

Filing status: ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household ☐ Qualifying widow(er) **SUSAN J BLUMENTHAL**

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

Your standard deduction: ☐ Someone can claim you as a dependent ☒ You were born before January 2, 1954 ☐ You are blind

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **[REDACTED]** Apt. no. **[REDACTED]** Presidential Election Campaign (see inst.) ☒ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **MALDEN, MA 02148** If more than four dependents, see inst. and ☒ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature **[REDACTED]** Date **[REDACTED]** Your occupation **U.S. SENATOR** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign. **[REDACTED]** Date **[REDACTED]** Spouse's occupation **[REDACTED]** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name **[REDACTED]** Preparer's signature **[REDACTED]** PTIN **[REDACTED]** Firm's EIN **[REDACTED]** Check if: ☒ 3rd Party Designee ☐ Self-employed

Firm's name **[REDACTED]** Phone no. **[REDACTED]**

Firm's address **[REDACTED]**

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	140,239.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	964.
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	33,202.
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	1,243.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6.	7	175,087.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,157.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	150,930.
11	a Tax (see inst.) 30,314. (check if any from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here	11	30,314.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	30,314.
14	Other taxes. Attach Schedule 4.	14	411.
15	Total tax. Add lines 13 and 14.	15	30,725.
16	Federal income tax withheld from Forms W-2 and 1099.	16	31,249.
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	31,249.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid.	19	524.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	0.
21	Amount of line 19 you want applied to your 2019 estimated tax	21	524.
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.	22	
23	Estimated tax penalty (see instructions)	23	

Standard Deduction for —
 • Single or married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard deduction, see instructions.

Refund
 Direct deposit? ☐ See instructions.
 ▶ b Routing number. ☐ ▶ c Type: ☐ Checking ☐ Savings
 ▶ d Account number. ☐

Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. 01

Name(s) shown on Form 1040

EDWARD J MARKEY

Your social security number

Additional Income	1-9b	Reserved.	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes.	10	
	11	Alimony received.	11	
	12	Business income or (loss). Attach Schedule C or C-EZ.	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input checked="" type="checkbox"/> X	13	1,243.
	14	Other gains or (losses). Attach Form 4797.	14	
	15a	Reserved.	15b	
	16a	Reserved.	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	Reserved.	20b	
21	Other income. List type and amount	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23.	22	1,243.	
Adjustments to Income	23	Educator expenses.	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.	24	
	25	Health savings account deduction. Attach Form 8889.	25	
	26	Moving expenses for members of the Armed Forces. 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	Reserved.	34	
35	Reserved.	35		
36	Add lines 23 through 35.	36	0.	

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

Schedule 1 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Name(s) shown on Form 1040

EDWARD J MARKEY

Your social security number

**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, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions).	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	411.
63	Section 965 net tax liability installment from Form 965-A. 63		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14.	64	411.

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

Schedule 4 (Form 1040) 2018

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

EDWARD J MARKEY

Your social security number

**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 7. **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 taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. ☐ **5a** **7,469.**
- b State and local real estate taxes (see instructions). **5b** **9,100.**
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c. **5d** **16,569.**
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately). **5e** **5,000.**
- 6 Other taxes. List type and amount ▶ **6**
- 7 Add lines 5e and 6. **7** **5,000.**

**Interest
You Paid**

Caution:
Your mortgage
interest
deduction may
be limited (see
instructions).

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. ☐
- a Home mortgage interest and points reported to you on Form 1098. **8a** **9,126.**
- b 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 ▶ **8b**
- c Points not reported to you on Form 1098. See instructions for special rules. . . . **8c**
- d Reserved **8d**
- e Add lines 8a through 8c. **8e** **9,126.**
- 9 Investment interest. Attach Form 4952 if required. See instructions. **9**
- 10 Add lines 8e and 9. **10** **9,126.**

**Gifts to
Charity**

If you made a gift
and got a benefit for
it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. **11** **10,031.**
- 12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. **12**
- 13 Carryover from prior year. **13**
- 14 Add lines 11 through 13. **14** **10,031.**

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. . . . **15** **0.**

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount ▶ **16** **0.**

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8. **17** **24,157.**
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check here. ☐

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividend

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

OMB No. 1545-0074

2018

Attachment
Sequence No. 08

Your social security number

EDWARD J MARKEY

Part I

Interest

(See instructions
and the
instructions for
Form 1040,
line 2b.)

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
NATIONAL FINANCIAL SERVICES

Amount

32.

1.

1

- 2 Add the amounts on line 1 2 33.
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 1040, line 2b 4 33.

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 1040,
line 3b.)

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

2,386.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b. 6 2,386.

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

Part III

**Foreign
Accounts
and Trusts**

(See instructions.)

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

- 7a At any time during 2018, 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 2018, 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

Form **8959**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0074

2018Attachment
Sequence No. **71**

Name(s) shown on return

EDWARD J MARKEY

Your social security number

Part II 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	155,239.	
2	Unreported tips from Form 4137, line 6.....	2		
3	Wages from Form 8919, line 6.....	3		
4	Add lines 1 through 3.....	4	155,239.	
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		30,239.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.....	7		272.

Part III 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 IV 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 V Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V.....	18		272.
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Part VI 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	2,251.	
20	Enter the amount from line 1.....	20	155,239.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.....	21	2,251.	
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 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions).....	24		

Form **8960**Department of the Treasury
Internal Revenue Service (99)**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.

OMB No. 1545-2227

2018Attachment
Sequence No. **72**

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	33.
2	Ordinary dividends (see instructions)	2	2,386.
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	1,243.
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	1,243.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	105.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	3,767.

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	108.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	108.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	108.

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	3,659.
13	Modified adjusted gross income (see instructions)	13	175,087.
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	50,087.
16	Enter the smaller of line 12 or line 15	16	3,659.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	139.
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% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2018)

2018

FEDERAL STATEMENTS

PAGE 1

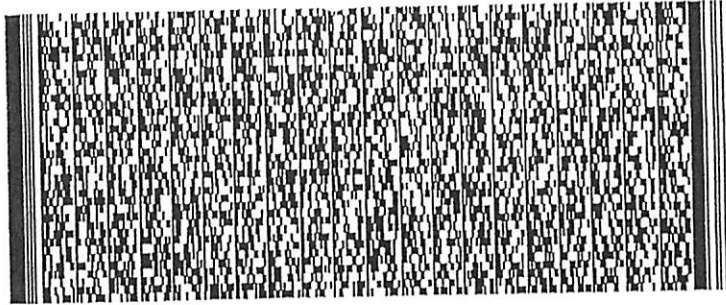
EDWARD J MARKEY

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
UNITED STATES SENATE	140,239.	22,948.	7,961.	2,251.	7,469.	
GRAND TOTAL	140,239.	22,948.	7,961.	2,251.	7,469.	0.

STATEMENT 2
FORM 1040
IRA DISTRIBUTION SCHEDULE

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
MORGAN STANLEY SMITH BARNEY LLC	2,964.	2,964.		
GRAND TOTAL	2,964.	2,964.	0.	0.

**2018 Form 1**

MA18001011032

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2018 or other taxable

Year beginning

Ending

EDWARD
SUSANJ MARKEY
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 Operations Enduring Freedom, Iraqi Freedom, Noble Eagle
or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

a Total federal income

175087

b Federal adjusted gross income

175087

1 Filing status (select one only):

Single

Married filing jointly

☒ Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2 Exemptions

a Personal exemptions

b Number of dependents. (Do not include yourself or your spouse.) Enter number

c Age 65 or over before 2019 1 You + Spouse =

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

x \$2,200 = 2d

2e

2f

2g

700

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

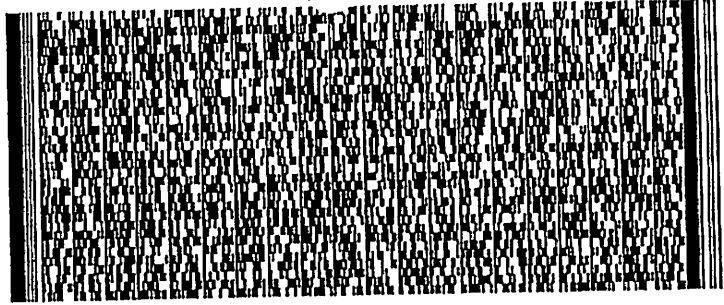
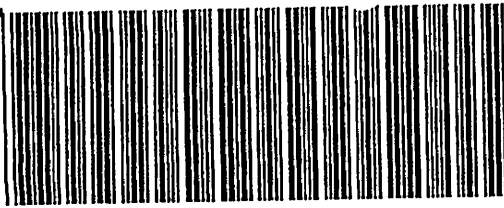
Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

041219 113819 A

MAIA0112L 01/03/19



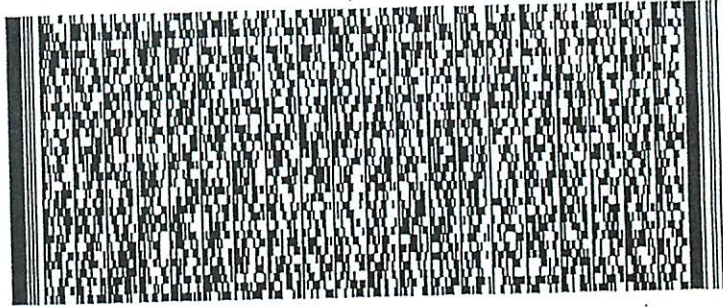
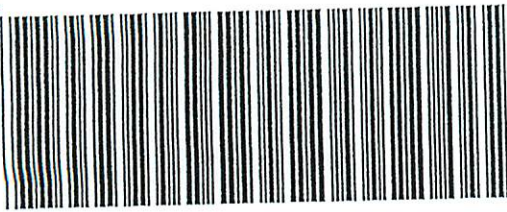
2018 Form 1, pg. 2

MA18001021032

Massachusetts Resident Income Tax Return

3	Wages, salaries, tips	3	140239
4	Taxable pensions and annuities	4	
5	Mass. bank interest a	= 5	
	- b exemption		
6a	Business/profession income/loss	6a	
6b	Farming income/loss	6b	
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	140239
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 12/31/18, 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	138239
18	Exemption amount	18	5100
19	5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	133139
20	INTEREST AND DIVIDEND INCOME	20	2419
21	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	135558

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

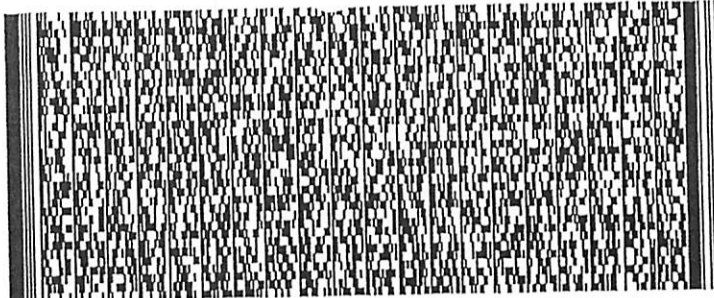


2018 Form 1, pg. 3

MA18001031032

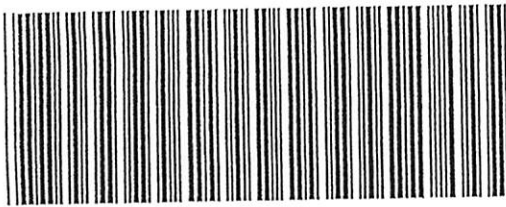
Massachusetts Resident Income Tax Return

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	6913
23	12% INCOME. Not less than "0". a	x .12 = 23	
24	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	63
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
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	TOTAL INCOME TAX. Add lines 22 through 26	28	6976
29	Limited Income Credit	29	
30	Income tax due to another state or jurisdiction	30	
31	Other credits from Credit Manager Schedule	31	
32	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	6976
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	Amended return only. Overpayment from original return	36	
37	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	7036

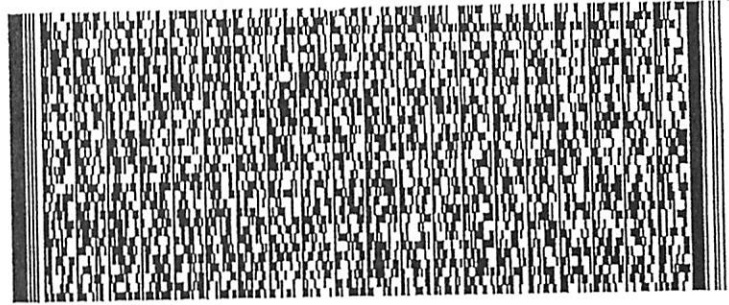


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MAIA0112L 01/03/19



2018 Schedule B
MA18010011032



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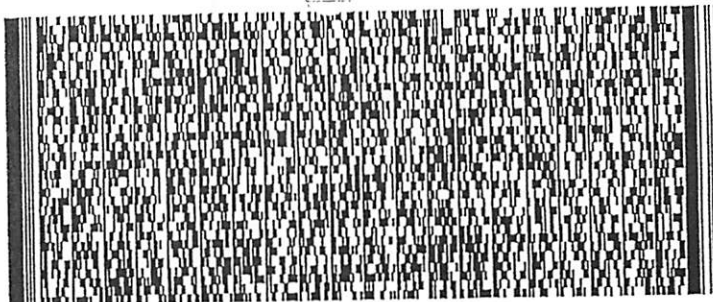
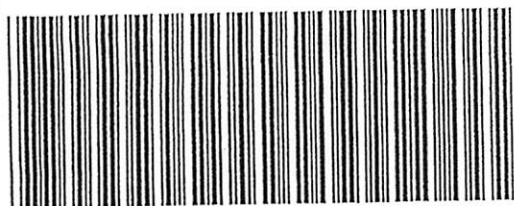
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Part 1. Interest and Dividend Income

1	Total interest income	33
2	Total ordinary dividends	2386
3	Other interest and dividends not included above	
4	Total interest and dividends	2419
5	Total interest from Massachusetts banks	
6	Other interest and dividends to be excluded	
7	Subtotal	2419
8	Allowable deductions from your trade or business	
9	Subtotal	2419

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



2018 Schedule B, pg. 2

MA18010021032

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21	Available short-term losses	21
22	Short-term losses applied against long-term gains	22
23	Short-term losses available for carryover in 2019	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

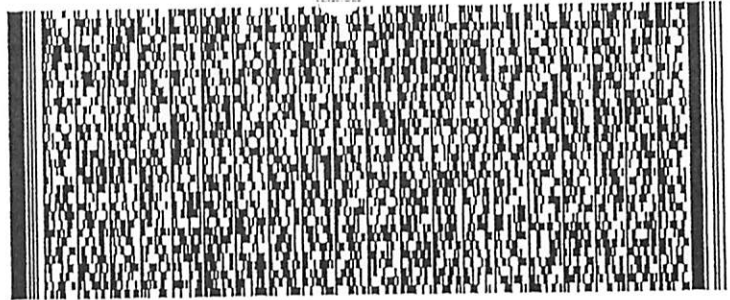
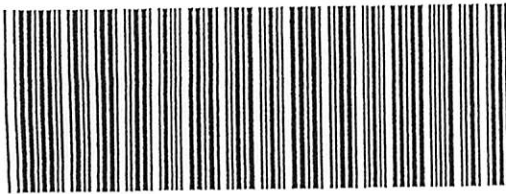
Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

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 2019	40

2419



2018 Schedule D

MA18012011032

Long-Term Capital Gains and Losses
Excluding Collectibles

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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	1243
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	1243
10	Differences, if any	10	
11	Adjusted capital gains and losses	11	1243
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	1243
14	Capital losses applied against capital gains	14	
15	Subtotal	15	1243
16	Long-term capital losses applied against interest and dividends	16	
17	Subtotal	17	1243
18	Allowable deductions from your trade or business	18	
19	Subtotal	19	1243
20	Excess exemptions	20	
21	Taxable long-term capital gains	21	1243
22	Tax on long-term capital gains	22	63
23	Available losses for carryover	23	



2018 Schedule HC
MA18029011032

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.

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1 a Date of birth



1 b Spouse's date of birth

1 c Family size 2

2 Federal adjusted gross income

2 175087

- 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 2018, you turned 18, you were a part-year resident or a taxpayer was deceased.

3 a You: ☒ 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 2018, 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

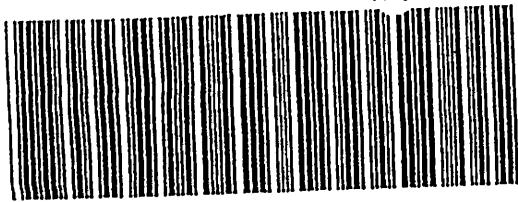


4 g Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

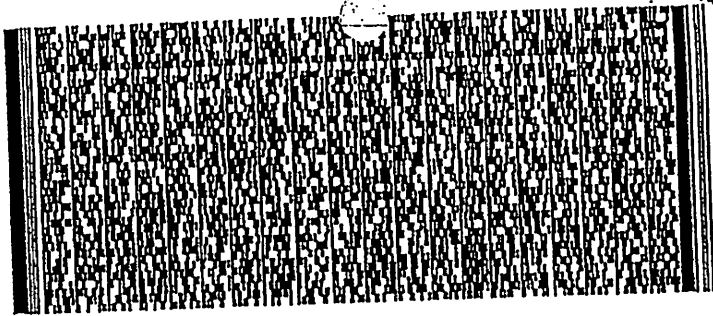
Fill in if you were not issued Form MA 1099-HC.

- 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 2018, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2018 Schedule INC
MA18INC011032



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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	7469	140239	10212		W2
53-0227896		32			1099INT
04-3523567		1			1099INT
04-3523567		2386			1099DIV

TOTALS

7469

142658

10212

032819 094439 A

MA1A1601L 12/07/18