

For the year Jan. 1 - Dec. 31, 2025, or other tax year beginning , ending See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse Other

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

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code MALDEN MA Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code 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.

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS). Enter spouse's SSN above and full name here: SUSAN J BLUMENTHAL Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Table with 5 columns: Dependents (see instructions), (1) First name, (2) Last name, (3) SSN, (4) Relationship, (5) Check if lived with you more than half of 2025, (6) Check if (Full-time student, Permanently and totally disabled), (7) Credits (Child tax credit, Credit for other dependents).

Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income section table with rows 1a through 11a. Includes sub-rows for interest, dividends, IRA distributions, pensions, social security, and capital gains. Total income is 250,263.

**Tax and Credits**

11b Amount from line 11a (adjusted gross income) **11b** 250,263.

12a Someone can claim  You as a dependent  Your spouse as a dependent  
 b  Spouse itemizes on a separate return c  You were a dual-status alien  
 d You:  Were born before January 2, 1961  Are blind  
 Spouse:  Was born before January 2, 1961  Is blind

**Standard deduction for -**

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

e **Standard deduction or itemized deductions** (from Schedule A) **12e** 39,774.

13a Qualified business income deduction from Form 8995 or Form 8995-A **13a**  
 b Additional deductions from Schedule 1-A, line 38 **13b**

14 Add lines 12e, 13a, and 13b **14** 39,774.  
 15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** 210,489.  
 16 **Tax** (see instructions). Check if any from Form(s): 1  8814 2  4972 3  **16** 39,191.  
 17 Amount from Schedule 2, line 3 **17**  
 18 Add lines 16 and 17 **18** 39,191.  
 19 Child tax credit or credit for other dependents from Schedule 8812 **19**  
 20 Amount from Schedule 3, line 8 **20**  
 21 Add lines 19 and 20 **21**  
 22 Subtract line 21 from line 18. If zero or less, enter -0- **22** 39,191.  
 23 Other taxes, including self-employment tax, from Schedule 2, line 21 **23** 1,875.  
 24 Add lines 22 and 23. This is your **total tax** **24** 41,066.

**Payments and Refundable Credits**

25 Federal income tax withheld from:  
 a Form(s) W-2 **SEE STATEMENT 6** **25a** 29,082.  
 b Form(s) 1099 **SEE STATEMENT 8** **25b** 15,430.  
 c Other forms (see instructions) **25c**  
 d Add lines 25a through 25c **25d** 44,512.

26 2025 estimated tax payments and amount applied from 2024 return **STATEMENT 7** **26** 7,680.  
 If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):

27a Earned income credit (EIC) **27a**  
 b Clergy filing Schedule SE (see instructions)  
 c If you do not want to claim the EIC, check here

28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here  **28**  
 29 American opportunity credit from Form 8863, line 8 **29**  
 30 Refundable adoption credit from Form 8839, line 13 **30**  
 31 Amount from Schedule 3, line 15 **31**  
 32 Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** **32**  
 33 Add lines 25d, 26, and 32. These are your **total payments** **33** 52,192.

**Refund**

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** 11,126.  
 35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here  **35a** 10,326.  
 b Routing number  c Type:  Checking  Savings  
 d Account number

36 Amount of line 34 you want **applied to your 2026 estimated tax** **36** 800.

**Amount You Owe**

37 Subtract line 33 from line 24. This is the **amount you owe**. **37**  
 For details on how to pay, go to [www.irs.gov/Payments](http://www.irs.gov/Payments) or see instructions

38 Estimated tax penalty (see instructions) **38**

**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**

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.

Your signature  Date  Your occupation **US 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.  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 **03/25/26** PTIN  Check it:  Self-employed

Firm's name  Phone no.  Firm's EIN

Firm's address

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **02**

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

Your social security number

**EDWARD J. MARKEY**

**Part I Tax**

<b>1</b>	Additions to tax:		
<b>a</b>	Excess advance premium tax credit repayment. Attach Form 8962 .....	<b>1a</b>	
<b>b</b>	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) .....	<b>1b</b>	
<b>c</b>	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) .....	<b>1c</b>	
<b>d</b>	Recapture of net EPE from Form 4255, line 2a, column (I) .....	<b>1d</b>	
<b>e</b>	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a                      (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d                      (iv) <input type="checkbox"/> Line 2a .....	<b>1e</b>	
<b>f</b>	20% EP from Form 4255. Check applicable box and enter amount. See instructions (i) <input type="checkbox"/> Line 1a                      (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d                      (iv) <input type="checkbox"/> Line 2a .....	<b>1f</b>	
<b>y</b>	Other additions to tax (see instructions): .....	<b>1y</b>	
<b>z</b>	Add lines 1a through 1y .....	<b>1z</b>	
<b>2</b>	Alternative minimum tax. Attach Form 6251 .....	<b>2</b>	
<b>3</b>	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .....	<b>3</b>	<b>0.</b>

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 <input type="checkbox"/> 4361      2 <input type="checkbox"/> 4029      3 <input type="checkbox"/> .....	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 .....	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 .....	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 .....	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here .....	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H .....	<b>9</b>	
<b>10</b>	Reserved for future use .....	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 .....	<b>11</b>	<b>207.</b>
<b>12</b>	Net investment income tax. Attach Form 8960 .....	<b>12</b>	<b>1,668.</b>
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 .....	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares .....	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 .....	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 .....	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home see instructions	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax	<b>17j</b>	
<b>k</b>	Golden parachute payments	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount:	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z	<b>18</b>	
<b>19</b>	Recapture of net EPE from Form 4255, line 1d, column (l)	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b	<b>21</b>	<b>1,875.</b>

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **07**

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

Your social security number

**EDWARD J. MARKEY**

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1			
2	Enter amount from Form 1040 or 1040-SR, line 11b .....	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			
<b>Taxes You Paid</b>		<b>SEE STATEMENT 9</b>			
5	State and local taxes (SALT). 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	11,138.		
	b State and local real estate taxes (see instructions) <b>SEE STATEMENT 11</b> .....	5b	9,517.		
	c State and local personal property taxes .....	5c			
	d Add lines 5a through 5c .....	5d	20,655.		
	e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions <b>STMT 12</b> .....	5e	19,961.		
6	Other taxes. List type and amount: ..... .....	6			
7	Add lines 5e and 6 .....	7			19,961.
<b>Interest You Paid</b>		<b>Caution:</b> 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 <input type="checkbox"/> .....				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited <b>SEE STATEMENT 10</b> .....	8a	10,963.		
	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 Reserved for future use .....	8d			
	e Add lines 8a through 8c .....	8e	10,963.		
9	Investment interest. Attach Form 4952 if required. See instructions .....	9			
10	Add lines 8e and 9 .....	10			10,963.
<b>Gifts to Charity</b>		<b>Caution:</b> 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	8,850.		
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	12			
13	Carryover from prior year .....	13			
14	Add lines 11 through 13 .....	14			8,850.
<b>Casualty and Theft Losses</b>		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	
<b>Other Itemized Deductions</b>		16 Other - from list in instructions. List type and amount: .....		16	
<b>Total Itemized Deductions</b>		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 12e .....		17	39,774.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> .....				

**SCHEDULE B  
(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

Name(s) shown on return

Your social security number

**EDWARD J. MARKEY**

**Part I**

**Interest**

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:

NATIONAL FINANCIAL SERVICES LLC

**Amount**

7.

**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.

2 Add the amounts on line 1

2

7.

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 or 1040-SR, line 2b

4

7.

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

**Amount**

**Part II**

**Ordinary Dividends**

5 List name of payer:

NATIONAL FINANCIAL SERVICES LLC

33.

**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.

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

6

33.

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

**Part III**

**Foreign Accounts and Trusts**

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.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

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

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

X

# Interest and Dividend Summary

Name: EDWARD J. MARKEY

FEIN/SSN:

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A NATIONAL FINANCIAL SERVICES LLC	7.							
B NATIONAL FINANCIAL SERVICES LLC							33.	33.
C								
D								
E								
F								
G								
H								
I								
J								
K								
<b>Totals</b>	<b>7.</b>						<b>33.</b>	<b>33.</b>

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B 12,489.								
C								
D								
E								
F								
G								
H								
I								
J								
K								
<b>Totals</b> 12,489.								

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2025**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Name(s) shown on return

Your social security number

**EDWARD J. MARKEY**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> or <b>Box G</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> or <b>Box H</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> or <b>Box I</b> checked .....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> or <b>Box J</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> or <b>Box K</b> checked .....	48,000.	14,151.		33,849.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> or <b>Box L</b> checked .....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions <b>STMT 13</b> .....				<b>13</b> 12,489.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 .....				<b>15</b> 46,338.

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

Schedule D (Form 1040) 2025 Created 10/6/25

**Part III Summary**

<p>16 Combine lines 7 and 15 and enter the result .....</p>	<p>16</p>	<p>46,338.</p>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.</li> </ul>		
<p>17 Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....</p>	<p>18</p>	
<p>19 If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the <b>smaller</b> of:   <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </p>	<p>21</p>	<p>( )</p>
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

**EDWARD J. MARKEY**

Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, F, J, K, or L below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions, other than digital asset transactions, not reported to you on Form 1099-B or Form 1099-DA
- (J) Long-term transactions reported on Form(s) 1099-DA showing basis was reported to the IRS (see Note above)
- (K) Long-term transactions reported on Form(s) 1099-DA showing basis was not reported to the IRS
- (L) Long-term digital asset transactions not reported to you on Form 1099-DA or Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	FIDELITY [REDACTED]	11/29/99	03/25/25	48,000.	14,151.			33,849.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> or <b>Box J</b> above is checked), <b>line 9</b> (if <b>Box E</b> or <b>Box K</b> above is checked), or <b>line 10</b> (if <b>Box F</b> or <b>Box L</b> above is checked) .....			48,000.	14,151.			33,849.

**Note:** If you checked Box D or Box J above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**Qualified Dividends and Capital Gain Tax Worksheet - Line 16**

Keep for Your Records

Name(s) shown on return <b>EDWARD J. MARKEY</b>	Your SSN [REDACTED]
--	------------------------

**Before you begin:**

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7b.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet .....	1.	210,489.				
2. Enter the amount from Form 1040 or 1040-SR, line 3a* .....	2.	33.				
3. Are you filing Schedule D?*	3.	46,338.				
<input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.						
<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7a.						
4. Add lines 2 and 3 .....	4.	46,371.				
5. Subtract line 4 from line 1. If zero or less, enter -0- .....	5.	164,118.				
6. Enter:	6.	48,350.				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">                     \$48,350 if single or married filing separately,                      \$96,700 if married filing jointly or qualifying surviving spouse,                      \$64,750 if head of household.                 </td> <td style="width:5%; text-align: center;">}</td> <td style="width:45%;"></td> </tr> </table>				\$48,350 if single or married filing separately, \$96,700 if married filing jointly or qualifying surviving spouse, \$64,750 if head of household.	}	
\$48,350 if single or married filing separately, \$96,700 if married filing jointly or qualifying surviving spouse, \$64,750 if head of household.	}					
7. Enter the smaller of line 1 or line 6 .....	7.	48,350.				
8. Enter the smaller of line 5 or line 7 .....	8.	48,350.				
9. Subtract line 8 from line 7. This amount is taxed at 0% .....	9.	0.				
10. Enter the smaller of line 1 or line 4 .....	10.	46,371.				
11. Enter the amount from line 9 .....	11.	0.				
12. Subtract line 11 from line 10 .....	12.	46,371.				
13. Enter:	13.	300,000.				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">                     \$533,400 if single,                      \$300,000 if married filing separately,                      \$600,050 if married filing jointly or qualifying surviving spouse,                      \$566,700 if head of household.                 </td> <td style="width:5%; text-align: center;">}</td> <td style="width:45%;"></td> </tr> </table>				\$533,400 if single, \$300,000 if married filing separately, \$600,050 if married filing jointly or qualifying surviving spouse, \$566,700 if head of household.	}	
\$533,400 if single, \$300,000 if married filing separately, \$600,050 if married filing jointly or qualifying surviving spouse, \$566,700 if head of household.	}					
14. Enter the smaller of line 1 or line 13 .....	14.	210,489.				
15. Add lines 5 and 9 .....	15.	164,118.				
16. Subtract line 15 from line 14. If zero or less, enter -0- .....	16.	46,371.				
17. Enter the smaller of line 12 or line 16 .....	17.	46,371.				
18. Multiply line 17 by 15% (0.15) .....	18.	6,956.				
19. Add lines 9 and 17 .....	19.	46,371.				
20. Subtract line 19 from line 10 .....	20.	0.				
21. Multiply line 20 by 20% (0.20) .....	21.	0.				
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet .....	22.	32,235.				
23. Add lines 18, 21, and 22 .....	23.	39,191.				
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....	24.	44,419.				
25. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet .....	25.	39,191.				

\* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return <b>EDWARD J. MARKEY</b>	Your social security number [REDACTED]
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**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	147,978.		
2 Unreported tips from Form 4137, line 6 .....	2			
3 Wages from Form 8919, line 6 .....	3			
4 Add lines 1 through 3 .....	4	147,978.		
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 surviving spouse ..... \$200,000	5	125,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0- .....			6	22,978.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II .....			7	207.

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

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- .....	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 surviving spouse ..... \$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 surviving spouse ..... \$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 Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V .....			18	207.
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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	2,146.		
20 Enter the amount from line 1 .....	20	147,978.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	21	2,146.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....			22	0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....			23	
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) .....			24	

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

Form 8959 (2025) Created 4/30/25

# Net Investment Income Tax - Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://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: XXXXXXXXXX

**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	7.
2 Ordinary dividends (see instructions) .....		2	33.
3 Annuities (see instructions) .....		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, 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	46,338.	
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	46,338.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions) .....		6	
7 Other modifications to investment income (see instructions) <b>SEE STATEMENT 14</b> .....		7	17.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		8	46,395.

**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	2,512.	
c Miscellaneous investment expenses (see instructions) .....	9c		
d Add lines 9a, 9b, and 9c .....		9d	2,512.
10 Additional modifications (see instructions) .....		10	
11 Total deductions and modifications. Add lines 9d and 10 .....		11	2,512.

**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	43,883.
<b>Individuals:</b>			
13 Modified adjusted gross income (see instructions) .....	13	250,263.	
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	125,263.	
16 Enter the smaller of line 12 or line 15 .....		16	43,883.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....		17	1,668.
<b>Estates and Trusts:</b>			
18a Net investment income (line 12 above) .....	18a		
b Deductions for distributions of net investment income and charitable deductions (see instructions) .....	18b		
c Undistributed net investment income. Subtract line 18b from line 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). <b>Enter here and include on your tax return</b> (see instructions) .....		21	

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

Form 8960 (2025) Created 8/19/25

**Line 7 - Deduction Recoveries Worksheet**

**MASSACHUSETTS**

1. Enter total amount of recovery included in gross income .....	1.	<u>60.</u>	
<ul style="list-style-type: none"> <li>• Don't include recoveries of items that are included in NII in the year of recovery (included on lines 1-6).</li> <li>• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.</li> <li>• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.</li> </ul>			
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;"><b>CAUTION</b></div> <i>This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.</i>			
2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 .....	2.	<u>0.</u>	
3. Total amount of recovery (add lines 1 and 2) .....	3.	<u>60.</u>	
4. Enter the percentage of the deduction allocated to NII in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) .....	4.	<u>.286624386</u>	
5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior-year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or section 68 in a tax year prior to 2018) .....	5.	<u>17.</u>	

**Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL**

6. Multiply line 5 by 3.8% (0.038) .....	6.	<u>1.</u>	
7. Enter the amount of NII in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) .....	7.	<u>57,477.</u>	
8. Add the amount on line 5 to line 7 .....	8.	<u>57,494.</u>	
9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the NIIT reported on that year's Form 8960, line 12). Enter your recalculated NIIT here .....	9.	<u>2,185.</u>	
10. Enter the NIIT reported for the year of the deduction .....	10.	<u>2,184.</u>	
11. Subtract line 10 from line 9 .....	11.	<u>1.</u>	
12. Enter the smaller of line 6 or line 11 .....	12.	<u>1.</u>	
13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 .....	13.	<u>17.</u>	

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) .....	14.	_____	
15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) .....	15.	_____	
16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 .....	16.	_____	

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

**2025**

MASSACHUSETTS

Name(s) **EDWARD J MARKEY** Your social security number or EIN XXXXXXXXXX

**Part I Investment Income**  Section 6013(g) election  
 Regulations section 1.1411-10(g) election

1 Taxable interest .....			1	7.
2 Ordinary dividends .....			2	33.
3 Annuities from nonqualified plans .....			3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. ....	4a			
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business .....	4b			
c Combine lines 4a and 4b .....			4c	0.
5a Net gain or loss from disposition of property .....	5a	46,338.		
b Net gain or loss from disposition of property that is not subject to net investment income tax .....	5b			
c Adjustment from disposition of partnership interest or S corporation stock .....	5c			
d Combine lines 5a through 5c .....			5d	46,338.
6 Changes in investment income for certain CFCs and PFICs .....			6	
7 Other modifications to investment income .....			7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....			8	46,378.

**Part II State Income Tax Pro-ration for 2025 Income Tax Payments**

9 State total income .....			9	211,500.
10 State income tax payments for 2025 .....		SEE STATEMENT 15	10	10,104.
11 2025 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....			11	2,216.

**Part III State Income Tax Pro-ration for 2024 Estimate Payments Made in 2025**

12 State estimate payments for 2024 .....			12	0.
13 Percent of state income taxes attributable to investment income for 2024 .....			13	
14 2024 state estimate payments attributable to investment income. Line 12 times line 13 .....			14	0.

**Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2025**

15 Balance of prior years tax plus extension payments paid in 2025 .....			15	1,034.
16 Percent of state income taxes attributable to investment income for 2024 .....			16	.286624
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 .....			17	296.

**Part V Reduction of State Tax Deduction**

18 Reduction of state tax deduction .....			18	( )
19 Percent of state income taxes attributable to investment income for 2024 .....			19	
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19 .....			20	( 0.)

**Part VI Total State Income Tax Payments Attributable to Investment Income**

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 .....			21	2,512.
--	--	--	----	--------

Form 8960 (2025)



FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T UNITED STATES SENATE DISBURSING OFFICE	144,978.	29,082.	7,717.		9,175.	2,146.
TOTALS	144,978.	29,082.	7,717.		9,175.	2,146.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
NATIONAL FINANCIAL SERVICES LLC	33.	33.
TOTAL INCLUDED IN FORM 1040, LINE 3A		33.

FORM 1040

IRA DISTRIBUTIONS

STATEMENT 3

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
MORGAN STANLEY SMITH BARNEY LLC	20,144.	20,144.
TOTAL TO FORM 1040, LINES 4A AND 4B	20,144.	20,144.

## CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE  
 B. MARRIED FILING JOINTLY  
 X C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE  
 AT ANY TIME DURING 2025  
 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE  
 FOR ALL OF 2025
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR  
 FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON  
 FORM 1040, LINE 6A 45,603.  
 IF YOU CHECKED BOX B: TAXPAYER AMOUNT  
 SPOUSE AMOUNT
2. MULTIPLY LINE 1 BY 50% (0.50) 22,802.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B,  
 7A AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM  
 LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2.  
 DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR  
 RRB-1099 211,500.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED  
 INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,  
 OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF  
 PUERTO RICO THAT YOU CLAIMED
5. ADD LINES 2, 3, AND 4 234,302.
6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20,  
 AND 23 AND 25 0.
7. SUBTRACT LINE 6 FROM LINE 5 234,302.
8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR  
 \$32000. IF YOU CHECKED BOX B, OR  
 \$-0- IF YOU CHECKED BOX C 0.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?  
 [ ] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE  
 TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE  
 MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR  
 SPOUSE FOR ALL OF 2025, BE SURE YOU CHECKED THE BOX ON  
 LINE 6D.  
 [X] YES. SUBTRACT LINE 8 FROM LINE 7 234,302.
10. ENTER \$9000. IF YOU CHECKED BOX A OR D,  
 \$12000. IF YOU CHECKED BOX B  
 \$-0- IF YOU CHECKED BOX C 0.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 234,302.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10
13. ENTER ONE HALF OF LINE 12
14. ENTER THE SMALLER OF LINE 2 OR LINE 13
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 199,157.
16. ADD LINES 14 AND 15 199,157.
17. MULTIPLY LINE 1 BY 85% (.85) 38,763.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 38,763.
- \* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

FORM 1040	TAX	STATEMENT 5
DESCRIPTION		AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		39,191.
TOTAL TO FORM 1040, LINE 16		39,191.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 6
T S DESCRIPTION		AMOUNT
T UNITED STATES SENATE DISBURSING OFFICE		29,082.
TOTAL TO FORM 1040, LINE 25A		29,082.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 7
DESCRIPTION		AMOUNT
1ST QTR ESTIMATE PAYMENT		1,920.
2ND QTR ESTIMATE PAYMENT		1,920.
3RD QTR ESTIMATE PAYMENT		1,920.
4TH QTR ESTIMATE PAYMENT		1,920.
TOTAL TO FORM 1040, LINE 26		7,680.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT 8
T S DESCRIPTION		AMOUNT
T MORGAN STANLEY SMITH BARNEY LLC		4,029.
T WITHHOLDING FROM FORM 1099-SSA		11,401.
TOTAL TO FORM 1040, LINE 25B		15,430.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 9
DESCRIPTION		AMOUNT
MORGAN STANLEY SMITH BARNEY LLC		1,007.
UNITED STATES SENATE DISBURSING OFFICE		7,717.
MASSACHUSETTS 1ST QTR ESTIMATE PAYMENTS		460.
MASSACHUSETTS 2ND QTR ESTIMATE PAYMENTS		460.
MASSACHUSETTS 3RD QTR ESTIMATE PAYMENTS		460.
MASSACHUSETTS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		1,034.
TOTAL TO SCHEDULE A, LINE 5A		11,138.

SCHEDULE A	MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098	STATEMENT 10
DESCRIPTION		AMOUNT
MEMBERS MORTGAGE CO., INC., [REDACTED] STONEHAM, MA		3,931.
MEMBERS MORTGAGE CO., INC., [REDACTED] STONEHAM, MA		7,032.
TOTAL TO SCHEDULE A, LINE 8A		10,963.

SCHEDULE A	REAL ESTATE TAXES	STATEMENT 11
DESCRIPTION		AMOUNT
MEMBERS MORTGAGE CO., INC.		5,616.
MEMBERS MORTGAGE CO., INC.		3,901.
TOTAL TO SCHEDULE A, LINE 5B		9,517.

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SCHEDULE A STATE AND LOCAL TAX DEDUCTION WORKSHEET STATEMENT 12

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1. IS THE AMOUNT ON SCHEDULE A, LINE 5D MORE THAN \$10,000 (\$5,000 IF MFS)		
NO. STOP YOUR DEDUCTION ISN'T LIMITED DON'T COMPLETE THE REST OF THIS WORKSHEET.		
X YES.	ENTER \$	40,000.
2. ENTER THE AMOUNT FROM FORM 1040, LINE 11B		250,263.
3A. ENTER ANY INCOME FROM PUERTO RICO THAT YOU EXCLUDED		
B. ENTER THE AMOUNT FROM FORM 2555, LINE 45		
C. ENTER THE AMOUNT FROM FORM 2555, LINE 50		
D. ENTER THE AMOUNT FROM FORM 4563, LINE 15		
E. ADD LINES 3A THROUGH 3D		
4. ADD LINES 2 AND 3E		250,263.
5. ENTER \$500,000 (\$250,000 IF MFS)		250,000.
6. IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5?		
NO. SKIP LINES 7 AND 8 ENTER THE AMOUNT FROM LN. 1 ON LN. 9		
X YES. SUBTRACT LINE 5 FROM LINE 4.		263.
7. MULTIPLY LINE 6 BY 30%		79.
8. SUBTRACT LINE 7 FROM LINE 1		39,921.
9. ENTER THE LARGER OF THE AMOUNT ON LINE 8 OR \$10,000		39,921.
10. STATE AND LOCAL TAX DEDUCTION. ENTER THE SMALLER OF THE AMOUNT ON LINE 9 (HALF THE AMOUNT ON LINE 9 IF MFS) OR THE AMOUNT FROM SCHEDULE A, LINE 5D HERE AND ON SCHEDULE A, LINE 5E		19,961.

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SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 13

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NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
NATIONAL FINANCIAL SERVICES LLC	12,489.	
TOTALS TO SCHEDULE D, LINE 13	12,489.	

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FORM 8960 OTHER MODIFICATIONS TO INVESTMENT INCOME STATEMENT 14

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AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR MA	17.
AMOUNT TO FORM 8960, LINE 7	17.

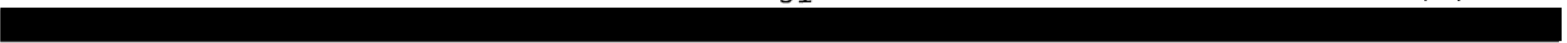


MASSACHUSETTS

DESCRIPTION

AMOUNT

UNITED STATES SENATE DISBURSING OFFICE	7,717.
MORGAN STANLEY SMITH BARNEY LLC	1,007.
2025 1ST QTR ESTIMATE PAYMENT	460.
2025 2ND QTR ESTIMATE PAYMENT	460.
2025 3RD QTR ESTIMATE PAYMENT	460.
TOTAL TO STATE FORM 8960, LINE 10	10,104.



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2025  
Massachusetts  
Department of  
Revenue

1 Name of insurance company or administrator 2 FID number of insurance co. or administrator

Group Hospitalization and Medical [Redacted]

3 Name of subscriber 4 Date of birth 5 Subscriber number

Edward Markey [Redacted] [Redacted]

6 Street address 7 City/Town 8 State 9 Zip

[Redacted] Malden MA [Redacted]

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

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

a. Name of dependent Date of birth Subscriber number

Susan Blumenthal [Redacted] [Redacted]

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

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

b. Name of dependent Date of birth Subscriber number

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

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

c. Name of dependent Date of birth Subscriber number

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

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

d. Name of dependent Date of birth Subscriber number

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

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

e. Name of dependent Date of birth Subscriber number

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

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

f. Name of dependent Date of birth Subscriber number

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

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

g. Name of dependent Date of birth Subscriber number

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

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

h. Name of dependent Date of birth Subscriber number

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

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

**2025 Form 1**

**MA25001011019**

**Massachusetts Resident Income Tax Return  
FOR FULL YEAR RESIDENTS ONLY**

For the year January 1-December 31, 2025 or other taxable

Year beginning Ending

**EDWARD J MARKEY**  
**SUSAN J BLUMENTHAL**

**MALDEN**

**MA**

**2**

Fill in if: Amended return Other jurisdiction change Enter date of change  
Federal amendment Amended return due to IRS BBA Partnership Audit

**State Election Campaign Fund:**

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased You Spouse

Fill in if under age 18

Fill in if name change

a. Total federal income **250263**  
b. Federal adjusted gross income **250263**

\$1 You \$1 Spouse TOTAL  
You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if you are a custodial parent who has released claim to exemption for child(ren)

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

**1. Filing status (select one only):**

Fill in if not using same filing status on the federal return

Single

Married filing jointly

Married filing separate return

Joint filing exemption for spouse with MA gross income under \$8,000

NRA

Head of household

**2. Exemptions**

a. Personal exemptions

**2a**

**4400**

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

X \$1,000 = **2b**

c. Age 65 or over before 2026  You + Spouse =

**1**

X \$700 = **2c**

**700**

d. Blindness You + Spouse =

X \$2,200 = **2d**

e. Medical/dental

**2e**

f. Adoption

**2f**

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

**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

557001 11-04-25

**MARCH 25, 2026**

**15:33:02**

**2025 Form 1, pg. 2**

MA25001021019

Massachusetts Resident Income Tax Return

3. Wages, salaries, tips	3	144978
4. Taxable pensions and annuities	4	
5. Mass. bank interest:	= 5	
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 7	9	20144
10. <b>TOTAL 5.0% INCOME</b>	10	165122
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. Reserved for future use	12	
13. Reserved for future use	13	
14. Rental deduction. a.	+ 2 = 14	
15. Other deductions from Schedule Y, line 19	15	8850
16. <b>Total deductions.</b> Add lines 11 through 15	16	10850
17. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. Not less than "0"	17	154272
18. Exemption amount	18	5100
19. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. Not less than "0"	19	149172
20. <b>INTEREST AND DIVIDEND INCOME</b>	20	40
21. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 19 and 20	21	149212
22. <b>TAX ON 5.0% INCOME.</b> Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	7461
23. <b>INCOME FROM SCHEDULE B.</b> Not less than "0."		
a. $x .085 =$ <b>23a</b>		
b. $x .12 =$ <b>23b</b>		
<b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 23a and 23b	23	

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

557011 11-04-25

MARCH 25, 2026

15:33:02





**2025 Schedule X**  
MA25SXX011019

EDWARD

J MARKEY

**Schedule X. Other Income**

1. Alimony received		1	
2. Taxable IRA/Keogh and Roth IRA conversion distributions	SEE STATEMENT 1	2	20144
3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law		3	
4. Fees and other 5.0% income. Not less than "0"		4	
5. PFML taxable distributions		5	
6. Excess business loss adjustment		6	
7. Total other 5.0% income. Add lines 1 through 6. Not less than "0"		7	20144

557071 11-05-25

MARCH 25, 2026

15:33:02

**2025 Schedule Y**  
MA25SYY011019

EDWARD

J MARKEY

**Schedule Y. Other Deductions**

1. (RESERVED FOR FUTURE USE)	1	
2. Penalty for early savings withdrawal	2	
3. Amount of deductible alimony paid	3	
4a. Income received by a firefighter or police officer excludible under MGL ch 41, § 111F included in Form 1, line 3 or Form 1-NR/PY, line 5	4a	
4b. Income exempt under US tax treaty included in Form 1, line 3 or Form 1-NR/PY, line 5	4b	
5. Moving expenses for members of the Armed Forces	5	
6. Medical savings account deduction	6	
7. Self-employed health insurance deduction	7	
8. Health savings accounts deduction	8	
9a. Certain qualified deductions from U.S. Form 1040	9a	
9b. Certain business expenses from U.S. Form 1040	9b	
9c. Charitable contributions deduction	9c	8850
10. Student loan interest	10	
11. College Tuition Deduction (full-year residents only)	11	
12. Undergraduate student loan interest deduction	12	
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	13	
14. Claim of right deduction	14	
15. Commuter deduction	15	
16. Human organ donation deduction (full-year residents only)	16	
17. Certain gambling losses	17	
18a. Prepaid tuition or college savings program deduction	18a	
18b. Student loan repayment assistance deduction	18b	
19. Total other deductions. Add lines 1 through 18	19	8850

MARCH 25, 2026

15:33:02

**2025 Schedule B**  
MA25010011019

EDWARD

J MARKEY

**Part 1. Interest and Dividend Income**

1. Total interest income	1	7
2. Total ordinary dividends	2	33
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	40
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	40
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	40

**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. Massachusetts 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	

557041 11-04-25

MARCH 25, 2026

15:33:02

**2025 Schedule B, pg. 2**

MA25010021019

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. Enter smaller of line 9 or line 19c. Not more than \$2,000	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 2026. Combine lines 21 and 22 and enter result here and in line 40, omit lines 24-28, and complete Part 3	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	40
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	40
32. Long-term losses applied against interest and dividends. Not more than \$2,000	32	
33. Adjusted interest and dividends	33	40
34. Enter the amount from line 28	34	
35. Adjusted gross interest, dividends and certain capital gains	35	40
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	40
38. If line 37 is greater than or equal to line 9 here and on Form 1, line 20 or Form 1-NR/PY, line 24. If line 37 is less than line 9, enter the amount from line 37 here and on Form 1, line 20 or Form 1-NR/PY, line 24	38	40
39. Total taxable 8.5% and 12% capital gains. Subtract line 38 from line 37. Not less than 0. If no entry on Part 2, line 11, enter result here and on Form 1, line 23a or Form 1-NR/PY, line 27a	39	0
40. Available short-term losses for carryover in 2026. Enter amount from line 23	40	

557231 01-28-26

**2025 Schedule D**

MA25012011019

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	STMT 3	2	33849
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	STMT 2	6	12489
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	46338
10a. Massachusetts adjustments		10a	
10b. Part-year/Nonresidents only		10b	
10c. Combine lines 10a and 10b		10c	
11. Massachusetts capital gains and losses		11	46338
12. Long-term gains on collectibles and pre-1996 installment sales		12	
13. Subtotal		13	46338
14. Capital losses applied against capital gains		14	
15. Subtotal		15	46338
16. Long-term capital losses applied against interest and dividends		16	
17. Subtotal		17	46338
18. Allowable deductions from your trade or business		18	
19. Subtotal		19	46338
20. Excess exemptions		20	
21. Taxable long-term capital gains		21	46338
22. Tax on long-term capital gains		22	2317
23. Massachusetts available losses for carryover		23	

557861 11-04-25

MARCH 25, 2026

15:33:02

**2025 Schedule HC**  
MA25029011019

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

- 1a. Date of birth [REDACTED] 1b. Spouse's date of birth 1c. Family size 1
- 2. Federal adjusted gross income 2 250263
- 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 2025, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC choice, go to line 4. If you filled in No MCC/None, go to line 6.

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

- 4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2025, 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.
  - 4a. Private insurance, including ConnectorCare (complete line(s) 4f and/or 4g below)  You Spouse
  - 4b. MassHealth. Fill in and go to line 5  You Spouse
  - 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5  You Spouse
  - 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5  You Spouse
  - 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.  You Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.  
GROUP HOSP AND MEDICAL SERVICES [REDACTED]

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

- 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 2025, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

2025 Schedule HC, pg. 2

MA25029021019

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2025 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2025. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2025, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2025. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2025, you turned 18, you were a part-year resident or a taxpayer was deceased, check below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

Table with 13 columns: You, Spouse, Jan., Feb., March, April, May, June, July, Aug., Sept., Oct., Nov., Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2025. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2025 tax year? 8b You Yes No Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2025 tax year? 9 You Yes No Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.

**2025 Schedule HC, pg. 3**  
MA25029031019

EDWARD

J MARKEY

**Affordability as Determined By State Guidelines**

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2025 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? **10** You Yes No  
Spouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? **11** You Yes No  
Spouse Yes No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? **12** You Yes No  
Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

**Complete Only If You Are Filing An Appeal**

**You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.**

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2025 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

**You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

MARCH 25, 2026

15:33:02

2025 Schedule INC  
MA25INC011019

EDWARD

J MARKEY

Form(s) W-2. Note: All other withholding must be reported on the Schedule 62-WH.

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
	7717	144978	11320		W2

TOTALS

7717

144978

11320

MARCH 25, 2026

15:33:02

**2025 Schedule 62-WH**  
MA25062011019  
Personal Income Tax Withholding

EDWARD

J MARKEY

**Part 1. Withholding from Form(s) 1099, Form(s) LOA, or Form(s) PWH WA**

1A. Payer name	1B. Payer ID number	1C. Massachusetts personal income tax withheld
MORGAN STANLEY SMITH BAR		1007
2A. Payer name	2B. Payer ID number	2C. Massachusetts personal income tax withheld
3A. Payer name	3B. Payer ID number	3C. Massachusetts personal income tax withheld
4A. Payer name	4B. Payer ID number	4C. Massachusetts personal income tax withheld
5. Total Massachusetts personal income tax withholding from Form(s) 1099, Form(s) LOA, or Form(s) PWH WA	5	1007

**Part 2. Withholding from Form(s) W-2G, or Massachusetts K-1 Schedules**

1A. Payer name	1B. Payer ID number	1C. Massachusetts personal income tax withheld
2A. Payer name	2B. Payer ID number	2C. Massachusetts personal income tax withheld
3A. Payer name	3B. Payer ID number	3C. Massachusetts personal income tax withheld
4A. Payer name	4B. Payer ID number	4C. Massachusetts personal income tax withheld
5. Total Massachusetts personal income tax withholding from Form(s) W-2G, or MA K-1 Schedule(s)	5	

**Part 3. Nonresident real estate withholding**

1A. Payer name	1B. Payer ID number	1C. Massachusetts personal income tax withheld
2A. Payer name	2B. Payer ID number	2C. Massachusetts personal income tax withheld
3A. Payer name	3B. Payer ID number	3C. Massachusetts personal income tax withheld
4A. Payer name	4B. Payer ID number	4C. Massachusetts personal income tax withheld
5. Total Massachusetts personal income tax withheld from nonresident real estate withholding	5	

MARCH 25, 2026

15:33:02



MA X	TAXABLE IRA/KEOGH PLAN DISTRIBUTIONS	STATEMENT 1
NAME EDWARD J MARKEY		
LINE 1.	TOTAL IRA/KEOGH PLAN DISTRIBUTIONS, QUALIFIED CHARITABLE IRA DISTRIBUTIONS, ROTH IRA CONVERSION DISTRIBUTIONS IN 2025	20,144.
LINE 2.	TOTAL CONTRIBUTIONS PREVIOUSLY TAXED BY MASSACHUSETTS	0.
LINE 3.	TOTAL DISTRIBUTIONS RECEIVED IN PREVIOUS YEARS	0.
LINE 4.	SUBTRACT LINE 3 FROM LINE 2. IF LINE 3 IS LARGER THAN LINE 2, ENTER "0"	0.
LINE 5.	SUBTRACT LINE 4 FROM LINE 1. NOT LESS THAN "0"	20,144.
LINE 6.	TOTAL QUALIFIED CHARITABLE IRA DISTRIBUTIONS IN 2025 INCLUDED IN LINE 1	0.
LINE 7.	TAXABLE IRA/KEOGH DISTRIBUTIONS OR ROTH IRA CONVERSION DISTRIBUTIONS. SUBTRACT LINE 6 FROM LINE 5. ENTER HERE AND IN SCHEDULE X, LINE 2. NOT LESS THAN "0"	20,144.

MA SCH D	U.S. SCHEDULE D, LINE 13, COL. H	STATEMENT 2
EXPLANATION		AMOUNT
NATIONAL FINANCIAL SERVICES LLC		12,489.
TOTAL TO SCHEDULE D, LINE 6		12,489.

MA SCH D	U.S. SCHEDULE D, LINE 9, COL. H	STATEMENT 3
EXPLANATION		AMOUNT
FIDELITY		33,849.
TOTAL TO SCHEDULE D, LINE 2		33,849.