluntary Contributions

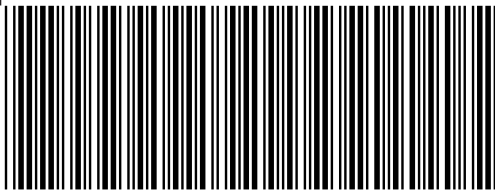
a. Endangered Wildlife Conservation	▶ 32a	0
b. Organ Transplant Fund	▶ 32b	0
c. Massachusetts AIDS Fund	▶ 32c	0
d. Massachusetts U.S. Olympic Fund	▶ 32d	0
e. Massachusetts Military Family Relief Fund	▶ 32e	0
f. Homeless Animal Prevention and Care	▶ 32f	0
Total. Add lines 32a through 32f	32	0
33. Use tax due on out-of-state purchases. If no use tax due enter "0"	▶ 33	0
34. Health care penalty a. You ▶ 0 b. Spouse ▶ 0	a + b = 34	0
35. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 31 through 34	35	1758
36. Massachusetts income tax withheld	▶ 36	1928
37. 2011 overpayment applied to your 2012 estimated tax	▶ 37	0
38. 2012 Massachusetts estimated tax payments	▶ 38	0
39. Payments made with extension	▶ 39	0
40. Earned Income Credit. a. Number of qualifying children ▶ Amount from U.S. return ▶ 0 × .15 = ▶ 40	▶ 40	0
41. Senior Circuit Breaker Credit	▶ 41	0
42. Other Refundable Credits	▶ 42	0
43. TOTAL. Add lines 36 through 42	43	1928
44. Overpayment. Subtract line 35 from line 43	▶ 44	170
45. Amount of overpayment you want applied to your 2013 estimated tax	▶ 45	0
46. Refund. Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶ 46	170

Direct deposit of refund. Type of account ▶ ☒ checking
savings

RTN # ▶ 314977405 account # ▶ 1800900139062

47. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	▶ 47	0
Interest ▶ 0 Penalty ▶ 0 M-2210 amt. ▶ 0	▶	EX enclose Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2012 Schedule X & Y MA12SXY11555

MATTHEW

M RAMSEY

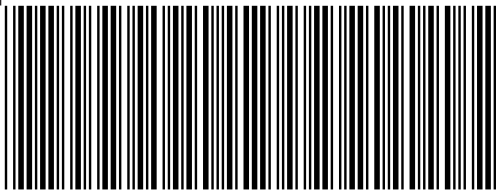
434-69-0932

Schedule X. Other Income

1. Alimony received	▶ 1	0
2. Taxable IRA/Keogh and Roth IRA conversion distributions	▶ 2	0
3. Other gambling winnings. Not less than "0." Gambling losses are not deductible under Massachusetts law	▶ 3	0
4. Fees and other 5.25% income. Not less than "0"	▶ 4	0
5. Total other 5.25% income. Add lines 1 through 4. Not less than "0"	▶ 5	0

Schedule Y. Other Deductions

1. Allowable employee business expenses	▶ 1	0
2. Penalty on early savings withdrawal	▶ 2	0
3. Alimony paid	▶ 3	0
4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	▶ 4	0
5. Moving expenses	▶ 5	0
6. Medical savings account deduction	▶ 6	0
7. Self-employed health insurance deduction	▶ 7	0
8. Health care accounts deduction	▶ 8	0
9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040	▶ 9	0
10. Student loan interest	▶ 10	886
11. College Tuition Deduction	▶ 11	0
12. Undergraduate student loan interest deduction	▶ 12	0
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	▶ 13	0
14. Claim of right deduction	▶ 14	0
15. Commuter deduction	▶ 15	690
16. Human organ donation deduction (full-year residents only)	▶ 16	0
17. Total other deductions. Add lines 1 through 16	▶ 17	1576



2012 Schedule INC MA12INC11555

MATTHEW

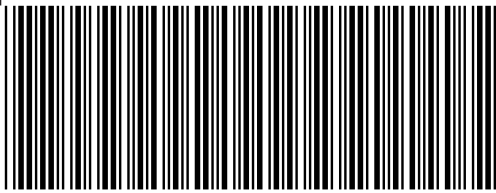
M RAMSEY

434-69-0932

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04-2103591	1625	38347	2167	0	W2
04-2103580	303	6113	346	0	W2

TOTALS	1928	44460	2513	0	
--------	------	-------	------	---	--



2012 Schedule HC MA1202911555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

MATTHEW

M RAMSEY

434-69-0932

- 1a. Date of birth ▶ 05071979 1b. Spouse's date of birth ▶ 1c. Family size ▶ 1
2. Federal adjusted gross income ▶ 2 43574
3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Commonwealth Care, Commonwealth Care Bridge, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2012, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

▶ 3a You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
▶ 3b Spouse:	<input type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

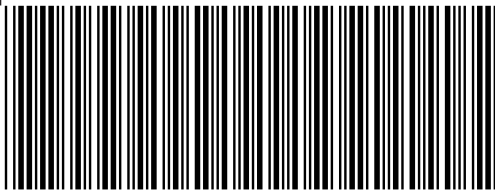
4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2012, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth, Commonwealth Care or Commonwealth Care Bridge, and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.
- | | | |
|---|---|---------------------------------|
| 4a. Private insurance (completes line(s) 4f and/or 4g below). If more than two, complete Schedule HC-CS | <input checked="" type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4b. MassHealth, Commonwealth Care or Commonwealth Care Bridge. Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage. | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.
BLUE CROSS BLUE SHIELD OF MASSA 96-0000061 9815055210000

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or Commonwealth Care Bridge, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2012, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2012 Schedule HC, pg. 2

434-69-0932 MA1202921555

Uninsured for All or Part of 2012

6. Was your income in 2012 at or below 150% of the federal poverty level?

► 6 Yes No

If you answer Yes, you are not subject to a penalty in 2012. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2012, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2012. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2012, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2012. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs?

► 8a You Yes No
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2012 tax year?

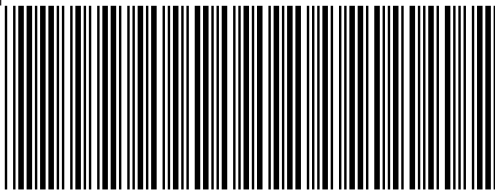
► 8b You Yes No
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the 2012 tax year?

► 9 You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2012 Schedule HC, pg. 3

MA1202931555

MATTHEW

M RAMSEY

434-69-0932

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2012 tax year.

- | | | | |
|---|----------|-----|----|
| 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | ► 10 You | Yes | No |
| | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | |
|--|----------|-----|----|
| 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | ► 11 You | Yes | No |
| | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | |
|---|----------|-----|----|
| 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | ► 12 You | Yes | No |
| | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2012 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Commonwealth Health Insurance Connector Authority. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Commonwealth Health Insurance Connector Authority and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.