

For the year Jan 1 - Dec 31, 2013, or other tax year beginning , 2013, ending , 20

Your first name and initial **EDWARD J MARKEY** Last name **MARKEY** See separate instructions. Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apartment no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MALDEN, MA 02148**

Foreign country name Foreign province/state/country Foreign postal code **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. You Spouse

Filing Status 1 Single 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. 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above & full name here ... **SUSAN J BLUMENTHAL** 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b ... **1** No. of children on 6c who: lived with you ... did not live with you due to divorce or separation (see instrs) ... Dependents on 6c not entered above. Add numbers on lines above ... **1**

(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 cr (see instrs)

If more than four dependents, see instructions and check here ...

d Total number of exemptions claimed ... **7**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	161,084.
8a Taxable interest. Attach Schedule B if required.	8a	16.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. <input checked="" type="checkbox"/>	13	6,427.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits. D 28,770.	20a	
b Taxable amount	20b	24,455.
21 Other income	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	191,982.

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	0.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	191,982.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 covering tax and credits.

Standard Deduction for -

People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,100. Married filing jointly or Qualifying widow(er), \$12,200. Head of household, \$8,950.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 covering payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 covering refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 covering amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Includes signature lines for taxpayer and preparer.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

EDWARD J MARKEY

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38 2	2	
	3	Multiply line 2 by 10% (.10). But if either of you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	8,068.
	b	<input type="checkbox"/> General sales taxes	6	7,754.
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	15,822.
	Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11	
Note. Your mortgage interest deduction may be limited (see instructions).				
12		Points not reported to you on Form 1098. See instrs for spl rules	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. (See instrs.)	14	
	15	Add lines 10 through 14	15	13,973.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	7,500.
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	7,500.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	
	22	Tax preparation fees	22	
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23	24	
	25	Enter amount from Form 1040, line 38 25	25	
	26	Multiply line 25 by 2% (.02)	26	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28	Other — from list in instructions. List type and amount ▶	28	0.
Total Itemized Deductions	29	Is Form 1040, line 38, over \$150,000? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	REDUCTION -1,259.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here	30	36,036.

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2013

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleb

Name(s) shown on return

Your social security number

EDWARD J MARKEY

**Part I
Interest**

(See instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

CONGRESSIONAL FEDERAL CREDIT UNION

		Amount
1		16.
2		16.
3		
4		16.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

(See instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ▶

		Amount
5		
6		0.

Note. If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

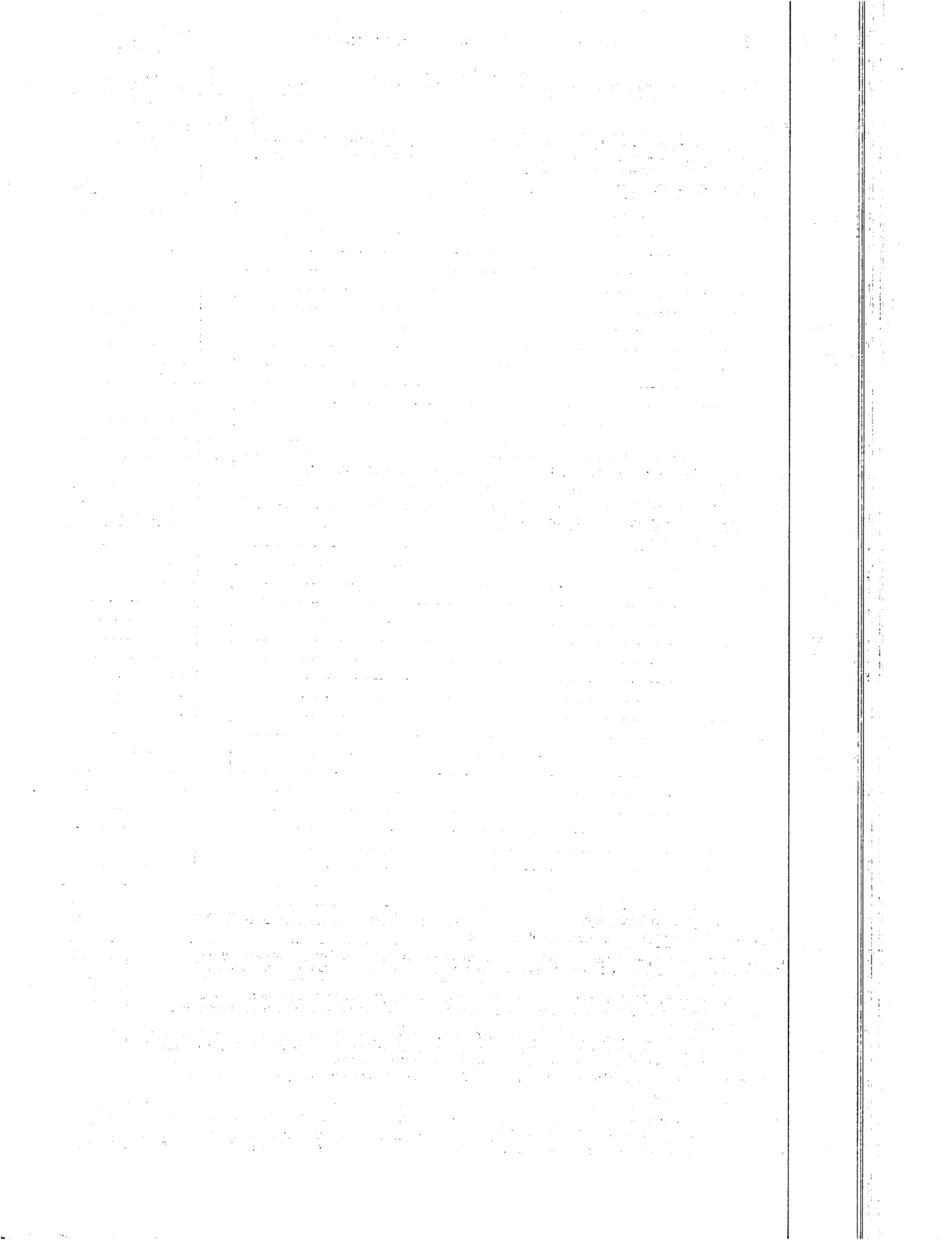
7 a At any time during 2013, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.....

If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), formerly TD F 90-22.1, to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.....

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2013, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.....

	Yes	No
7 a		X
b		
8		X



► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return

Identifying number

EDWARD J MARKEY

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked.....	1	
2	Passive activity credits from line 2 of all Parts III with box B checked.....	2	
3	Enter the applicable passive activity credits allowed for 2013 (see instructions).....	3	
4	Carryforward of general business credit to 2013. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach HYBRID CAR	4	1,820.
5	Carryback of general business credit from 2014. Enter the amount from line 2 of Part III with box D checked (see instructions).....	5	
6	Add lines 1, 3, 4, and 5.....	6	1,820.

Part II Allowable Credit

7	Regular tax before credits:		
	• Individuals. Enter the amount from Form 1040, line 44, or Form 1040NR, line 42.....	}	7
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return.....		
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return.....		
8	Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 35.....	}	8
	• Corporations. Enter the amount from Form 4626, line 14.....		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56.....		
9	Add lines 7 and 8.....	9	40,349.
10a	Foreign tax credit.....	10a	
b	Certain allowable credits (see instructions).....	10b	
c	Add lines 10a and 10b.....	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16.....	11	40,349.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-.....	12	38,050.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions).....	13	3,263.
14	Tentative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 33.....	}	14
	• Corporations. Enter the amount from Form 4626, line 12.....		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.....		
15	Enter the greater of line 13 or line 14.....	15	40,349.
16	Subtract line 15 from line 11. If zero or less, enter -0-.....	16	0.
17	Enter the smaller of line 6 or line 16..... C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	

BAA For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (Continued)

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions).....	18	
19	Enter the greater of line 13 or line 18.....	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-.....	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-.....	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked.....	22	
23	Passive activity credit from line 3 of all Parts III with box B checked.....	23	
24	Enter the applicable passive activity credit allowed for 2013 (see instructions).....	24	
25	Add lines 22 and 24.....	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25.....	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-.....	27	37,086.
28	Add lines 17 and 26.....	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-.....	29	37,086.
30	Enter the general business credit from line 5 of all Parts III with box A checked.....	30	
31	Reserved.....	31	
32	Passive activity credits from line 5 of all Parts III with box B checked.....	32	
33	Enter the applicable passive activity credits allowed for 2013 (see instructions).....	33	
34	Carryforward of business credit to 2013. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach.....	34	
35	Carryback of business credit from 2014. Enter the amount from line 5 of Part III with box D checked (see instructions).....	35	
36	Add lines 30, 33, 34, and 35.....	36	
37	Enter the smaller of line 29 or line 36.....	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Form 1040, line 53, or Form 1040NR, line 50..... • Corporations. Form 1120, Schedule J, Part I, line 5c..... • Estates and trusts. Form 1041, Schedule G, line 2b..... 	38	0.

Name(s) shown on return

Identifying number

EDWARD J MARKEY

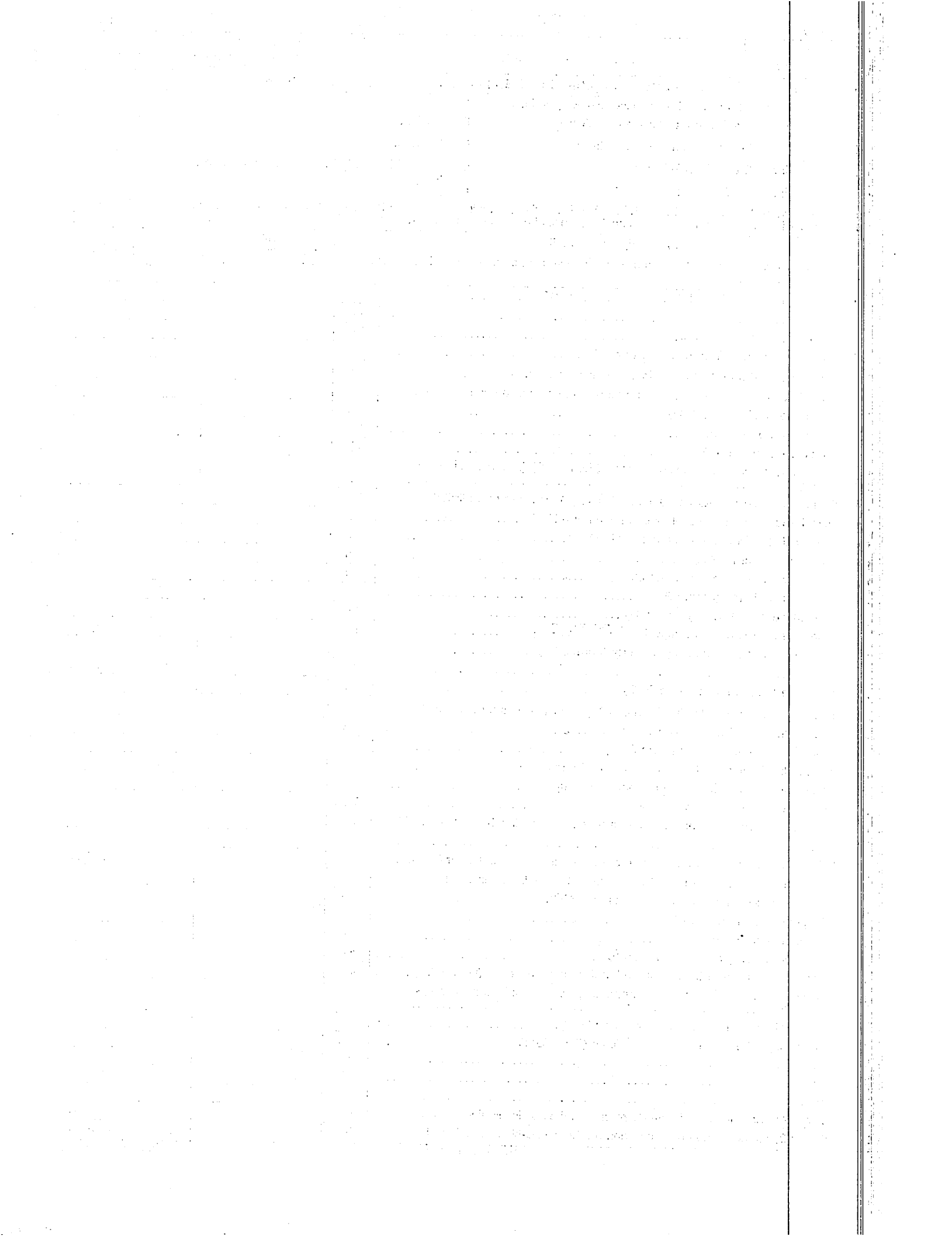
Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A General Business Credit From a Non-Passive Activity E Reserved
- B General Business Credit From a Passive Activity F Reserved
- C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
- D General Business Credit Carrybacks H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1 a Investment (Form 3468, Part II only) (attach Form 3468)	1 a	
b Reserved	1 b	
c Increasing research activities (Form 6765)	1 c	
d Low-income housing (Form 8586, Part I only)	1 d	
e Disabled access (Form 8826) (see instructions for limitation)	1 e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1 f	
g Indian employment (Form 8845)	1 g	
h Orphan drug (Form 8820)	1 h	
i New markets (Form 8874)	1 i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1 k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1 l	
m Low sulfur diesel fuel production (Form 8896)	1 m	
n Distilled spirits (Form 8906)	1 n	
o Nonconventional source fuel (Form 8907)	1 o	
p Energy efficient home (Form 8908)	1 p	
q Energy efficient appliance (Form 8909)	1 q	
r Alternative motor vehicle (Form 8910). HYBRID CAR	1 r	1,820.
s Alternative fuel vehicle refueling property (Form 8911)	1 s	
t Reserved	1 t	
u Mine rescue team training (Form 8923)	1 u	
v Agricultural chemicals security (Form 8931) (see instructions for limitation)	1 v	
w Employer differential wage payments (Form 8932)	1 w	
x Carbon dioxide sequestration (Form 8933)	1 x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1 y	
z Qualified plug-in electric vehicle (carryforward only)	1 z	
aa New hire retention (carryforward only)	1 aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1 bb	
zz Other	1 zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1,820.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Reserved	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1,820.



Alternative Minimum Tax – Individual

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

EDWARD J MARKEY

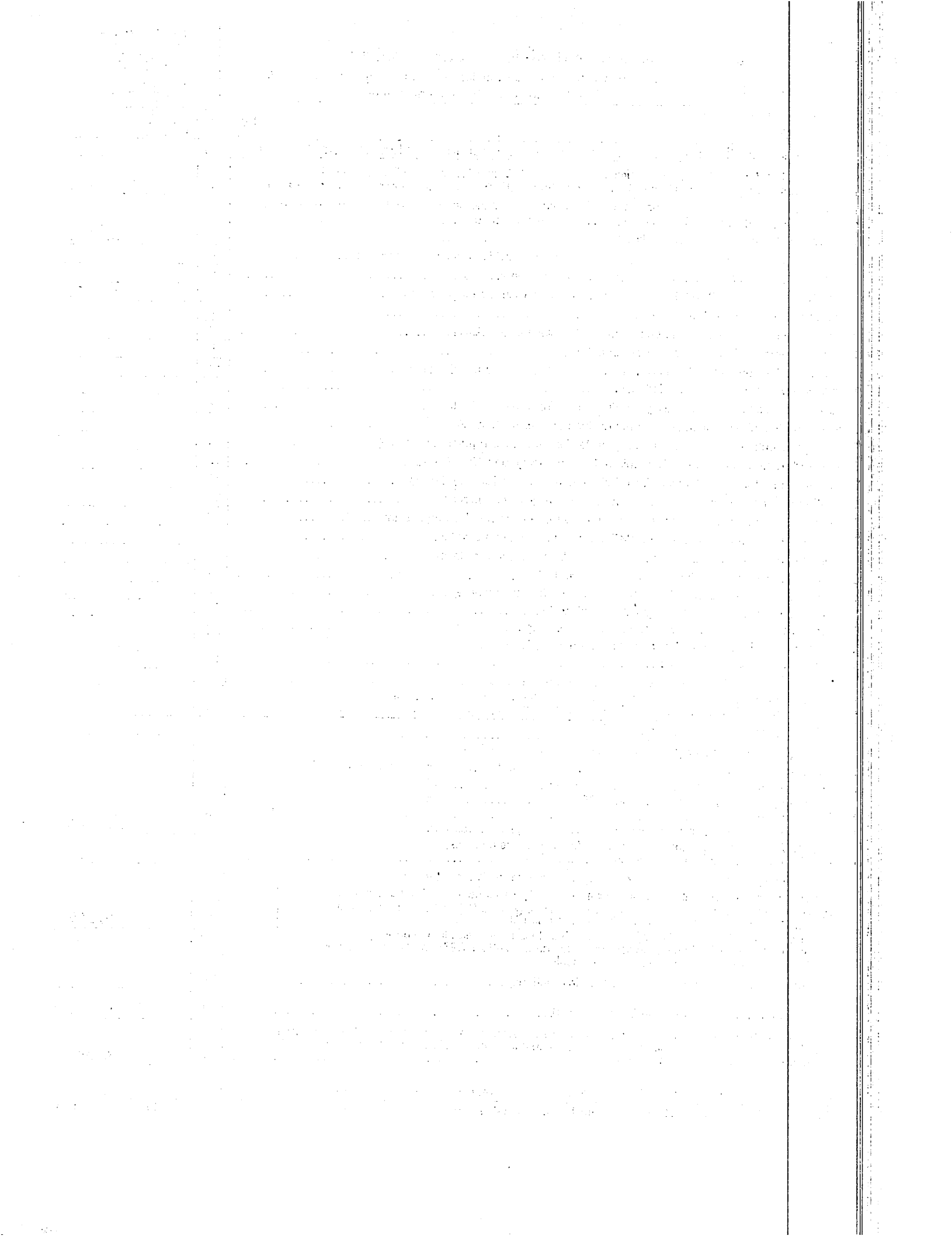
Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	155,946.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	15,822.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27.	5	
6	If Form 1040, line 38, is \$150,000 or less, enter -0-. Otherwise, see instructions.	6	-1,259.
7	Tax refund from Form 1040, line 10 or line 21.	7	
8	Investment interest expense (difference between regular tax and AMT).	8	
9	Depletion (difference between regular tax and AMT).	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.	10	
11	Alternative tax net operating loss deduction.	11	
12	Interest from specified private activity bonds exempt from the regular tax.	12	
13	Qualified small business stock (7% of gain excluded under section 1202).	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income).	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).	16	
17	Disposition of property (difference between AMT and regular tax gain or loss).	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	18	
19	Passive activities (difference between AMT and regular tax income or loss).	19	
20	Loss limitations (difference between AMT and regular tax income or loss).	20	
21	Circulation costs (difference between regular tax and AMT).	21	
22	Long-term contracts (difference between AMT and regular tax income).	22	
23	Mining costs (difference between regular tax and AMT).	23	
24	Research and experimental costs (difference between regular tax and AMT).	24	
25	Income from certain installment sales before January 1, 1987.	25	
26	Intangible drilling costs preference.	26	
27	Other adjustments, including income-based related adjustments.	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$238,550, see instructions.)	28	170,509.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2013, see instructions.) IF your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household... \$115,400... \$51,900 Married filing jointly or qualifying widow(er) 153,900... 80,800 Married filing separately... 76,950... 40,400 If line 28 is over the amount shown above for your filing status, see instructions.	29	17,010.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34.	30	153,499.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 60 here. • All others: If line 30 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.	31	40,349.
32	Alternative minimum tax foreign tax credit (see instructions).	32	
33	Tentative minimum tax. Subtract line 32 from line 31.	33	40,349.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions).	34	38,050.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	2,299.



Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31.....	36	153,499.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.....	37	6,427.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.....	38	0.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.....	39	6,427.
40	Enter the smaller of line 36 or line 39.....	40	6,427.
41	Subtract line 40 from line 36.....	41	147,072.
42	If line 41 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.....	42	39,385.
43	Enter: • \$72,500 if married filing jointly or qualifying widow(er), • \$36,250 if single or married filing separately, or • \$48,600 if head of household.	43	36,250.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; but do not enter less than -0-.....	44	148,271.
45	Subtract line 44 from line 43. If zero or less, enter -0-.....	45	0.
46	Enter the smaller of line 36 or line 37.....	46	6,427.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%.....	47	
48	Subtract line 47 from line 46.....	48	6,427.
49	Enter the amount from the Line 49 Worksheet in the instructions.....	49	76,729.
50	Enter the smaller of line 48 or line 49.....	50	6,427.
51	Multiply line 50 by 15% (.15).....	51	964.
52	Add lines 47 and 50..... If line 52 and 36 are the same, skip lines 53 through 57 and go to line 58. Otherwise, go to line 53.	52	6,427.
53	Subtract line 52 from line 46.....	53	
54	Multiply line 53 by 20% (.20)..... If line 38 is zero or blank, skip lines 55 and 57 and go to line 58. Otherwise, go to line 55.	54	
55	Add lines 41, 52, and 53.....	55	
56	Subtract line 55 from line 36.....	56	
57	Multiply line 56 by 25% (.25).....	57	
58	Add lines 42, 51, 54, and 57.....	58	40,349.
59	If line 36 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.....	59	41,185.
60	Enter the smaller of line 58 or line 59 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31.....	60	40,349.

Additional Medicare Tax

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Name(s) shown on Form 1040

Your social security number

EDWARD J MARKEY

[REDACTED]

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5...	1	179,292.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	179,292.		
5 Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	5	125,000.		
6 Subtract line 5 from line 4. If the result is zero or less, enter -0-	6			54,292.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II	7			489.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8			
9 Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	9			
10 Enter the amount from line 4	10			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If the result is zero or less, enter -0-	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III	13			

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er) ... \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 60, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18			489.
---	----	--	--	------

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,600.		
20 Enter the amount from line 1	20	179,292.		
21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,600.		
22 Subtract line 21 from line 19. This is your Additional Medicare Tax withholding on Medicare wages	22			
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 62 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24			

**Net Investment Income Tax –
Individuals, Estates, and Trusts**

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

Name(s) shown on Form 1040 or Form 1041

EDWARD J MARKEY

Your social security number or EIN

Part I Investment Income

Section 6013(g) election (see instructions)

Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1).....		16.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a).....		
3	Annuities from nonqualified plans (see instructions).....		
4 a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5).....	4 a	
4 b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions).....	4 b	
4 c	Combine lines 4a and 4b.....	4 c	
5 a	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7.....	5 a	6,427.
5 b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions).....	5 b	
5 c	Adjustment from disposition of partnership interest or S corporation stock (see instructions).....	5 c	
5 d	Combine lines 5a through 5c.....	5 d	6,427.
6	Changes to investment income for certain CFCs and PFICs (see instructions).....	6	
7	Other modifications to investment income (see instructions).....	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.....	8	6,443.

Part II Investment Expenses Allocable to Investment Income and Modifications

9 a	Investment interest expenses (see instructions).....	9 a	
9 b	State income tax (see instructions).....	9 b	271.
9 c	Miscellaneous investment expenses (see instructions).....	9 c	
9 d	Add lines 9a, 9b, and 9c.....	9 d	271.
10	Additional modifications (see instructions).....	10	
11	Total deductions and modifications. Add lines 9d and 10.....	11	271.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-.....	12	6,172.
Individuals:			
13	Modified adjusted gross income (see instructions).....	13	191,982.
14	Threshold based on filing status (see instructions).....	14	125,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-.....	15	66,982.
16	Enter the smaller of line 12 or line 15.....	16	6,172.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and on Form 1040, line 60.....	17	235.
Estates and Trusts:			
18 a	Net investment income (line 12 above).....	18 a	
18 b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions).....	18 b	
18 c	Undistributed net investment income. Subtract line 18b from 18a (see instructions).....	18 c	
19 a	Adjusted gross income (see instructions).....	19 a	
19 b	Highest tax bracket for estates and trusts for the year (see instructions).....	19 b	
19 c	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19 c	
20	Enter the smaller of line 18c or line 19c.....	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and on Form 1041, Schedule G, line 4.....	21	

Unreimbursed Employee Business Expenses

2013

Attachment Sequence No. 129A

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040 or Form 1040NR. Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Your name: EDWARD J MARKEY; Occupation: U.S. SENATOR; Social security number: [REDACTED]

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job.
You do not get reimbursed by your employer for any expenses.
If you are claiming vehicle expense, you are using the standard mileage rate for 2013.

Caution: You can use the standard mileage rate for 2013 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997

Part I Figure Your Expenses

Table with 6 rows for calculating expenses: 1. Complete Part II. 2. Parking fees, tolls, and transportation. 3. Travel expense while away from home overnight. 4. Business expenses not included on lines 1 through 3. 5. Meals and entertainment expenses. 6. Total expenses.

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use?
8 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for: a Business b Commuting c Other
9 Was your vehicle available for personal use during off-duty hours?
10 Do you (or your spouse) have another vehicle available for personal use?
11 a Do you have evidence to support your deduction? b If 'Yes,' is the evidence written?

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Preparer Explanation for Not Filing Electronically

► Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041
► Information about Form 8948 and its instruction is available at www.irs.gov/form8948.

Name(s) on tax return EDWARD J MARKEY	Tax year of return 2013	Taxpayer's identifying number [REDACTED]
Preparer's name [REDACTED]	Preparer's Tax Identification Number (PTIN) [REDACTED]	

Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

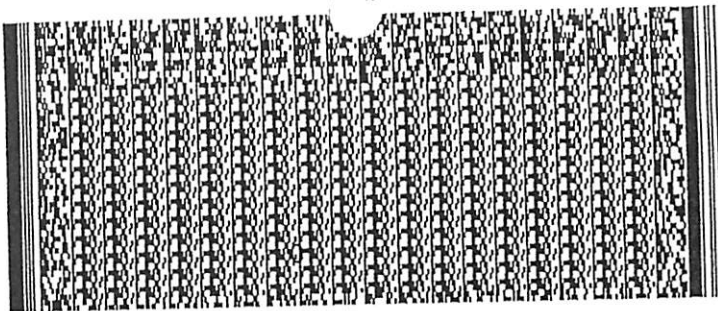
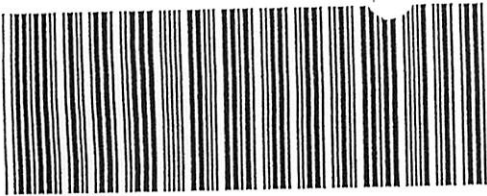
Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- Taxpayer chose to file this return on paper.
- The preparer received a waiver from the requirement to electronically file the tax return.
Waiver Reference Number _____ Approval Letter Date _____
- The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.
- This return was rejected by IRS *e-file* and the reject condition could not be resolved.
Reject code: _____ Number of attempts to resolve reject: _____
- The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.
- Check the box that applies and provide additional information if requested.
 - The preparer is ineligible to file electronically because IRS *e-file* does not accept foreign preparers without social security numbers who live and work abroad.
 - The preparer is ineligible to participate in IRS *e-file*
 - Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

EDWARD J MARKEY

STATEMENT 1
FORM 1040
WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
HOUSE OF REP - MEMBER SVCS	91,634.	19,895.	6,384.	1,493.	4,552.	
UNITED STATES SENATE	69,450.	12,455.	4,732.	1,107.	3,516.	
GRAND TOTAL	<u>161,084.</u>	<u>32,350.</u>	<u>11,116.</u>	<u>2,600.</u>	<u>8,068.</u>	<u>0.</u>



2013 Form 1 MA1300111032
Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2013 or other taxable year
 Year Beginning Ending

EDWARD

J MARKEY



MALDEN

MA 02148

Apt no.

State Election Campaign Fund:

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

\$1 You \$1 Spouse TOTAL ▶ 1
 ▶ You ▶ Spouse
 ▶ You Spouse
 ▶ You ▶ Spouse
 ▶ Name/address changed since 2012
 ▶ Check if noncustodial parent
 ▶ Check 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 No. of dependents. (Do not include yourself or your spouse.) Enter no. ▶		x \$1,000 = 2b	
c Age 65 or over before 2014 1 You + Spouse = ▶	1	x \$700 = 2c	700
d Blindness You + Spouse = ▶		x \$2,200 = 2d	
e 1 Medical/dental ▶	2 Adoption ▶	1 + 2 = 2e	
f Total exemptions. Add lines 2a through 2e. Enter here and on line 18		▶ 2f	5100
3 Wages, salaries, tips		▶ 3	161084
4 Taxable pensions and annuities		▶ 4	
5 MA bank interest: a ▶	- b exemption	= 5	
6 Business/profession or farm income or loss		▶ 6	
7 Rental, royalty and REMIC, partnership, S corporation, trust income/loss		▶ 7	
8a Unemployment		▶ 8a	
8b Massachusetts lottery winnings		▶ 8b	
9 Other income from Schedule X, line 5		▶ 9	
10 TOTAL 5.25% INCOME		10	161084

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?
 I do not want preparer to file my return electronically

▶ Yes
 ▶ (this may delay your refund)

Print paid preparer's name

Date

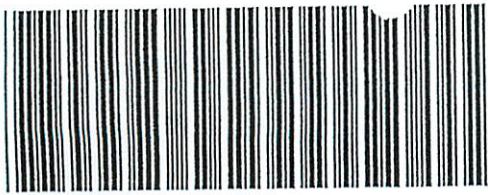
Check if self-employed

Paid preparer's SSN

Paid preparer's signature

Paid preparer's phone

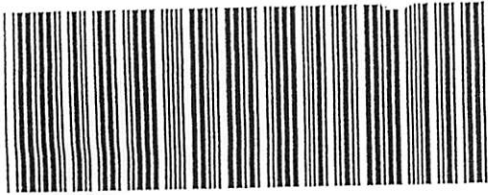
Paid preparer's EIN



2013 Form 1, Page 2 MA1300121032
 Massachusetts Resident Income Tax Return

11a	Amount paid to Social Security, Medicare, Railroad, U.S. or Massachusetts Retirement	▶ 11a	2000
11b	Amount your spouse paid to Social Security, Medicare, Railroad, U.S. or Massachusetts Retirement	▶ 11b	
12	Child under age 13, or disabled dependent/spouse care expenses	▶ 12	
13	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/13, or disabled dependent(s)		
	Not more than two a ▶	x \$3,600 = ▶ 13	
14	Rental deduction a ▶	+ 2 = ▶ 14	
15	Other deductions from Schedule Y, line 17	▶ 15	
16	Total deductions. Add lines 11 through 15	▶ 16	2000
17	5.25% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than '0'	▶ 17	159084
18	Exemption amount	▶ 18	5100
19	5.25% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than '0'	▶ 19	153984
20	INTEREST AND DIVIDEND INCOME	▶ 20	16
21	TOTAL TAXABLE 5.25% INCOME. Add lines 19 and 20	▶ 21	154000
22	TAX ON 5.25% INCOME. Note: If choosing the optional 5.85% tax rate, check and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	▶ 22	8085
23	12% INCOME. Not less than '0' a ▶	x .12 = ▶ 23	
24	TAX ON LONG-TERM CAPITAL GAINS. Not less than '0'. Check if filing Schedule D-IS ▶ Check if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	337
25	Credit recapture amount ▶ BC EOA LIH HR ▶	▶ 25	
26	Additional tax on installment sale ▶	▶ 26	
27	If you qualify for No Tax Status, check box and enter '0' on line 28 ▶		
28	TOTAL INCOME TAX. Add lines 22 through 26	▶ 28	8422
29	Limited Income Credit	▶ 29	
30	Other credits from Schedule Z, line 14	▶ 30	
31	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 and 30 from line 28. Not less than '0'	▶ 31	8422

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

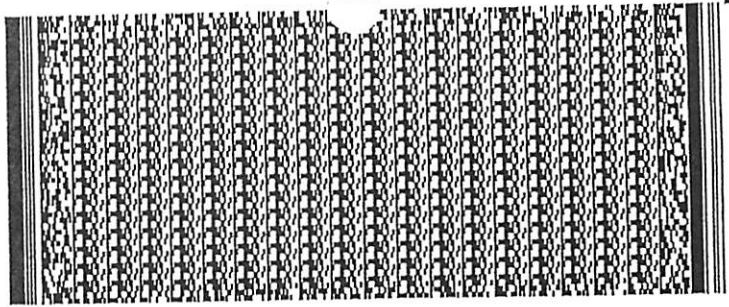
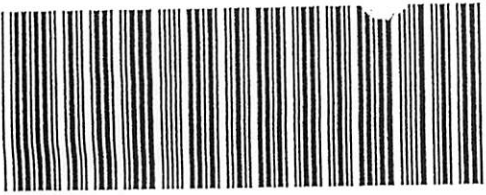


2013 Form 1, Page 3 MA1300131032
 Massachusetts Resident Income Tax Return

32 Voluntary Contributions			
a Endangered Wildlife Conservation	▶ 32a		10
b Organ Transplant Fund	▶ 32b		10
c Massachusetts AIDS Fund	▶ 32c		10
d Massachusetts U.S. Olympic Fund	▶ 32d		10
e Massachusetts Military Family Relief Fund	▶ 32e		10
f Homeless Animal Prevention and Care	▶ 32f		10
Total. Add lines 32a through 32f	32		60
33 Use tax due on Internet, mail order and other out-of-state purchases	▶ 33		
34 Health care penalty a You ▶ b Spouse ▶	a + b = 34		
35 INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 31 through 34	35		8482
36 Massachusetts income tax withheld	▶ 36		8068
37 2012 overpayment applied to your 2013 estimated tax	▶ 37		
38 2013 Massachusetts estimated tax payments	▶ 38		
39 Payments made with extension	▶ 39		
40 Earned Income Credit a Number of qualifying children ▶ b Amount from U.S. return ▶	x.15 = 40		
41 Senior Circuit Breaker Credit	▶ 41		
42 Other Refundable Credits	▶ 42		
43 TOTAL. Add lines 36 through 42	43		8068
44 Overpayment. Subtract line 35 from line 43	▶ 44		
45 Amount of overpayment you want applied to your 2014 estimated tax	▶ 45		
46 Refund. Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶ 46		
Direct deposit of refund. Type of acct: ▶	checking		
	savings		
Routing No. ▶	account No. ▶		
47 Tax due. Pay online at www.mass.gov/dor/payonline . Mail to: Massachusetts DOR, PO Box 7002, Boston, MA 02204	▶ 47		414
Interest ▶	Penalty ▶	M-2210 amt ▶	

EX enclose
Form M-2210

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



2013 Schedule B MA1301011032

EDWARD

J MARKEY

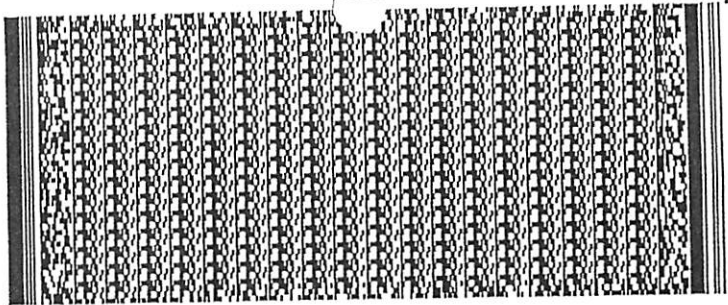
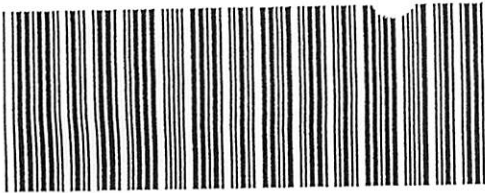


Part 1. Interest and Dividend Income

1	Total interest income	1	16
2	Total ordinary dividends	2	
3	Other interest and dividends not included above	3	
4	Total interest and dividends	4	16
5	Total interest from Massachusetts banks	5	
6	Other interest and dividends to be excluded	6	
7	Subtotal	7	16
8	Allowable deductions from your trade or business	8	
9	Subtotal	9	16

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10	Short-term capital gains	10	
11	Long-term capital gains on collectibles and pre-1996 installment sales	11	
12	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13	Add lines 10 through 12	13	
14	Allowable deductions from your trade or business	14	
15	Subtotal	15	
16	Short-term capital losses	16	
17	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18	Prior short-term unused losses for years beginning after 1981	18	
19	Combine lines 15 through 18	19	
20	Short-term losses applied against interest and dividends	20	



2013 Schedule B, page 2
 MA1301021032

EDWARD

J MARKEY

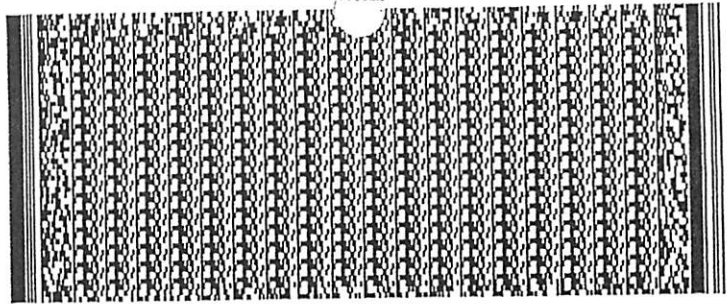
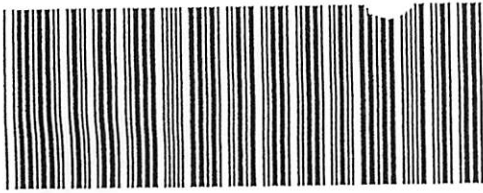
21	Available short-term losses	21
22	Short-term losses applied against long-term gains	22
23	Short-term losses available for carryover in 2014	23
24	Short-term gains and long-term gains on collectibles	24
25	Long-term losses applied against short-term gain	25
26	Subtotal	26
27	Long-term gains deduction	27
28	Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29	Enter the amount from line 9	29
30	Short-term losses applied against interest and dividends	30
31	Subtotal interest and dividends	31
32	Long-term losses applied against interest and dividends	32
33	Adjusted interest and dividends	33
34	Enter the amount from line 28	34

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35	Adjusted gross interest, dividends and certain capital gains	35
36	Excess exemptions	36
37	Subtract line 36 from line 35	37
38	Interest and dividends taxable at 5.25%	38
39	Taxable 12% capital gains	39
40	Available short-term losses for carryover in 2014	40



2013 Schedule D MA1301211032
 Long-Term Capital Gains and Losses
 Excluding Collectibles

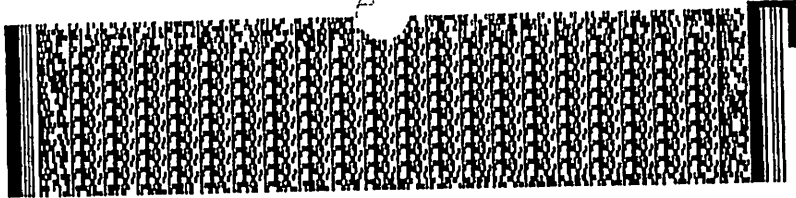
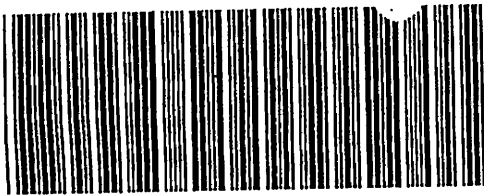
EDWARD

J MARKEY



Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1	Enter amounts included in U.S. Schedule D, lines 8a and 8b, column h	1	
2	Enter amounts included in U.S. Schedule D, line 9, column h	2	
3	Enter amounts included in U.S. Schedule D, line 10, column h	3	
4	Enter amounts included in U.S. Schedule D, line 11, column h	4	
5	Enter amounts included in U.S. Schedule D, line 12, column h	5	
6	Enter amounts included in U.S. Schedule D, line 13, column h	6	6427
7	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8	Carryover losses from prior years	8	
9	Combine lines 1 through 8	9	6427
10	Differences, if any	10	
11	Adjusted capital gains and losses	11	6427
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	6427
14	Capital losses applied against capital gains	14	
15	Subtotal	15	6427
16	Long-term capital losses applied against interest and dividends	16	
17	Subtotal	17	6427
18	Allowable deductions from your trade or business	18	
19	Subtotal	▶ 19	6427
20	Excess exemptions	20	
21	Taxable long-term capital gains	▶ 21	6427
22	Tax on long-term capital gains	▶ 22	337
23	Available losses for carryover	23	



2013 Schedule HC

MA1302911032

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.

EDWARD

J MARKEY



1 a Date of birth 1 b Spouse's date of birth 1 c Family size 2
2 Federal adjusted gross income 2 191982

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, 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 2013, you turned 18, you were a part-year resident or a taxpayer was deceased. 3 a You: X Full-year MCC Part-year MCC No MCC/None
3 b Spouse: Full-year MCC Part-year MCC No MCC/None
If you checked full-year or part-year MCC, go to line 4. If you checked No MCC/None, go to line 6.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2013, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

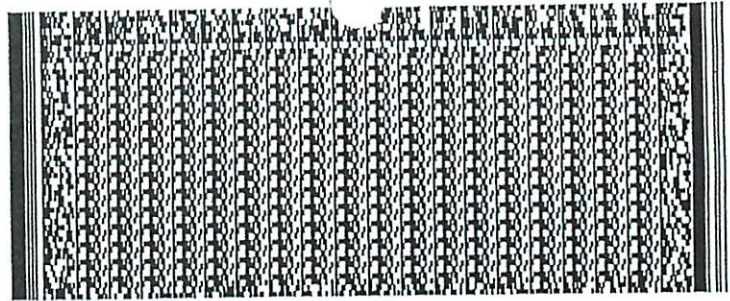
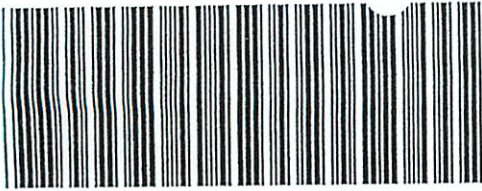
- 4 a Private insurance (completes line(s) 4f and/or 4g below). If more than two, complete Schedule HC-CS X You Spouse
4 b MassHealth or Commonwealth Care. Check and go to line 5 You Spouse
4 c Medicare (including a replacement or supplemental plan). Check and go to line 5 You Spouse
4 d U.S. Military (including Veterans Administration and Tri-Care). Check and go to line 5 You Spouse
4 e Other government program (enter the program name(s) only in lines 4f and/or 4g below). You Spouse
Note: Health Safety Net is not considered insurance or minimum creditable coverage.

4f Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Check if you were not issued Form MA 1099-HC. FEDERAL EMPLOYEES BLUE CROSS BS

4g Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Check 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 or Commonwealth Care, 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 2013, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2013 Schedule INC MA13INC11032

EDWARD

J MARKEY



Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SOCIAL SECURITY WITHHELD	E. SPOUSE SOCIAL SECURITY WITHHELD	F. SOURCE OF WITHHOLDING
53-6002522	4552	91634	7877		W2
53-6002558	3516	69450	5839		W2
53-0227896		16			1099INT

TOTALS 8068 161100 13716