



2017

General Information:

Has your address changed from 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify for the blind exemption?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Are you a noncustodial parent?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to choose the optional 5.85% tax rate?	<input type="checkbox"/>	<input type="checkbox"/>
Total purchases in 2017 subject to Massachusetts use tax	<input type="text"/>	
Sales/use tax paid to other state or jurisdiction	<input type="text"/>	

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Massachusetts for all of 2017, 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	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount you wish to contribute on your 2017 tax return to:		
Organ Transplant Fund	<input type="text"/>	
Endangered Wildlife Conservation	<input type="text"/>	
Massachusetts AIDS Fund	<input type="text"/>	
Massachusetts United States Olympic Fund	<input type="text"/>	
Massachusetts Military Family Relief Fund	<input type="text"/>	
Homeless Animal Prevention and Care	<input type="text"/>	

Rental Deduction Information:

Name of landlord

Rent paid



2017

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 2017 and denied

Months Covered by Health Insurance (if not all of 2017)

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

Other Information

Taxpayer

Spouse

Form MA 1099-HC not received

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 9.56% 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?

Enter Any Additional Massachusetts Information:

Four horizontal lines for entering additional information.