

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶ **SUSAN J. BLUMENTHAL**

Your first name and middle initial EDWARD J MARKEY	Last name	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		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. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
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
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	140,454.
2a Tax-exempt interest	2a	b Taxable int. Att. Sch. B if reqd	2b 32.
3a Qualified dividends	3a 18.	b Ordinary div. Att. Sch. B if reqd	3b 18.
4a IRA distributions	4a	b Taxable amount	4b 1,654.
c Pensions and annuities	4c	d Taxable amount	4d
5a Social security benefits..... D	5a 34,726.	b Taxable amount	5b 29,517.
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	5,808.
7a Other income from Schedule 1, line 9		7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	177,483.
8a Adjustments to income from Schedule 1, line 22		8a	
b Subtract line 8a from line 7b. This is your adjusted gross income		8b	177,483.
9 Standard deduction or itemized deductions (from Schedule A)	9 24,773.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10		11a	24,773.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	152,710.

Standard Deduction for —
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814	12a	30,301.
2	<input type="checkbox"/> 4972	3	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	30,301.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	30,301.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	488.
16	Add lines 14 and 15. This is your total tax	16	30,789.
17	Federal income tax withheld from Forms W-2 and 1099	17	31,619.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	524.
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	524.
19	Add lines 17 and 18e. These are your total payments	19	32,143.
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,354.
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	0.
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	1,354.
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		U.S. SENATOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
	<i>[Signature]</i>	4/13/20		<input checked="" type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.	<input type="checkbox"/> Self-employed		
Firm's address	Firm's EIN			

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

SCHEDULE 2
(Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

2019

Attachment
Sequence No. 02

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

EDWARD J MARKEY

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0.

Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	488.
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 15	10	488.

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. 03

Name(s) shown on Form 1040 or 1040-SR

EDWARD J MARKEY

Your social security number

[REDACTED]

Part I Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1
2	Credit for child and dependent care expenses. Attach Form 2441	2
3	Education credits from Form 8863, line 19.	3
4	Retirement savings contributions credit. Attach Form 8880	4
5	Residential energy credits. Attach Form 5695.	5
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7

Part II Other Payments and Refundable Credits		
8	2019 estimated tax payments and amount applied from 2018 return.	8 524.
9	Net premium tax credit. Attach Form 8962	9
10	Amount paid with request for extension to file (see instructions)	10
11	Excess social security and tier 1 RRTA tax withheld.	11
12	Credit for federal tax on fuels. Attach Form 4136	12
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14 524.

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)
(Rev. January 2020)

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 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2019

Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

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 or 1040-SR, line 8b..... 2	3			
3	Multiply line 2 by 7.5% (0.075).....				
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..... ► <input type="checkbox"/>		5a	7,113.		
b State and local real estate taxes (see instructions)		5b	9,426.		
c State and local personal property taxes		5c			
d Add lines 5a through 5c		5d	16,539.		
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		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..... ► <input type="checkbox"/>			
Caution: Your mortgage interest deduction may be limited (see instructions).		a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	7,989.
		b Home mortgage interest not reported to you on Form 1098. See instructions if limited. 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 Mortgage insurance premiums (see instructions)		8d	
		e Add lines 8a through 8d		8e	7,989.
9	Investment interest. Attach Form 4952 if required. See instructions.....	9			
10	Add lines 8e and 9.....	10			7,989.
Gifts to Charity		11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.....		11	11,784.
Caution: If you made a gift and got a benefit for it, see instructions.		12 Other than by cash or check. If you made 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			11,784.
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 or 1040-SR, line 9.....		17	24,773.
		18 If you elect to itemize deductions even though they are less than your standard deduction, check this box..... ► <input type="checkbox"/>			

FD/A0301L 01/15/20

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040-SR, 1040-NR, 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	155,454.	
2 Unreported tips from Form 4137, line 6.....	2		
3 Wages from Form 8919, line 6.....	3		
4 Add lines 1 through 3.....	4	155,454.	
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		
6 Subtract line 5 from line 4. If zero or less, enter -0-.....	5	125,000.	6
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.....	7		30,454.
			274.

Part II Additional Medicare Tax on Self-Employment Income			
8 Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 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		
10 Enter the amount from line 4.....	9		
11 Subtract line 10 from line 9. If zero or less, enter -0-.....	10		
12 Subtract line 11 from line 8. If zero or less, enter -0-.....	11		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		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		
16 Subtract line 15 from line 14. If zero or less, enter -0-.....	15		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		17

Part IV Total Additional Medicare Tax			
18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V.....	18		274.

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	2,254.	
20 Enter the amount from line 1.....	20	155,454.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.....	21	2,254.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.....	22		22
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).....	23		23
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions).....	24		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

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	32.
2	Ordinary dividends (see instructions)		2	18.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	4c	
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			
5a	Net gain or loss from disposition of property (see instructions)	5a	5,808.	
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	5,808.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	5,858.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		9d	235.
b	State, local, and foreign income tax (see instructions)	235.		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		10	
10	Additional modifications (see instructions)		11	235.
11	Total deductions and modifications. Add lines 9d and 10			

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	5,623.
Individuals:				
13	Modified adjusted gross income (see instructions)	13	177,483.	
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	52,483.	
16	Enter the smaller of line 12 or line 15		16	5,623.
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	214.
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% (0.038). Enter here and include on your tax return (see instructions)		21	

Preparer Explanation for Not Filing Electronically

▶ Go to www.irs.gov/Form8948 for instructions and the latest information.

Name(s) on tax return EDWARD J MARKEY	Tax year of return 2019	Taxpayer's identifying number [REDACTED]
Preparer's name [REDACTED]		Preparer Tax Identification Number (PTIN) [REDACTED]

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

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

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

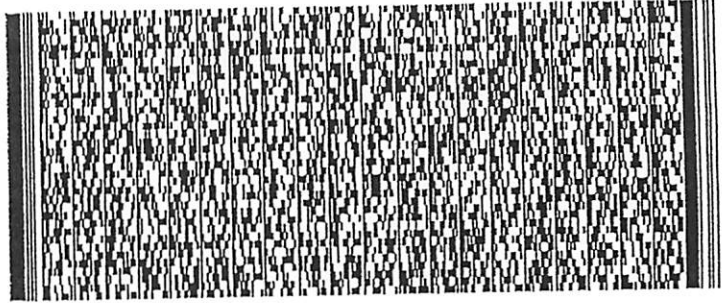
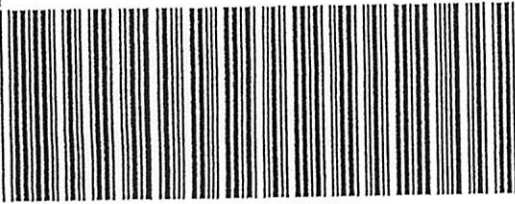


STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
UNITED STATES SENATE	140,454.	22,937.	8,240.	2,254.	6,680.	
GRAND TOTAL	140,454.	22,937.	8,240.	2,254.	6,680.	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	1,654.	1,654.		
GRAND TOTAL	1,654.	1,654.	0.	0.



2019 Form 1
MA19001011032
 Massachusetts Resident Income Tax Return
 FOR FULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2019 or other taxable
 Year beginning Ending

EDWARD J MARKEY
 SUSAN J BLUMENTHAL
 [REDACTED] MALDEN



MA 02148

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

	Apt. no.	
<input checked="" type="checkbox"/>	\$1 You	\$1 Spouse TOTAL 1
	You	Spouse
	You	Spouse
	You	Spouse
	Name/address changed since 2018	
	Fill in if noncustodial parent	
	Fill in if filing Schedule TDS	

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 177483
 b Federal adjusted gross income 177483

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					2 a	4400
b Number of dependents. (Do not include yourself or your spouse.) Enter number					x \$1,000 = 2 b	
c Age 65 or over before 2020	1	You +	Spouse =	1	x \$700 = 2 c	700
d Blindness		You +	Spouse =		x \$2,200 = 2 d	
e Medical/dental					2 e	
f Adoption					2 f	
g Total exemptions. Add lines 2a through 2f. Enter here and on line 18					2 g	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

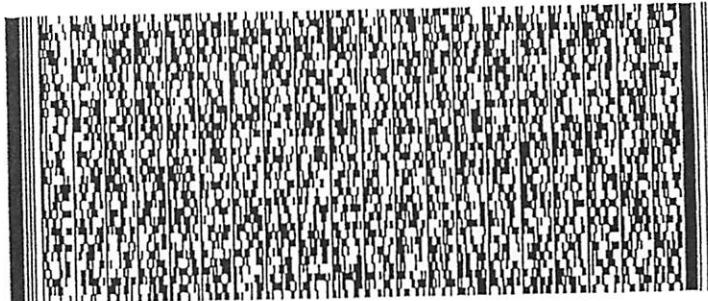
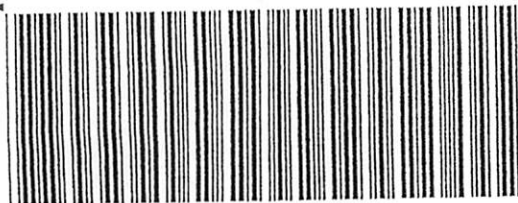
2019 Form 1, pg. 2
 MA19001021032
 Massachusetts Resident Income Tax Return
 [REDACTED]

3	Wages, salaries, tips	3	140454
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 5.05% INCOME	10	140454
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 12/31/19, 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	5.05% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	138454
18	Exemption amount	18	5100
19	5.05% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	133354
20	INTEREST AND DIVIDEND INCOME	20	50
21	TOTAL TAXABLE 5.05% INCOME. Add lines 19 and 20	21	133404

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

2019 Form 1, pg. 3
 MA19001031032
 Massachusetts Resident Income Tax Return

22 TAX ON 5.05% 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	6737
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	293
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	7030
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	7030
33 Voluntary Contributions		
a Endangered Wildlife Conservation	33a	10
b Organ Transplant Fund	33b	10
c Massachusetts Public Health HIV and Hepatitis 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	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	7090



2019 Form 1, pg. 4
 MA19001041032
 Massachusetts Resident Income Tax Return

38	Massachusetts income tax withheld	38	6680
39	2018 overpayment applied to your 2019 estimated tax	39	433
40	2019 Massachusetts estimated tax payments	40	
41	Payments made with extension	41	
42	Amended return only. Payments made with original return. Not less than "0"	42	
43	Earned Income Credit. a Number of qualifying children b Amount from U.S. return x .30 =	43	
Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception			
44	Senior Circuit Breaker Credit	44	
45	Other Refundable Credits	45	
46	Excess Paid Family Leave Withholding	46	
47	TOTAL. Add lines 38 through 46	47	7113
48	Overpayment. Subtract line 37 from line 47	48	23
49	Amount of overpayment you want applied to your 2020 estimated tax	49	23
50	Refund. Subtract line 49 from line 48. Mail to Massachusetts DOR, PO Box 7000, Boston, MA 02204	50	

Direct deposit of refund. Type of account checking
 savings

RTN # account #

51	Tax due. Pay online at www.mass.gov/dor/payonline . Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	51	
	Interest Penalty M-2210 amt.		

EX enclose
 Form M-2210

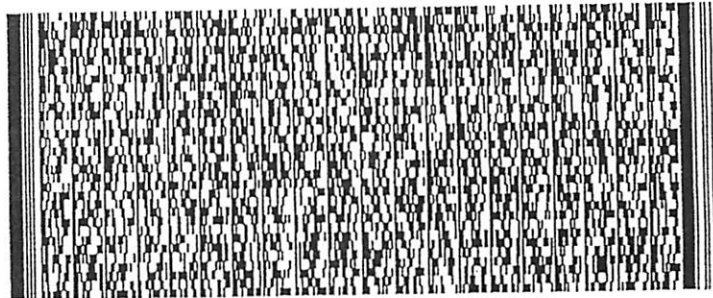
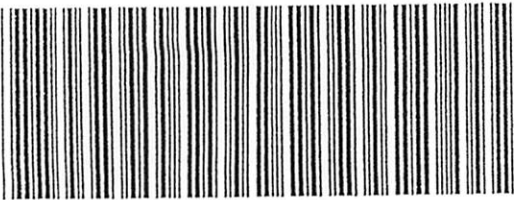
Fill in if the Department of Revenue may discuss this return with the preparer shown here
 I do not want preparer to file my return electronically

Print paid preparer's name
 [Redacted]
 Paid preparer's signature
 [Redacted]

X
 X (this may delay your refund)
 Date 4/13/20 Check if self-employed
 Paid preparer's phone
 [Redacted]

Paid preparer's
 SSN/PTIN
 [Redacted]
 Paid preparer's EIN
 [Redacted]

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



2019 Schedule B
 MA19010011032

EDWARD

J MARKEY



Part 1. Interest and Dividend Income

1	Total interest income	1	32
2	Total ordinary dividends	2	18
3	Other interest and dividends not included above	3	
4	Total interest and dividends	4	50
5	Total interest from Massachusetts banks	5	
6a	Other interest and dividends to be excluded	6a	
6b	Part-year/Nonresidents only	6b	
7	Subtotal	7	50
8	Allowable deductions from your trade or business	8	
9	Subtotal	9	50

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

10	Massachusetts short-term capital gains	10	
11	Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12	Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a	Add lines 10 through 12	13a	
13b	Part-year/Nonresidents only	13b	
13c	Subtract line 13b from line 13a. Not less than 0	13c	
14	Allowable deductions from your trade or business	14	
15	Subtotal	15	
16	MA short-term capital losses	16	
17	Massachusetts 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	

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MA19010021032

EDWARD J
MARKEY

19a Combine lines 15 through 18	19a
19b Part-year/Nonresidents only	19b
19c Exclude line 19b losses from line 19a	19c
20 Short-term losses applied against interest and dividends	20
21 Available short-term losses	21
22 Short-term losses applied against long-term gains	22
23 Short-term losses available for carryover in 2020	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
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 5.05%	38
39 Taxable 12% capital gains	39
40 Available short-term losses for carryover in 2020	40

2019 Schedule D

MA19012011032

Long-Term Capital Gains and Losses
Excluding Collectibles

EDWARD

J MARKEY

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

1	Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	1	
2	Enter amounts from U.S. Schedule D, line 9, col. h	2	
3	Enter amounts from U.S. Schedule D, line 10, col. h	3	
4	Enter amounts from U.S. Schedule D, line 11, col. h	4	
5	Enter amounts from U.S. Schedule D, line 12, col. h	5	
6	Enter amounts from U.S. Schedule D, line 13, col. h	6	5808
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	5808
10a	Massachusetts adjustments	10a	
10b	Part-year/Nonresidents only	10b	
10c	Combine lines 10a and 10b	10c	
11	Massachusetts capital gains and losses	11	5808
12	Long-term gains on collectibles and pre-1996 installment sales	12	
13	Subtotal	13	5808
14	Capital losses applied against capital gains	14	
15	Subtotal	15	5808
16	Long-term capital losses applied against interest and dividends	16	
17	Subtotal	17	5808
18	Allowable deductions from your trade or business	18	
19	Subtotal	19	5808
20	Excess exemptions	20	
21	Taxable long-term capital gains	21	5808
22	Tax on long-term capital gains	22	293
23	Massachusetts available losses for carryover	23	

2019 Schedule HC
MA19029011032

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 07111946 1 b Spouse's date of birth 1 c Family size 2
2 Federal adjusted gross income 2 177483

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 2019, you turned 18, you were a part-year resident or a taxpayer was deceased.
3 a You: X Full-year MCC Part-year MCC No MCC/None
3 b Spouse: Full-year MCC Part-year MCC No MCC/None
If you checked the full-year or part-year MCC, go to line 4. If you checked No MCC/None, go to line 6.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2019, 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) X 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 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 530078070 90509074900

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 2019, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-0047

2019

Part I Responsible Individual

1 Name of responsible individual- first name, middle name, last name 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) XX-XXX2558
12 Street address (including room or suite no.) UNITED STATES SENATE DISBURSING OFFICE	13 City or town 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) 53-0078070	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

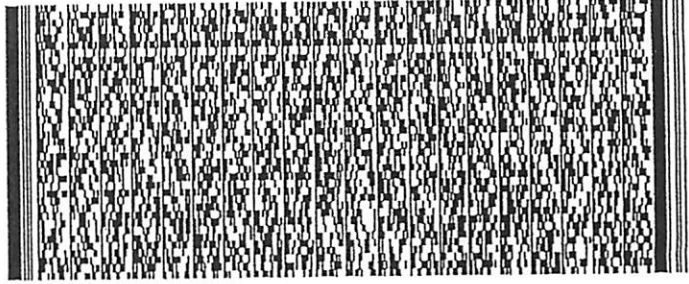
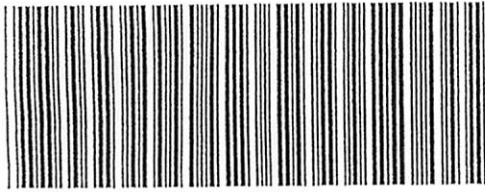
Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(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]		<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"/>
24 SUSAN BLUMENTHAL	[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"/>
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"/>
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"/>
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"/>
28			<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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
487981 2.000

Cat. No. 60704B

Form **1095-B** (2019)



2019 Schedule INC
 MA19INC011032

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	6680	140454	10494		W2
53-0227896		29			1099INT
04-3523567		3			1099INT
04-3523567		18			1099DIV

TOTALS	6680	140504	10494		
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