

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial **EDWARD J MARKEY** Last name Your social security number

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

Home address (number and street). If you have a P.O. box, see instructions. 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/county Foreign postal code **Presidential Election Campaign**

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) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 1
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
 If more than four dependents, see instructions and check here ...
 d Total number of exemptions claimed 1

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	146,679.
	8a Taxable interest. Attach Schedule B if required	8a	23.
	b Tax-exempt interest. Do not include on line 8a.	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	2,237.
	b Qualified dividends	9b	881.
	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. <input checked="" type="checkbox"/>	13	5,912.
	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 <input type="checkbox"/> 20a 31,959. b Taxable amount	20b	27,165.
	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	182,016.

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	182,016.

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, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	182,016.
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked 1 <input type="checkbox"/> Blind. 39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	34,581.
41	Subtract line 40 from line 38	41	147,435.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs.	42	2,349.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	145,086.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	34,264.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	3,690.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	37,954.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	37,954.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	597.
63	Add lines 56 through 62. This is your total tax	63	38,551.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	34,762.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	34,762.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	3,789.

Amount You Owe

79	Estimated tax penalty (see instructions)	79	
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Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only

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

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2017

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040.

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

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		
	3	Multiply line 2 by 7.5% (0.075)	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):		5	10,607.	
	a	<input checked="" type="checkbox"/> Income taxes, or			
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6	8,929.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8	9	19,536.	
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	10,203.
		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 ▶	11	
Note: Your mortgage interest deduction may be limited (see instructions).					
12		Points not reported to you on Form 1098. See instructions for special rules.	12		
13		Mortgage insurance premiums (see instructions)	13		
14		Investment interest. Attach Form 4952 if required. See instructions.	14		
15		Add lines 10 through 14	15	10,203.	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	5,595.	
	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	5,595.	
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. 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		
	26	Multiply line 25 by 2% (0.02)	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 \$156,900? <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 -753.	29	34,581.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **08**

Name(s) shown on return

EDWARD J MARKEY

Your social security number

[REDACTED]

Part I

Interest

(See instructions and the 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

23.

1

2 Add the amounts on line 1 **23.**
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 ▶ **4** **23.**

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

Amount

Part II

Ordinary Dividends

(See instructions 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 ▶
NATIONAL FINANCIAL SERVICES

2,237.

5

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ **6** **2,237.**

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

Part III

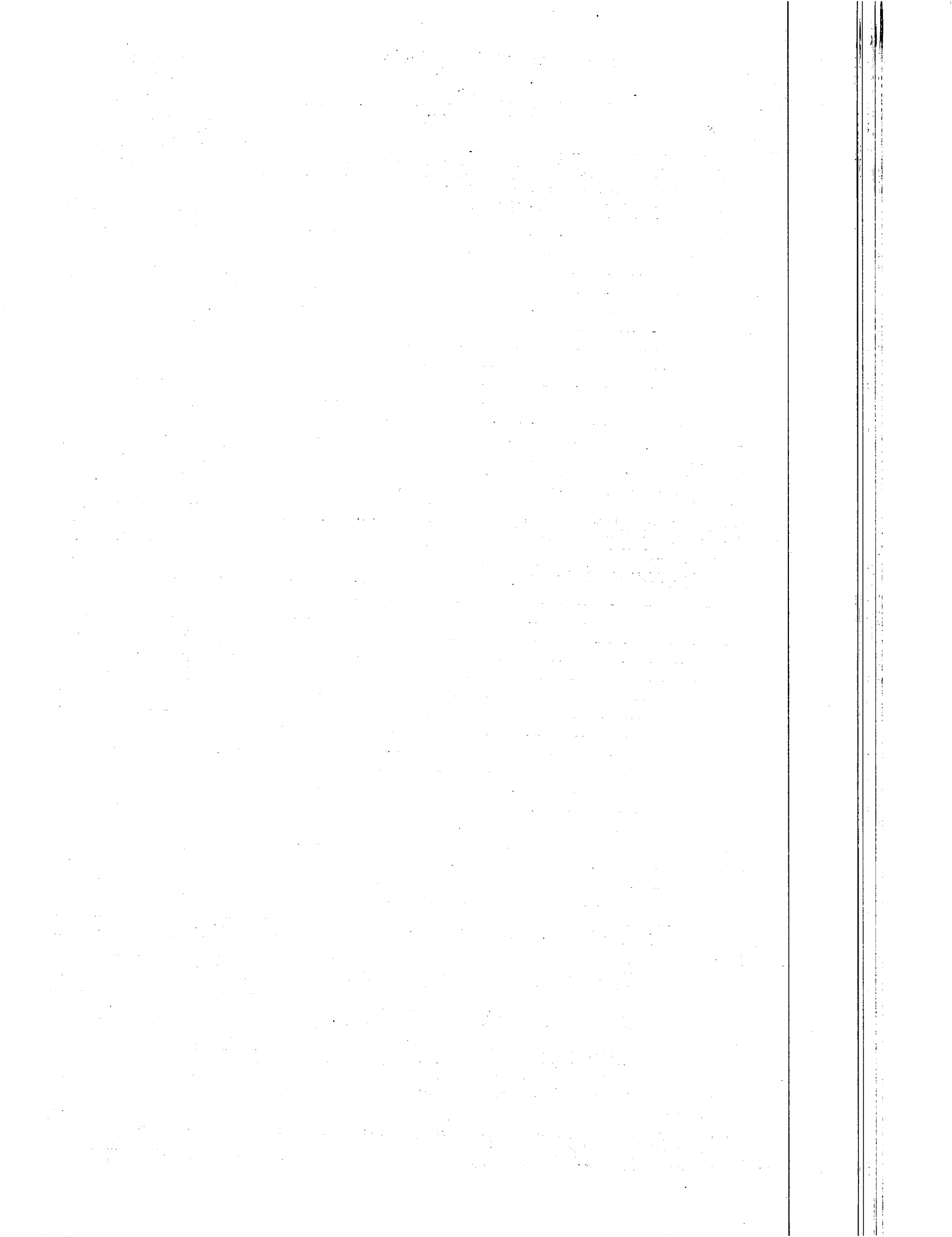
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

Foreign Accounts and Trusts

(See instructions.)

- 7a** At any time during 2017, 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. **X**
- 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 2017, 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. **X**



Alternative Minimum Tax - Individuals

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form6251 for instructions and the latest information. Attach to Form 1040 or Form 1040NR.

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.)

Table with 28 rows for Alternative Minimum Taxable Income. Line 1: 147,435. Line 3: 19,536. Line 6: -753. Line 28: 166,218.

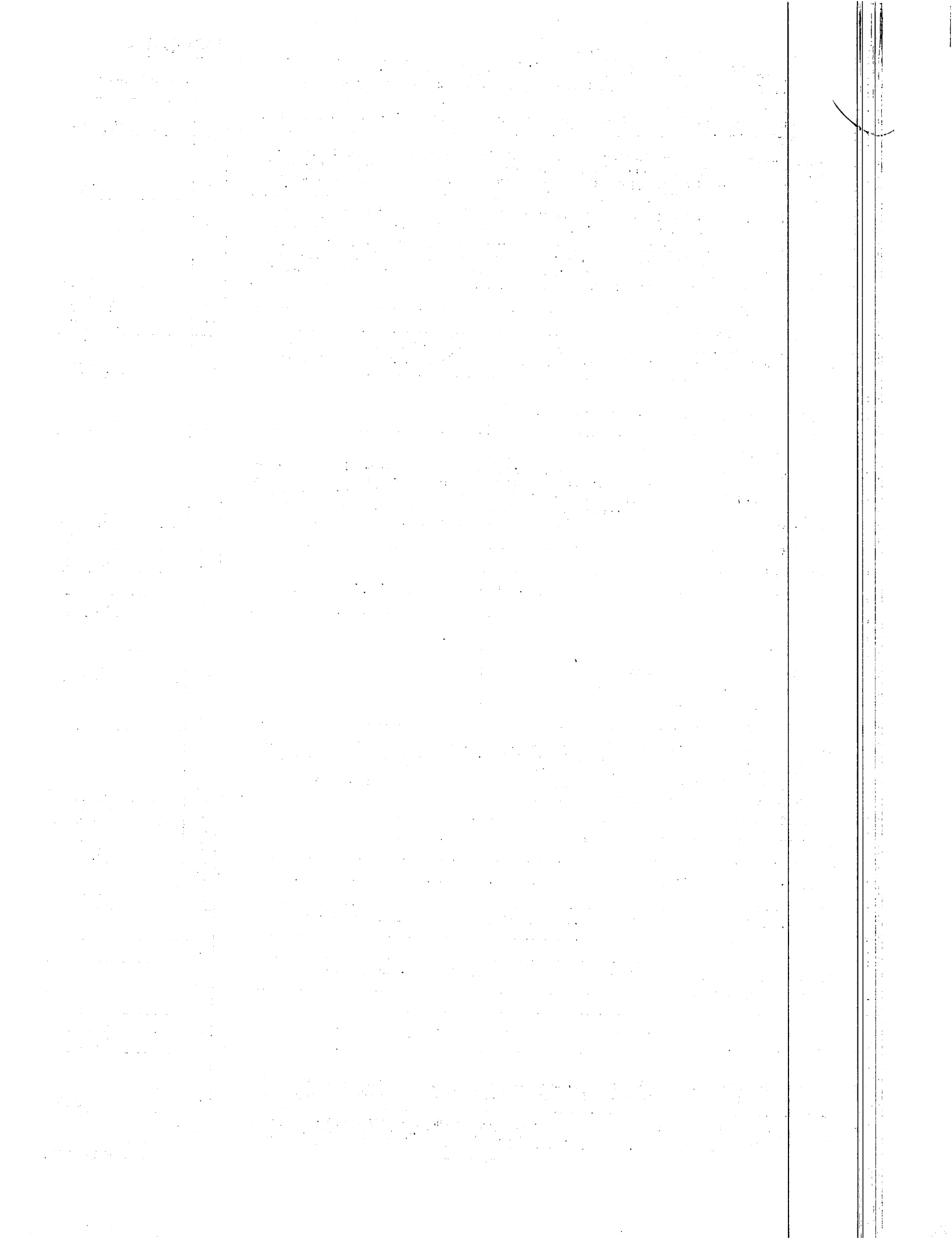
Part II Alternative Minimum Tax (AMT)

Table with 5 rows for Alternative Minimum Tax (AMT). Line 29: 20,808. Line 30: 145,410. Line 31: 37,954. Line 33: 37,954. Line 34: 34,264. Line 35: 3,690.

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	145,410.
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	6,793.
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	6,793.
40	Enter the smaller of line 36 or line 39.	40	6,793.
41	Subtract line 40 from line 36.	41	138,617.
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	42	36,935.
43	Enter: <ul style="list-style-type: none"> \$75,900 if married filing jointly or qualifying widow(er), \$37,950 if single or married filing separately, or \$50,800 if head of household. 	43	37,950.
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	138,293.
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	6,793.
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	6,793.
49	Enter: <ul style="list-style-type: none"> \$418,400 if single \$235,350 if married filing separately \$470,700 if married filing jointly or qualifying widow(er) \$444,550 if head of household 	49	235,350.
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	138,293.
52	Add line 50 and line 51.	52	138,293.
53	Subtract line 52 from line 49. If zero or less, enter -0-.	53	97,057.
54	Enter the smaller of line 48 or line 53.	54	6,793.
55	Multiply line 54 by 15% (0.15).	55	1,019.
56	Add lines 47 and 54. If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	56	6,793.
57	Subtract line 56 from line 46.	57	
58	Multiply line 57 by 20% (0.20). If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	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	37,954.
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	63	38,837.
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	37,954.



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.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

Your social security number

EDWARD J MARKEY

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	158,679.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	158,679.		
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 zero or less, enter -0-	6			33,679.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			303.

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 zero or less, enter -0-	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). 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% (0.009). 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 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18			303.
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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	2,301.		
20 Enter the amount from line 1	20	158,679.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,301.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. 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 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24			

Net Investment Income Tax – Individuals, Estates, and Trusts

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

EDWARD J MARKEY

Your social security number or EIN

[REDACTED]

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	23.
2 Ordinary dividends (see instructions).....			2	2,237.
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	5,912.		
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	5,912.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions).....			6	
7 Other modifications to investment income (see instructions).....			7	53.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.....			8	8,225.

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	479.		
c Miscellaneous investment expenses (see instructions).....	9c			
d Add lines 9a, 9b, and 9c.....			9d	479.
10 Additional modifications (see instructions).....			10	
11 Total deductions and modifications. Add lines 9d and 10.....			11	479.

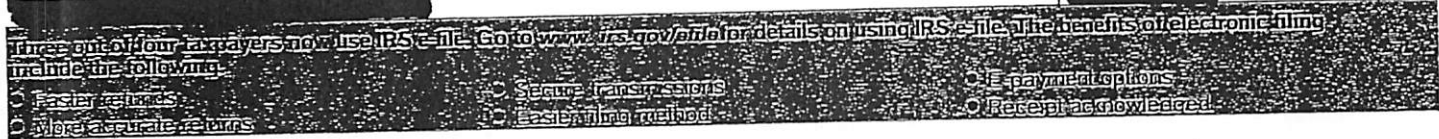
Part III Tax Computation

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	7,746.
Individuals:				
13 Modified adjusted gross income (see instructions).....	13	182,016.		
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	57,016.		
16 Enter the smaller of line 12 or line 15.....			16	7,746.
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	294.
Estates and Trusts:				
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	

Preparer Explanation for Not Filing Electronically

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

Name(s) on tax return EDWARD J MARKEY Preparer's name	Tax year of return 2017	Taxpayer's identifying number [Redacted] Preparer Tax Identification Number (PTIN) [Redacted]
--	-----------------------------------	--



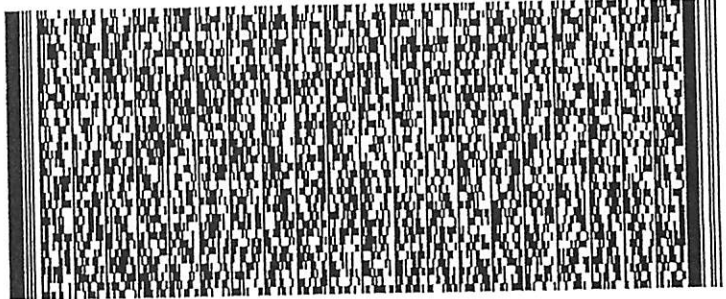
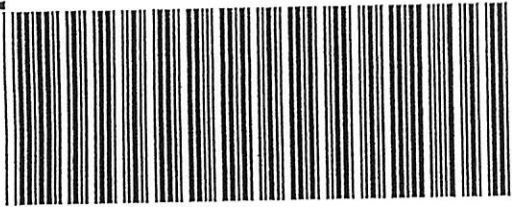
Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- 1 Taxpayer chose to file this return on paper.
- 2 The preparer received a waiver from the requirement to electronically file the tax return.
 Waiver Reference Number _____ Approval Letter Date _____
- 3 The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.
- 4 This return was rejected by IRS e-file and the reject condition could not be resolved.
 Reject code: _____ Number of attempts to resolve reject: _____
- 5 The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.
- 6 Check the box that applies and provide additional information if requested.
 - a 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.
 - b The preparer is ineligible to participate in IRS e-file
 - c 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>
UNITED STATES SENATE	<u>146,679.</u>	<u>26,772.</u>	<u>7,886.</u>	<u>2,301.</u>	<u>10,034.</u>	
GRAND TOTAL	<u>146,679.</u>	<u>26,772.</u>	<u>7,886.</u>	<u>2,301.</u>	<u>10,034.</u>	<u>0.</u>



2017 Form 1
MA17001011032
 Massachusetts Resident Income Tax Return
 FOR FULL YEAR RESIDENTS ONLY
 For the year January 1 — December 31, 2017 or other taxable
 Year beginning Ending

EDWARD J MARKEY
 SUSAN J BLUMENTHAL
 MALDEN



MA 02148

Fill in if: Original return Amended return Amended return due to federal change
State Election Campaign Fund:

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

Fill in if under age 18
 a Total federal income **182016**
 b Federal adjusted gross income **182016**

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 2016
 Fill in if noncustodial parent
 Fill in if filing Schedule TDS

2 Exemptions:

a Personal exemptions
 b Number of dependents. (Do not include yourself or your spouse.) Enter number
 c Age 65 or over before 2018 1 You + Spouse = 1
 d Blindness You + Spouse =
 e Medical/dental
 f Adoption
 g Total exemptions. Add lines 2a through 2f. Enter here and on line 18

	2a	4400
	x \$1,000 = 2b	
	x \$700 = 2c	700
	x \$2,200 = 2d	
	2e	
	2f	
	2g	5100

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

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

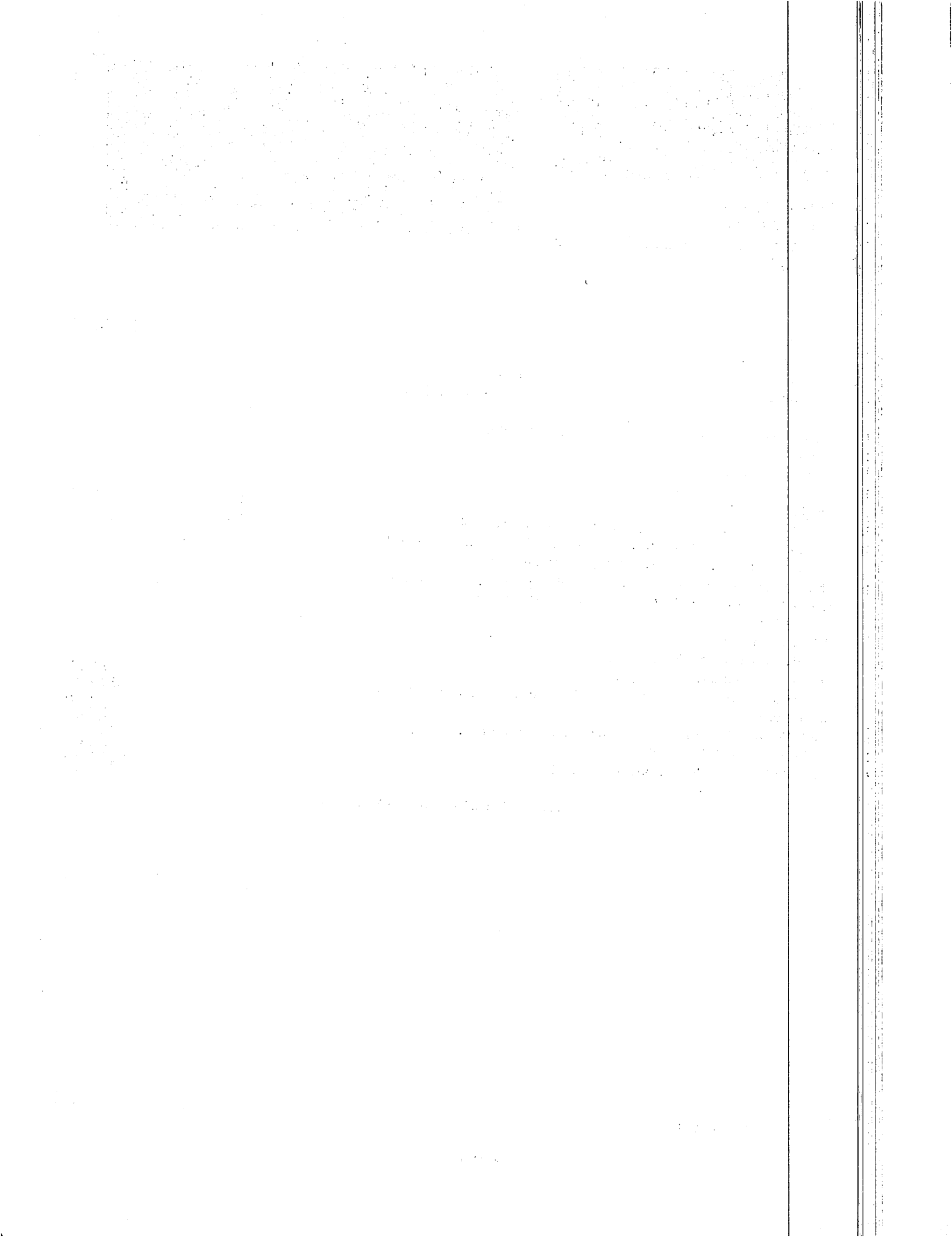
2017 Form 1, pg. 2

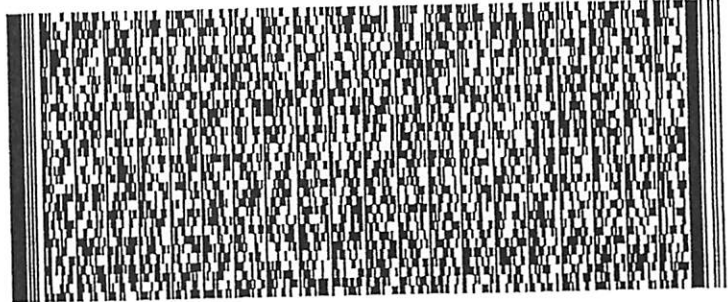
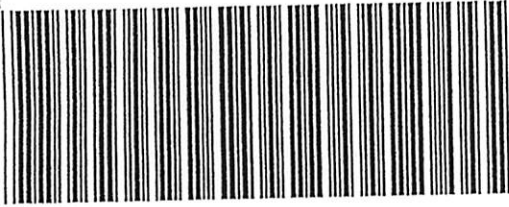
MA17001021032

Massachusetts Resident Income Tax Return

3	Wages, salaries, tips		3	146679
4	Taxable pensions and annuities		4	
5	Mass. bank interest: a	- b exemption	= 5	
6	Business/profession income/loss a	+ b Farming income/loss	= 6	
7	Rental, royalty and REMIC, partnership, S corp., trust income/loss		7	
8a	Unemployment		8a	
8b	Mass. lottery winnings		8b	
9	Other income from Schedule X, line 5		9	
10	TOTAL 5.1% INCOME		10	146679
11a	Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		11a	2000
11b	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		11b	
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 12/31/17, 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 19		15	
16	Total deductions. Add lines 11 through 15		16	2000
17	5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than '0'		17	144679
18	Exemption amount		18	5100
19	5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than '0'		19	139579
20	INTEREST AND DIVIDEND INCOME		20	2260
21	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20		21	141839

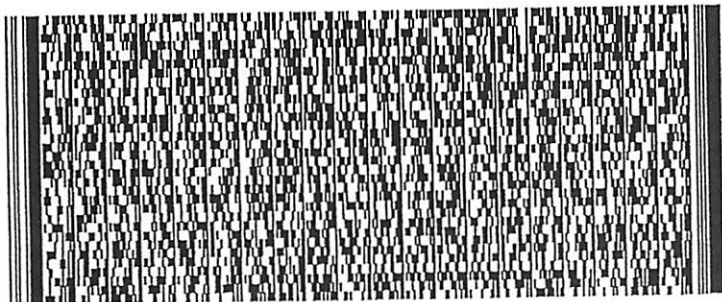
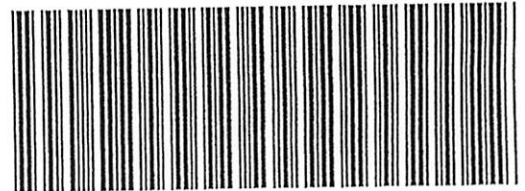
BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1





2017 Form 1, pg. 3
 MA17001031032
 Massachusetts Resident Income Tax Return
 [REDACTED]

22	TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	7234
		x .12 = 23	
23	12% INCOME. Not less than '0'. a	24	302
24	TAX ON LONG-TERM CAPITAL GAINS. Not less than '0'. Fill in if filing Schedule D-IS. Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	25	
25	Credit recapture amount (from Credit Recapture Schedule)	26	
26	Additional tax on installment sale		
27	If you qualify for No Tax Status, fill in and enter '0' on line 28	28	7536
28	TOTAL INCOME TAX. Add lines 22 through 26	29	
29	Limited Income Credit	30	
30	Income tax due to another state or jurisdiction	31	
31	Other credits from Credit Manager Schedule	32	7536
32	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than '0'		
33	Voluntary Contributions		
	a Endangered Wildlife Conservation	33a	10
	b Organ Transplant Fund	33b	10
	c Massachusetts AIDS Fund	33c	10
	d Massachusetts U.S. Olympic Fund	33d	10
	e Massachusetts Military Family Relief Fund	33e	10
	f Homeless Animal Prevention and Care	33f	10
	Total. Add lines 33a through 33f	33	60
34	Use tax due on Internet, mail order and other out-of-state purchases	34	
35	Health care penalty a You + b Spouse - c Fed. health care penalty	35	
36	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35	36	7596



EDWARD J MARKEY

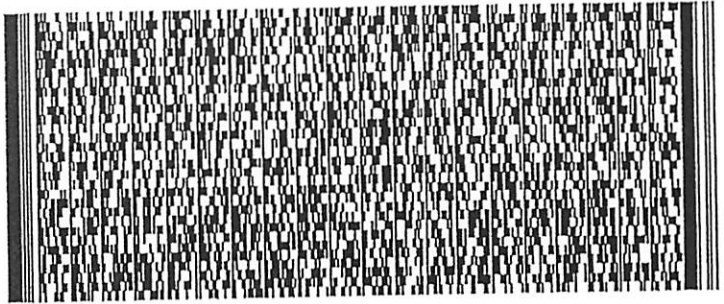
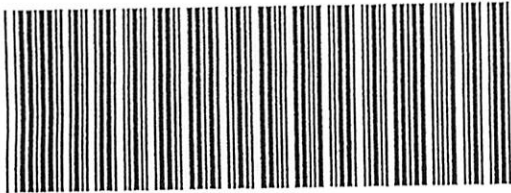


Part 1. Interest and Dividend Income

1	Total interest income	2237
2	Total ordinary dividends	2260
3	Other interest and dividends not included above	
4	Total interest and dividends	2260
5	Total interest from Massachusetts banks	
6	Other interest and dividends to be excluded	
7	Subtotal	2260
8	Allowable deductions from your trade or business	
9	Subtotal	2260

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

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



2017 Schedule B, pg. 2
 MA17010021032

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 2018	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

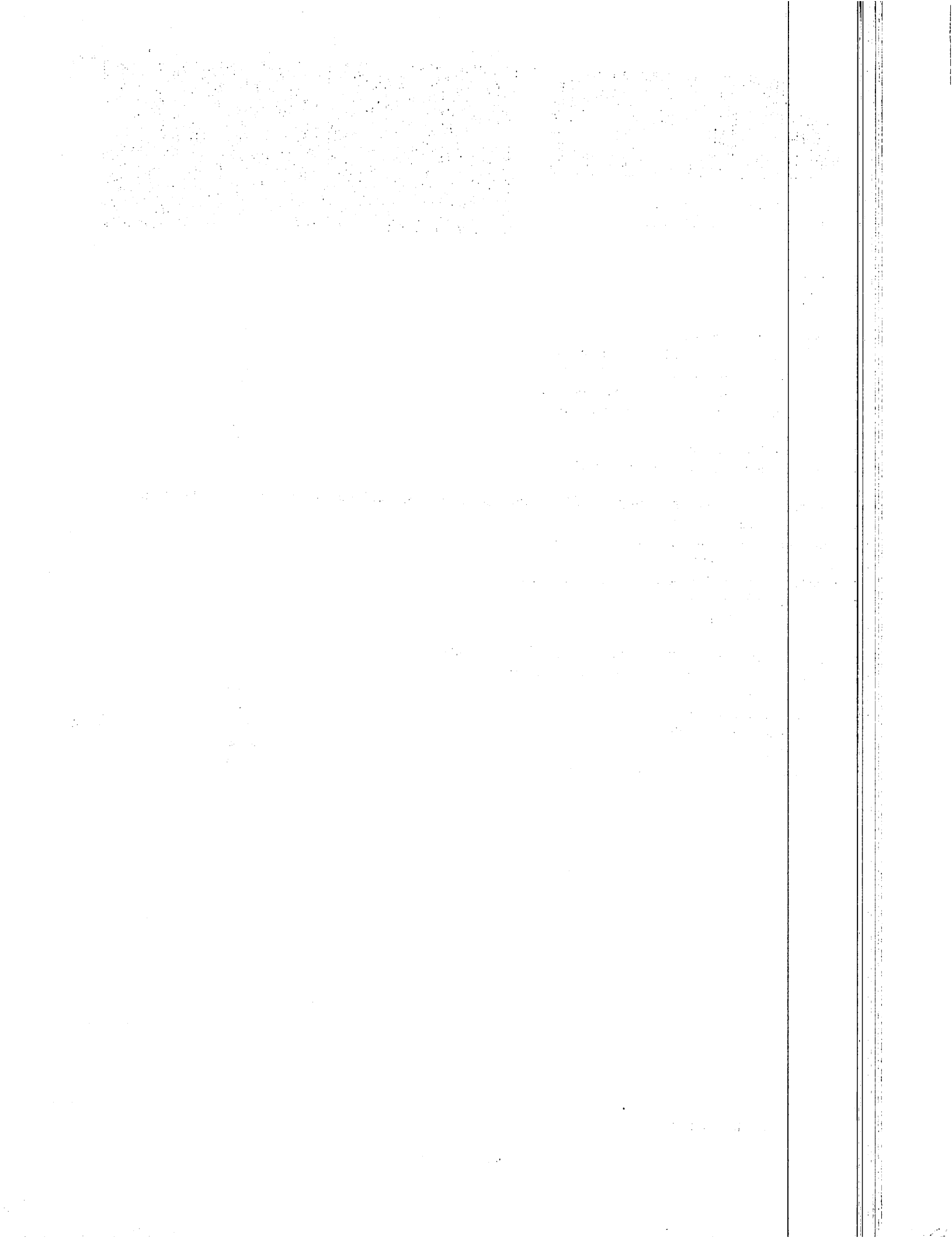
Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

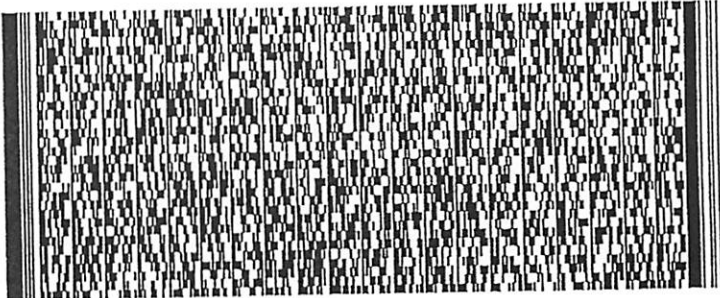
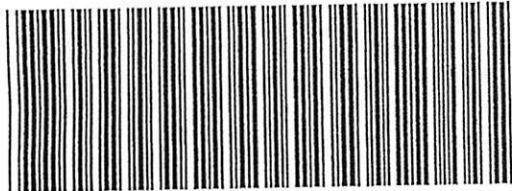
29	Enter the amount from line 9	29
30	Short-term losses applied against interest and dividends	30
31	Subtotal interest and dividends	31
32	Long-term losses applied against interest and dividends	32
33	Adjusted interest and dividends	33
34	Enter the amount from line 28	34

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 5.1%	▶ 38
39	Taxable 12% capital gains	▶ 39
40	Available short-term losses for carryover in 2018	40

2260





2017 Schedule D

MA17012011032

Long-Term Capital Gains and Losses
Excluding Collectibles

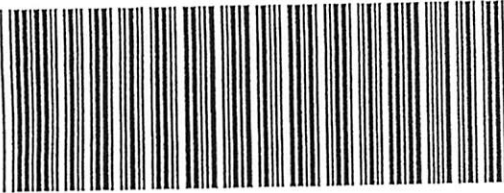
EDWARD

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	5912
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	5912
10	Differences, if any	10	
11	Adjusted capital gains and losses	11	5912
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	5912
14	Capital losses applied against capital gains	14	
15	Subtotal	15	5912
16	Long-term capital losses applied against interest and dividends	16	
17	Subtotal	17	5912
18	Allowable deductions from your trade or business	18	
19	Subtotal	19	5912
20	Excess exemptions	20	
21	Taxable long-term capital gains	21	5912
22	Tax on long-term capital gains	22	302
23	Available losses for carryover	23	



2017 Schedule HC
MA17029011032

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 [REDACTED] 1 b Spouse's date of birth [REDACTED] 1 c Family size 2
 2 Federal adjusted gross income 2 182016

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 2017, 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 2017, 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). 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 [REDACTED] [REDACTED]

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 2017, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

Part I Responsible Individual

1 Name of responsible individual
EDWARD J MARKEY

2 Social security number (SSN) or other TIN
[REDACTED]

3 Date of birth (If SSN or other TIN is not available)

4 Street address (including apartment no.)
[REDACTED]

5 City or town
MALDEN

6 State or province
MA

7 Country and ZIP or foreign postal code
US 02148

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): **A**

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
United States Senate

11 Employer identification number (EIN)
[REDACTED]

12 Street address (including room or suite no.)
DISBURSING OFFICE

13 City or town
99 WASHINGTON

14 State or province
DC

15 Country and ZIP or foreign postal code
US 20510

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
Group Hospitalization and Medical Services, Inc.

17 Employer identification number (EIN)
[REDACTED]

18 Contact telephone number

19 Street address (including room or suite no.)
840 First Street, NE

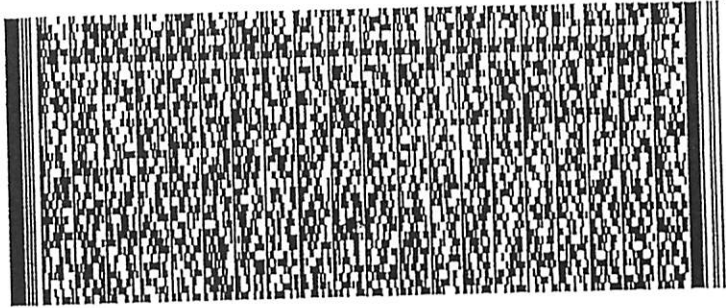
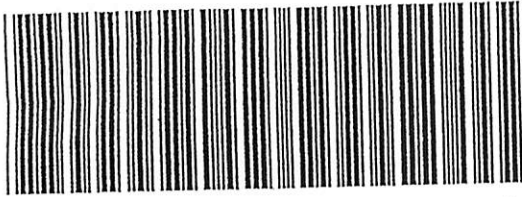
20 City or town
Washington

21 State or province
DC

22 Country and ZIP or foreign postal code
US 20065

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage																
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec					
23 EDWARD J MARKEY	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24 SUSAN BLUMENTHAL	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2017 Schedule INC
 MA17INC011032

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	10034	146679	10187		W2
53-0227896		23			1099INT
04-3523567		2237			1099DIV

TOTALS	10034	148939	10187		
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