

For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning , 2016, ending , 20

Your first name and initial **EDWARD J MARKEY** Last name **MARKEY** 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. Apt. 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  
 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**  
 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

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a. . . . . **1**  
 b  Spouse. . . . .

(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)	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 . . . . .
						<input type="checkbox"/>	<b>1</b>
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

d Total number of exemptions claimed . . . . . **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	135,739.
8a Taxable interest. Attach Schedule B if required. . . . .	8a	10.
b Tax-exempt interest. Do not include on line 8a. . . . .	8b	
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a	487.
b Qualified dividends . . . . .	9b	487.
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). Attach Schedule D if required. If not required, check here. . . . .	13	1,809.
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 <b>20a</b> 31,322. b Taxable amount . . . . .	20b	26,624.
21 Other income. List type and amount . . . . .	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. . . . .	22	164,669.

**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	
31 a Alimony paid b Recipient's SSN. . . . .	31 a	
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	164,669.

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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

Table with columns for line number, description, and amount. Includes lines 38-56 covering Adjusted gross income, deductions, exemptions, and credits.

Other Taxes

Table with columns for line number, description, and amount. Includes lines 57-63 covering self-employment tax, unreported social security tax, and other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with columns for line number, description, and amount. Includes lines 64-74 covering federal income tax withheld, estimated tax payments, and earned income credit.

Refund

Direct deposit? See instructions.

Table with columns for line number, description, and amount. Includes lines 75-77 covering overpaid amount, routing number, and account number.

Amount You Owe

Table with columns for line number, description, and amount. Includes lines 78-79 covering amount owed and estimated tax penalty.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and personal identification number.

Sign Here

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

Signature section with fields for taxpayer and spouse signatures, dates, and occupations.

Paid Preparer Use Only

Form for Paid Preparer Use Only with fields for name, signature, date, firm name, address, and EIN.

SCHEDULE A  
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2016

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](http://www.irs.gov/schedulea).  
Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

EDWARD J MARKEY

<b>Medical and Dental Expenses</b>		<b>Caution:</b> 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			
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	10,649.		
b	<input type="checkbox"/> General sales taxes	6	8,818.		
6	Real estate taxes (see instructions)	7			
7	Personal property taxes	8			
8	Other taxes. List type and amount	9			19,467.
9	Add lines 5 through 8				
<b>Interest You Paid</b>		10	11,221.		
10	Home mortgage interest and points reported to you on Form 1098	11			
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 no., and address	12			
12	Points not reported to you on Form 1098. See instructions for special rules	13			
13	Mortgage insurance premiums (see instructions)	14			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	15			11,221.
15	Add lines 10 through 14				
<b>Gifts to Charity</b>		16	5,306.		
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	17			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	18			
18	Carryover from prior year	19			5,306.
19	Add lines 16 through 18				
<b>Casualty and Theft Losses</b>		20			0.
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)				
<b>Job Expenses and Certain Miscellaneous Deductions</b>		21			
21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	22			
22	Tax preparation fees	23			
23	Other expenses—investment, safe deposit box, etc. List type and amount	24			
24	Add lines 21 through 23	25			
25	Enter amount from Form 1040, line 38. . . . .	26			
26	Multiply line 25 by 2% (0.02)	27			0.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				
<b>Other Miscellaneous Deductions</b>		28			0.
28	Other—from list in instructions. List type and amount				
<b>Total Itemized Deductions</b>		29			35,723.
29	Is Form 1040, line 38, over \$155,650? <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 -271.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here				

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

Name(s) shown on return

**EDWARD J MARKEY**

Your social security number

**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 instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

CONGRESSIONAL FEDERAL CREDIT UNION

**Amount**

10.

1

**2** Add the amounts on line 1

10.

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a

10.

4

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

**Amount**

**Part II**

**Ordinary Dividends**

(See instructions on back and the 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 ▶

FIDELITY INVESTMENTS

487.

5

**6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a

487.

6

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

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.

Yes No

**Part III**  
**Foreign Accounts and Trusts**

(See instructions on back.)

**7a** At any time during 2016, 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), 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 2016, 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 on back

	X
	X



**Alternative Minimum Tax – Individuals**

**2016**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).  
► Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **32**

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

Your social security number

**EDWARD J MARKEY**

**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.)	128,946.
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% (0.025) of Form 1040, line 38. If zero or less, enter -0-	
3	Taxes from Schedule A (Form 1040), line 9	19,467.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions	-271.
7	Tax refund from Form 1040, line 10 or line 21	
8	Investment interest expense (difference between regular tax and AMT)	
9	Depletion (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
11	Alternative tax net operating loss deduction	
12	Interest from specified private activity bonds exempt from the regular tax	
13	Qualified small business stock, see instructions	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
19	Passive activities (difference between AMT and regular tax income or loss)	
20	Loss limitations (difference between AMT and regular tax income or loss)	
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	148,142.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) <b>IF your filing status is . . . . . AND line 28 is not over . . . THEN enter on line 29.</b> Single or head of household . . . . . \$119,700 . . . . . \$53,900 Married filing jointly or qualifying widow(er) 159,700 . . . . . 83,800 Married filing separately . . . . . 79,850 . . . . . 41,900 If line 28 is over the amount shown above for your filing status, see instructions.	24,827.
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.	123,315.
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>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 the back and enter the amount from line 64 here.</li> <li><b>All others:</b> If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.</li> </ul>	32,366.
32	Alternative minimum tax foreign tax credit (see instructions)	
33	Tentative minimum tax. Subtract line 32 from line 31.	32,366.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	28,722.
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	3,644.

**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	123,315.
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	2,296.
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	
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	2,296.
40	Enter the smaller of line 36 or line 39 .....	40	2,296.
41	Subtract line 40 from line 36 .....	41	121,019.
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result .....	42	32,022.
43	Enter: <ul style="list-style-type: none"> <li>• \$75,300 if married filing jointly or qualifying widow(er),</li> <li>• \$37,650 if single or married filing separately, or</li> <li>• \$50,400 if head of household.</li> </ul>	43	37,650.
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; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter .....	44	123,248.
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	2,296.
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	2,296.
49	Enter: <ul style="list-style-type: none"> <li>• \$415,050 if single</li> <li>• \$233,475 if married filing separately</li> <li>• \$466,950 if married filing jointly or qualifying widow(er)</li> <li>• \$441,000 if head of household</li> </ul>	49	233,475.
50	Enter the amount from line 45 .....	50	
51	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 19 of the Schedule D Tax Worksheet, 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; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter .....	51	123,248.
52	Add line 50 and line 51 .....	52	123,248.
53	Subtract line 52 from line 49. If zero or less, enter -0- .....	53	110,227.
54	Enter the smaller of line 48 or line 53 .....	54	2,296.
55	Multiply line 54 by 15% (0.15) .....	55	344.
56	Add lines 47 and 54 .....	56	2,296.
57	Subtract line 56 from line 46 .....	57	
58	Multiply line 57 by 20% (0.20) .....	58	
59	Add lines 41, 56, and 57 .....	59	
60	Subtract line 59 from line 36 .....	60	
61	Multiply line 60 by 25% (0.25) .....	61	
62	Add lines 42, 55, 58, and 61 .....	62	32,366.
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result .....	63	32,665.
64	Enter the smaller of line 62 or line 63 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 .....	64	32,366.

### 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](http://www.irs.gov/form8959).

Name(s) shown on return

**EDWARD J MARKEY**

Your social security number

**Part I Additional Medicare Tax on Medicare Wages**

<p><b>1</b> 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 . . . .</p> <p><b>2</b> Unreported tips from Form 4137, line 6 . . . . .</p> <p><b>3</b> Wages from Form 8919, line 6 . . . . .</p> <p><b>4</b> Add lines 1 through 3 . . . . .</p> <p><b>5</b> Enter the following amount for your filing status:</p> <p style="padding-left: 20px;">Married filing jointly . . . . . \$250,000</p> <p style="padding-left: 20px;">Married filing separately . . . . . \$125,000</p> <p style="padding-left: 20px;">Single, Head of household, or Qualifying widow(er) . . . . \$200,000</p> <p><b>6</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .</p> <p><b>7</b> Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .</p>	<p><b>1</b></p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p>	<p>157,531.</p> <p>157,531.</p> <p>125,000.</p> <p>32,531.</p> <p>293.</p>
--	---	--

**Part II Additional Medicare Tax on Self-Employment Income**

<p><b>8</b> 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.) . . . . .</p> <p><b>9</b> Enter the following amount for your filing status:</p> <p style="padding-left: 20px;">Married filing jointly . . . . . \$250,000</p> <p style="padding-left: 20px;">Married filing separately . . . . . \$125,000</p> <p style="padding-left: 20px;">Single, Head of household, or Qualifying widow(er) . . . . \$200,000</p> <p><b>10</b> Enter the amount from line 4 . . . . .</p> <p><b>11</b> Subtract line 10 from line 9. If zero or less, enter -0- . . . . .</p> <p><b>12</b> Subtract line 11 from line 8. If zero or less, enter -0- . . . . .</p> <p><b>13</b> Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .</p>	<p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p> <p><b>11</b></p> <p><b>12</b></p> <p><b>13</b></p>	
--	---	--

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

<p><b>14</b> Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .</p> <p><b>15</b> Enter the following amount for your filing status:</p> <p style="padding-left: 20px;">Married filing jointly . . . . . \$250,000</p> <p style="padding-left: 20px;">Married filing separately . . . . . \$125,000</p> <p style="padding-left: 20px;">Single, Head of household, or Qualifying widow(er) . . . . \$200,000</p> <p><b>16</b> Subtract line 15 from line 14. If zero or less, enter -0- . . . . .</p> <p><b>17</b> Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .</p>	<p><b>14</b></p> <p><b>15</b></p> <p><b>16</b></p> <p><b>17</b></p>	
---	---	--

**Part IV Total Additional Medicare Tax**

<p><b>18</b> Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .</p>	<p><b>18</b></p>	<p>293.</p>
---	------------------	-------------

**Part V Withholding Reconciliation**

<p><b>19</b> 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 . . . . .</p> <p><b>20</b> Enter the amount from line 1 . . . . .</p> <p><b>21</b> Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .</p> <p><b>22</b> Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .</p> <p><b>23</b> Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .</p> <p><b>24</b> Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .</p>	<p><b>19</b></p> <p><b>20</b></p> <p><b>21</b></p> <p><b>22</b></p> <p><b>23</b></p> <p><b>24</b></p>	<p>2,284.</p> <p>157,531.</p> <p>2,284.</p>
--	---	---

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

▶ Attach to your tax return.  
▶ Information about Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).

Name(s) shown on your tax return

**EDWARD J MARKEY**

Your social security number or EIN

**Part I Investment Income**

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	10.
2	Ordinary dividends (see instructions)		2	487.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	1,809.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	1,809.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	26.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	2,332.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b	151.	
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	151.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	151.

**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	2,181.
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13	164,669.	
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	39,669.	
16	Enter the smaller of line 12 or line 15		16	2,181.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)		17	83.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
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 include on your tax return (see instructions)		21	

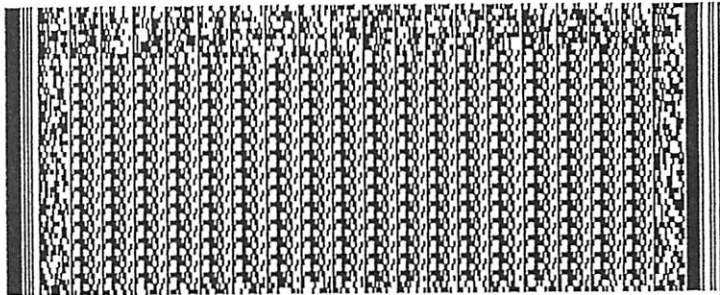
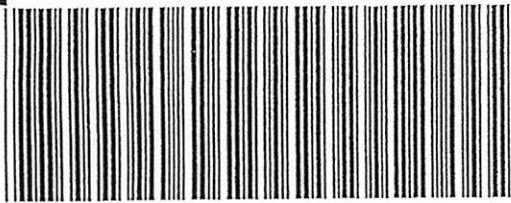




EDWARD J MARKEY

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>
UNITED STATES SENATE	<u>135,739.</u>	<u>27,452.</u>	<u>7,347.</u>	<u>2,284.</u>	<u>8,636.</u>	
GRAND TOTAL	<u>135,739.</u>	<u>27,452.</u>	<u>7,347.</u>	<u>2,284.</u>	<u>8,636.</u>	<u>0.</u>



2016 Form 1  
MA16001011032

Massachusetts Resident Income Tax Return  
FOR FULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2016 or other taxable

Year beginning Ending

EDWARD

J MARKEY

MALDEN

MA 02148

Fill in if:  Original return     Amended return     Amended return due to federal change

State Election Campaign Fund:

Fill 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

a Total federal income    ▶    164669

b Federal adjusted gross income    ▶    164669

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)

Apt. no.  
 \$1 You    \$1 Spouse TOTAL ▶ 1  
 You ▶ Spouse  
 You Spouse  
 You ▶ Spouse  
 Name/address changed since 2015  
 Fill in if noncustodial parent  
 Fill in if filing Schedule TDS

2 Exemptions:

a Personal exemptions		2a	4400
b Number of dependents. (Do not include yourself or your spouse.) Enter no. ▶		x \$1,000 = 2b	
c Age 65 or over before 2017    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	135739
4 Taxable pensions and annuities		▶ 4	
5 Mass. bank interest:    a ▶    - b exemption		= 5	
6 Business/profession or farm income or loss		▶ 6	
7 Rental, royalty and REMIC, partnership, S corp., trust income/loss		▶ 7	
8 a Unemployment		▶ 8 a	
8 b Mass. lottery winnings		▶ 8 b	
9 Other income from Schedule X, line 5		▶ 9	

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

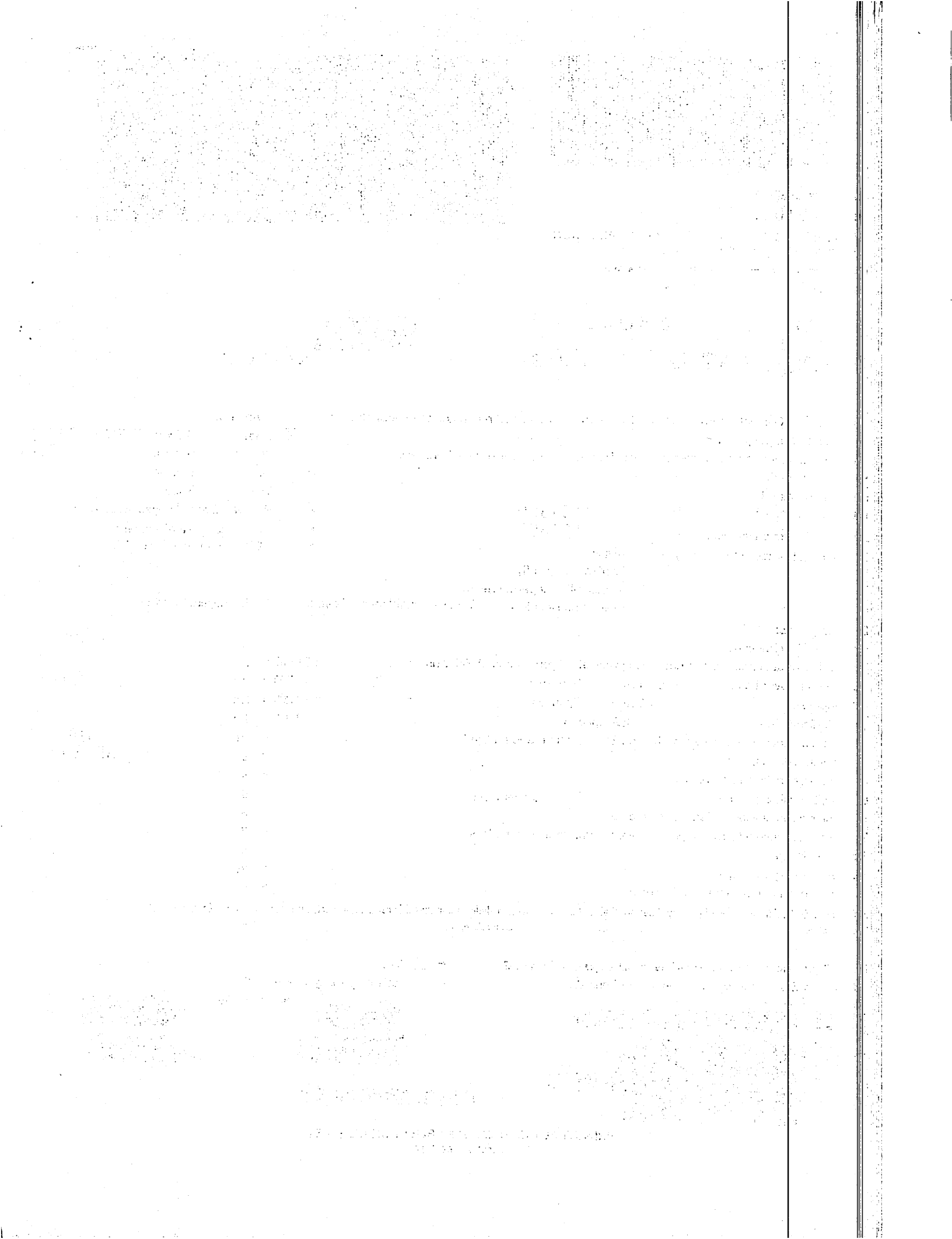
Paid preparer's signature

Paid preparer's phone

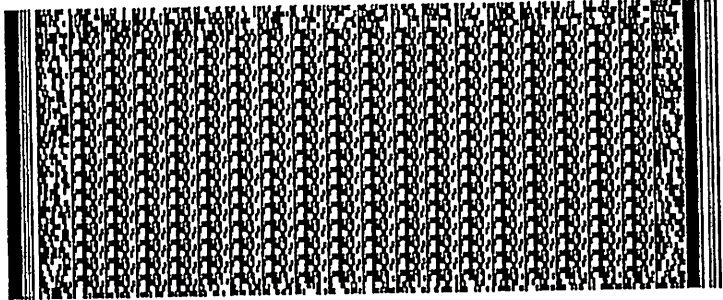
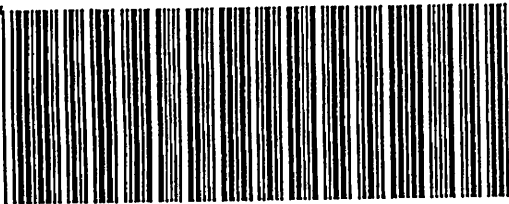
Paid preparer's EIN

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

MA1A0112L 02/17/17







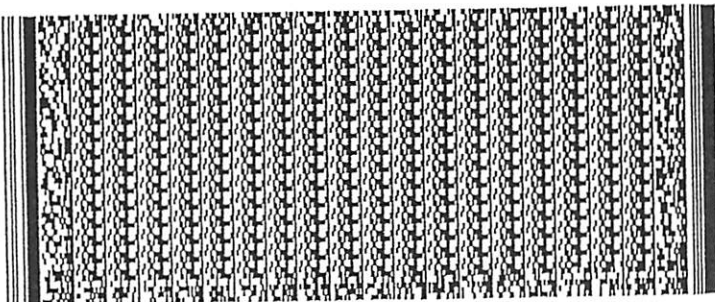
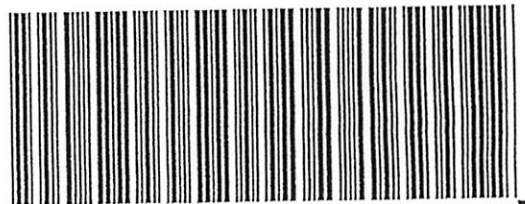
2016 Form 1, pg. 2

MA16001021032

Massachusetts Resident Income Tax Return

10	<b>TOTAL 5.1% INCOME</b>		10	135739
11 a	Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		▶ 11 a	2000
11 b	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		▶ 11 b	
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 12/31/16, 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 18		▶ 15	
16	<b>Total deductions.</b> Add lines 11 through 15		▶ 16	2000
17	<b>5.1% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. Not less than '0'		17	133739
18	Exemption amount		18	5100
19	<b>5.1% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. Not less than '0'		19	128639
20	<b>INTEREST AND DIVIDEND INCOME</b>		▶ 20	497
21	<b>TOTAL TAXABLE 5.1% INCOME.</b> Add lines 19 and 20		21	129136
22	<b>TAX ON 5.1% INCOME.</b> 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	6586
23	<b>12% INCOME.</b> Not less than '0' a ▶	x .12 =	23	
24	<b>TAX ON LONG-TERM CAPITAL GAINS.</b> 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	92
25	Credit recapture amount (from Credit Recapture Schedule)		▶ 25	
26	Additional tax on installment sale		▶ 26	
27	If you qualify for No Tax Status, fill in and enter '0' on line 28 ▶			
28	<b>TOTAL INCOME TAX.</b> Add lines 22 through 26		28	6678
29	Limited Income Credit		▶ 29	
30	Income tax paid to another state or jurisdiction		▶ 30	
31	Other credits from Credit Manager Schedule		▶ 31	
32	<b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. Not less than '0' ▶		32	6678

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



10  
10  
10  
10  
10  
10  
10  
10  
10  
10  
10  
60

6738  
8636  
1013  
2000

11649  
4911

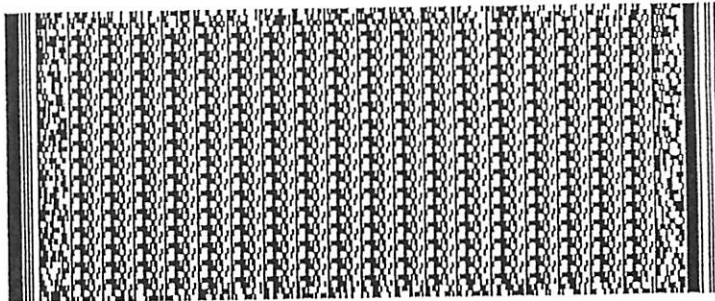
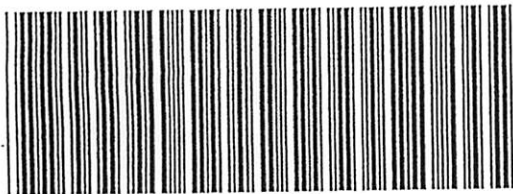
4911

- 33 Voluntary Contributions
  - 33a Endangered Wildlife Conservation
  - 33b Organ Transplant Fund
  - 33c Massachusetts AIDS Fund
  - 33d Massachusetts U.S. Olympic Fund
  - 33e Massachusetts Military Family Relief Fund
  - 33f Homeless Animal Prevention and Care
- 34 Total. Add lines 33a through 33f
- 35 Health care penalty a You + b Spouse - c Fed. health care penalty
- 36 INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35
- 37 Massachusetts income tax withheld
- 38 2015 overpayment applied to your 2016 estimated tax
- 39 2016 Massachusetts estimated tax payments
- 40 Payments made with extension
- 41 Earned Income Credit. a Number of qualifying children
- 42 Senior Circuit Breaker Credit
- 43 Other Refundable Credits
- 44 TOTAL. Add lines 37 through 43
- 45 Overpayment. Subtract line 36 from line 44
- 46 Amount of overpayment you want applied to your 2017 estimated tax
- 47 Refund. Subtract line 46 from line 45. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204
- 48 Tax due. Pay online at [www.mass.gov/dor/payonline](http://www.mass.gov/dor/payonline). Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204

Direct deposit of refund. Type of account ▶  
 checking  
 savings  
 RTN # ▶  
 account # ▶

EX enclose  
Form M-2210

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



2016 Schedule B  
 MA16010011032

EDWARD

J MARKEY



Part 1. Interest and Dividend Income

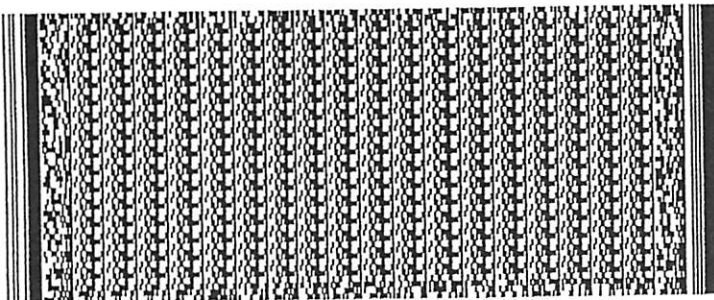
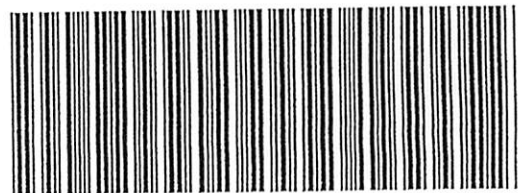
1	Total interest income	1	10
2	Total ordinary dividends	2	487
3	Other interest and dividends not included above	3	
4	Total interest and dividends	4	497
5	Total interest from Massachusetts banks	5	
6	Other interest and dividends to be excluded	6	
7	Subtotal	7	497
8	Allowable deductions from your trade or business	8	
9	Subtotal	9	497

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	

EDWARD  
MARKLEY

J



21 Available short-term losses  
22 Short-term losses applied against long-term gains  
23 Short-term losses available for carryover in 2017  
24 Short-term gains and long-term gains on collectibles  
25 Long-term losses applied against short-term gain  
26 Subtotal  
27 Long-term gains deduction  
28 Short-term gains after long-term gains deduction

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

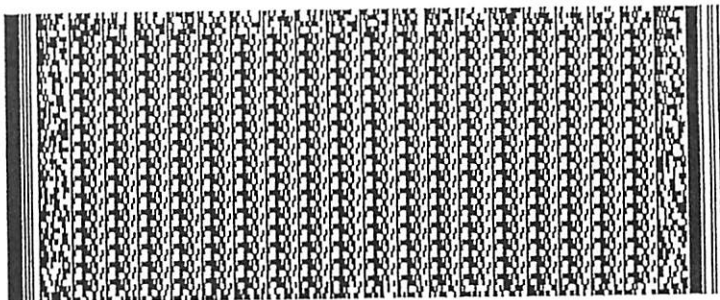
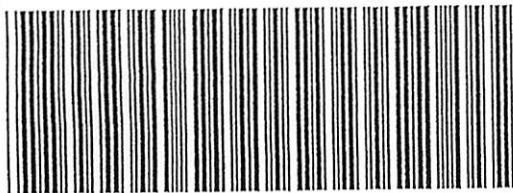
29 Enter the amount from line 9  
30 Short-term losses applied against interest and dividends  
31 Subtotal interest and dividends  
32 Long-term losses applied against interest and dividends  
33 Adjusted interest and dividends  
34 Enter the amount from line 28

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35 Adjusted gross interest, dividends and certain capital gains  
36 Excess exemptions  
37 Subtract line 36 from line 35  
38 Interest and dividends taxable at 5.1%  
39 Taxable 12% capital gains  
40 Available short-term losses for carryover in 2017

▶ 35  
36  
37  
▶ 38  
▶ 39  
40





2016 Schedule D

MA16012011032

Long-Term Capital Gains and Losses  
Excluding Collectibles

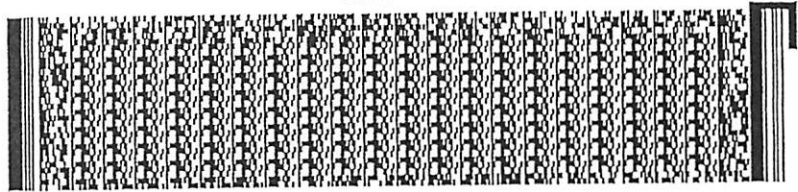
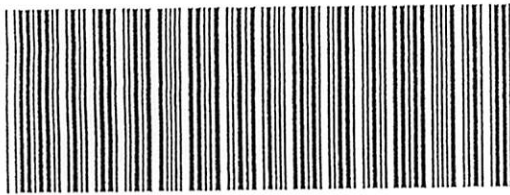
EDWARD

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, col. h	1	
2	Enter amounts included in U.S. Schedule D, line 9, col. h	2	
3	Enter amounts included in U.S. Schedule D, line 10, col. h	3	
4	Enter amounts included in U.S. Schedule D, line 11, col. h	4	
5	Enter amounts included in U.S. Schedule D, line 12, col. h	5	
6	Enter amounts included in U.S. Schedule D, line 13, col. h	6	1809
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	1809
10	Differences, if any	10	
11	Adjusted capital gains and losses	11	1809
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	1809
14	Capital losses applied against capital gains	14	
15	Subtotal	15	1809
16	Long-term capital losses applied against interest and dividends	16	
17	Subtotal	17	1809
18	Allowable deductions from your trade or business	18	
19	Subtotal	▶ 19	1809
20	Excess exemptions	20	
21	Taxable long-term capital gains	▶ 21	1809
22	Tax on long-term capital gains	▶ 22	92
23	Available losses for carryover	23	



**2016 Schedule HC**  
**MA16029011032**

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 164669

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, 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 2016, you turned 18, you were a part-year resident or a taxpayer was deceased.

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

If you filled full-year or part-year MCC, go to line 4. If you filled 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 2016, 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 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, including ConnectorCare (completes line(s) 4f and/or 4g below).	<input checked="" type="checkbox"/> You	Spouse
4 b MassHealth. Fill in and go to line 5	You	Spouse
4 c Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4 d U.S. Military (including Veterans Administration and Tri-Care). Fill in 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.

4 f 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.

GROUP HOSP AND MEDICAL SERVICES

4 g 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 ConnectorCare, 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 2016, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



# Individual Mandate Massachusetts Health Care Coverage

Massachusetts  
Department of  
Revenue

1. Name of insurance company or administrator  
Group Hospitalization and Medical Services, Inc.

2. FID number of insurance co. or administrator  
[REDACTED]

3. Name of subscriber  
EDWARD MARKEY

4. Date of birth  
[REDACTED]

5. Subscriber number  
[REDACTED]

6. Address  
[REDACTED] MALDEN MA 02148

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

a. Name of dependent  
SUSAN BLUMENTHAL

Date of birth  
[REDACTED]

Subscriber number  
[REDACTED]

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

b. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

c. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

d. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

e. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

f. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

g. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

h. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

i. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:

j. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:  
 Yes  No       Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Corrected:





Form MA 1099-HC  
Individual Mandate

Massachusetts Health Care Coverage

2010  
Massachusetts  
Department of  
Revenue

1. Name of insurance Company or administrator  
Group Hospitalization and Medical Services, Inc.

2. FID number of of insurance co. or administrator  
[REDACTED]

3. Name of subscriber  
EDWARD MARKEY

4. Date of birth  
[REDACTED]

5. Subscriber number  
[REDACTED]

6. Address  
[REDACTED] MALDEN MA 02148

k. Name of Dependent	Date of birth	Subscriber number

Full-year minimum credible coverage? If No, check months with minimum credible coverage: Corrected:

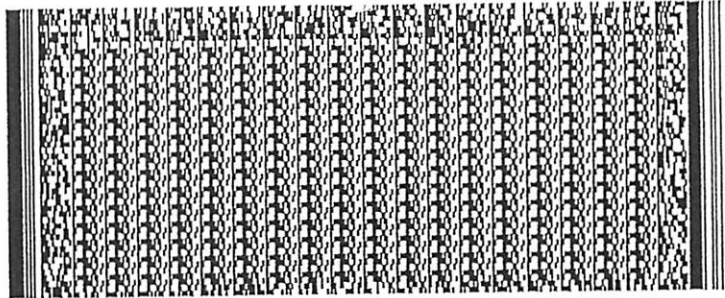
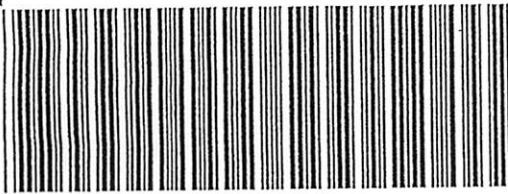
Yes  No       Jan  Feb  Mar  Apr  May  June  Jul  Aug  Sept  Oct  Nov  Dec

l. Name of Dependent	Date of birth	Subscriber number

Full-year minimum credible coverage? If No, check months with minimum credible coverage: Corrected:

Yes  No       Jan  Feb  Mar  Apr  May  June  Jul  Aug  Sept  Oct  Nov  Dec





2016 Form M-2210

MA16653011032

Underpayment of Massachusetts Estimated Income Tax

EDWARD J MARKEY

Type of return filed (fill in one only):  Form 1  Form 1-NR/PY

Part 1. Required annual payment

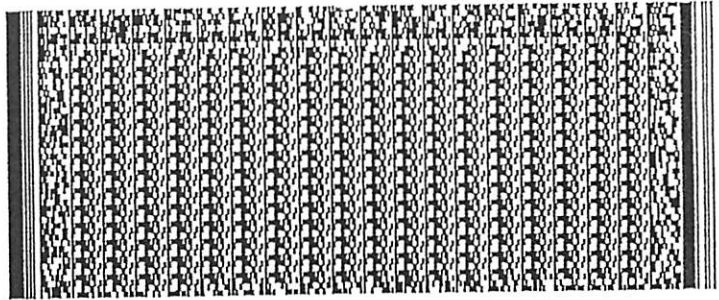
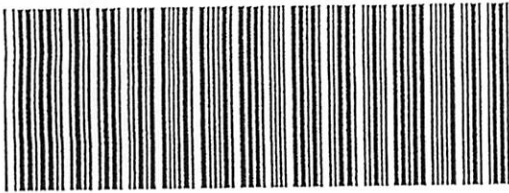
1	2016 tax	1	6,678.
2	Total credits	2	
3	Balance	3	6,678.
4	Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman	4	5,342.
5	Enter 2015 tax liability after credits	5	6,966.
6	Enter the smaller of line 4 or line 5	6	5,342.

Part 2. Figuring your underpayment

	Installment due dates					
	a. April 15, 2016	b. June 15, 2016	c. Sept. 15, 2016	d. Jan. 15, 2017		
7	Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	7	1,335.	1,335.	1,336.	1,336.
8	Estimated taxes paid and taxes withheld for each installment	8	3,172.	2,159.	3,159.	3,159.
9	Overpayment of previous installments	9		1,837.	2,661.	4,484.
10	Total	10	3,172.	3,996.	5,820.	7,643.
11	Overpayment	11	1,837.	2,661.	4,484.	6,307.
12	Underpayment	12				

Part 3. Figuring your underpayment penalty

13	Enter the date you paid the amount in line 12 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier	13	
14	Number of days from the due date of installment to the date shown in line 13	14	
15	Number of days in line 14 after 4/15/16 and before 7/1/16	15	
16	Number of days in line 14 after 6/30/16 and before 10/1/16	16	
17	Number of days in line 14 after 9/30/16 and before 1/1/17	17	
18	Number of days in line 14 after 12/31/16 and before 4/15/17	18	
19	Underpayment in line 12 x (number of days in line 15 ÷ 365) x 5%	19	
20	Underpayment in line 12 x (number of days in line 16 ÷ 365) x 5%	20	
21	Underpayment in line 12 x (number of days in line 17 ÷ 365) x 5%	21	
22	Underpayment in line 12 x (number of days in line 18 ÷ 365) x 5%	22	
23	Penalty. Add all amounts shown in lines 19 through 22. Enter this amount on Form 1, line 47; Form 1-NR/PY, line 52; or Form 3M	23	



2016 Schedule INC  
 MA16INC011032

EDWARD

J MARKEY



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
53-6002558	8636	135739	9631		W2
53-0227896		10			1099INT
04-3523567		487			1099DIV

TOTALS	8636	136236	9631		
--------	------	--------	------	--	--