

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 your 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 ▶

Your first name and middle initial Tram T		Last name Nguyen		Your social security number [REDACTED]	
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. [REDACTED]				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Andover			State MA	ZIP code 01810	
Foreign country name		Foreign province/state/county		Foreign postal code	
				☐ You ☐ Spouse	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

☐ Yes ☐ No

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, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ 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
If more than four dependents, see instructions and check here ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 81,994	
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b 62
	3a Qualified dividends	3a	3b
	4a IRA distributions	4a	4b
	5a Pensions and annuities	5a	5b
	6a Social security benefits	6a	6b 0
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		7	
8 Other income from Schedule 1, line 10		8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9 82,056	
10 Adjustments to income from Schedule 1, line 26		10	
11 Subtract line 10 from line 9. This is your adjusted gross income ▶		11 82,056	
12a Standard deduction or itemized deductions (from Schedule A)		12a 12,550	
b Charitable contributions if you take the standard deduction (see instructions)		12b	
c Add lines 12a and 12b		12c	12,550
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	
14 Add lines 12c and 13		14	12,550
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	69,506

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

Form 1040 (2021)

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	11,044
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,044
19	Nonrefundable 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	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,044
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	11,044
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,101
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,101
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	0
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	11,101
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	57
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	57
b	Routing number	c Type: ☒ Checking ☐ Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	0
38	Estimated tax penalty (see instructions)	38	

RefundDirect deposit?
See instructions.**Amount
You Owe****Third Party
Designee**

Do you want to allow another person to discuss this return with the IRS?

See instructions

☐ Yes. Complete below. ☐ NoDesignee'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

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 you 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:

☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

Firm's EIN ▶

DETACH HERE

2021 Form PV

Massachusetts Income Tax Payment Voucher

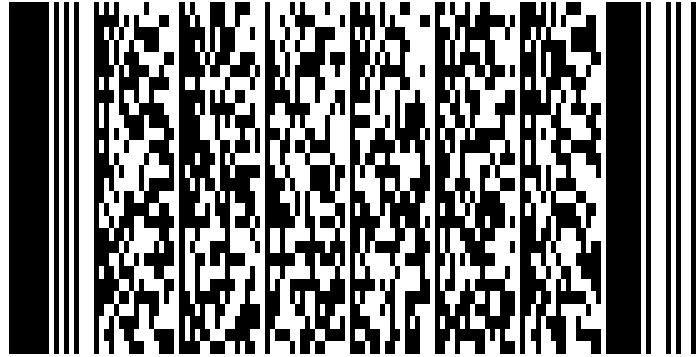
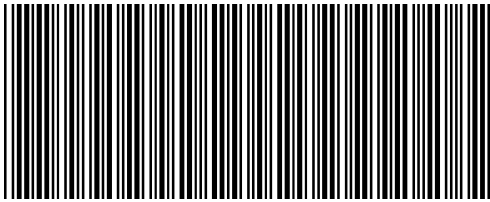
Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2021	053	01	005	
Name of taxpayer	Social Security number	Amount enclosed		
TRAM T NGUYEN		\$ 50.00		
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
Street address	City/Town	State	Zip	
	ANDOVER	MA	01810	
Phone	E-mail	Fill in if name/address changed since 2020		
		☐		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: Commonwealth of Massachusetts.

Mail to: Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.



00100034746191 123121 0000000000 053 010051833 00000050002



Individual Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2021 or other taxable

Year beginning

Ending

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ANDOVER

MA 01810

Fill in if: Amended return Other jurisdiction 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

Fill in if name change

Taxpayer deceased

Fill in if under age 18

a. Total federal income 82056

b. Federal adjusted gross income 82056

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)

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

2. Exemptions

a. Personal exemptions

2a

4400

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

× \$1,000 = 2b

c. Age 65 or over before 2022 You + Spouse =

× \$700 = 2c

d. Blindness You + Spouse =

× \$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

4400

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.

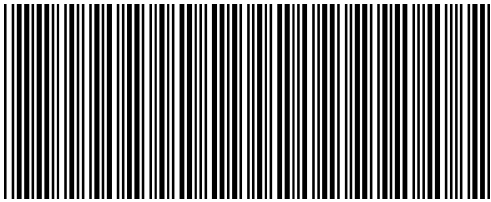
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

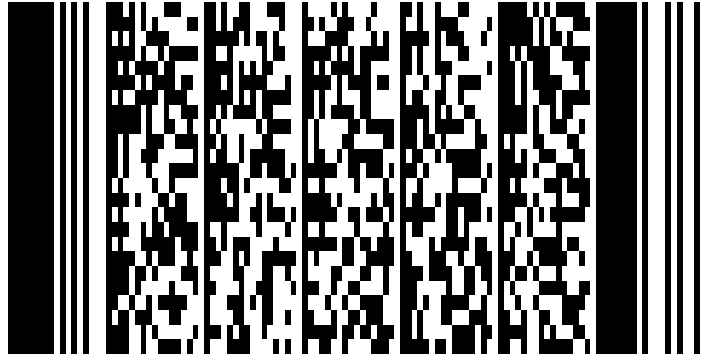
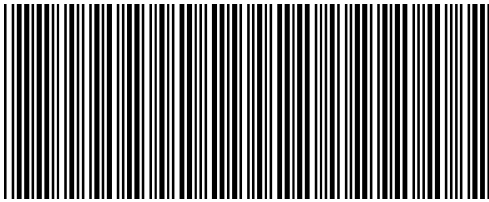


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dent Income Tax Return

3.	Wages, salaries, tips	3	89782
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a. 62 - b. exemption 100	= 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 6	9	
10.	TOTAL 5.0% INCOME	10	89782
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	
16.	Total deductions. Add lines 11 through 15	16	2000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	87782
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	83382
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	83382

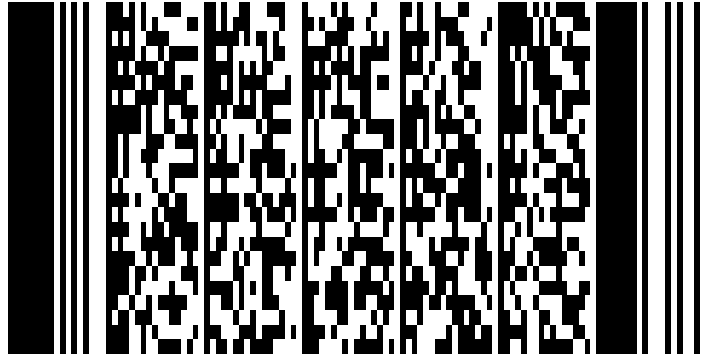
BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



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dent Income Tax Return

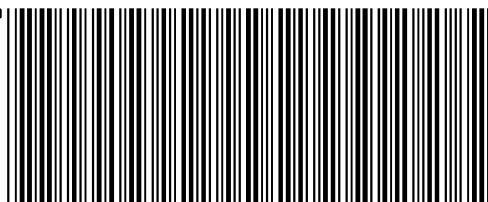
22. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	4169
23. 12% INCOME. Not less than "0." a.	$\times .12 =$ 23	
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
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	4169
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	4169
33. Voluntary Contributions		
a. Endangered Wildlife Conservation	33a	
b. Organ Transplant Fund	33b	
c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
d. Massachusetts U.S. Olympic Fund	33d	
e. Massachusetts Military Family Relief Fund	33e	
f. Homeless Animal Prevention and Care	33f	
Total. Add lines 33a through 33f	33	
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	4169



Student Income Tax Return

- 4119

February 26, 2022 11:40



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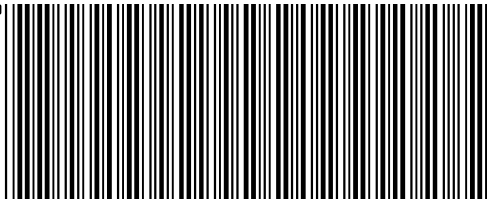


Part 1. Interest and Dividend Income

1.	Total interest income	1	62
2.	Total ordinary dividends	2	
3.	Other interest and dividends not included above	3	
4.	Total interest and dividends	4	62
5.	Total interest from Massachusetts banks	5	62
6a.	Other interest and dividends to be excluded	6a	
6b.	Part-year/Nonresidents only	6b	
7.	Subtotal	7	
8.	Allowable deductions from your trade or business	8	
9.	Subtotal	9	

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



dule



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 2022	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 5.0%	38
39.	Taxable 12% capital gains	39
40.	Available short-term losses for carryover in 2022	40



HC



Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1a. Date of birth 06221986 1b. Spouse's date of birth 1c. Family size 1
2. Federal adjusted gross income 2 82056

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 2021, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	☒ Full-year MCC	☐ Part-year MCC	☐ No MCC/None
3a Spouse:	☐ Full-year MCC	☐ Part-year MCC	☐ No MCC/None

If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in 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 2021, 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 (completes 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

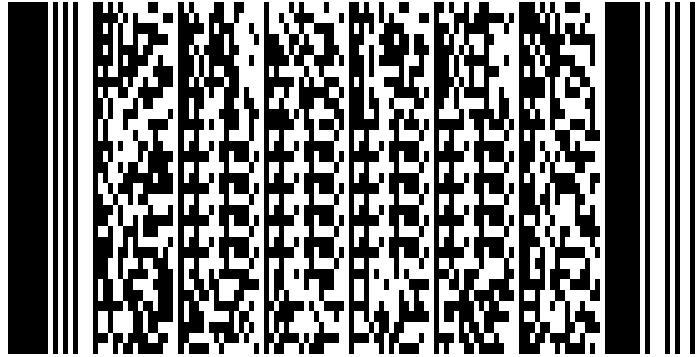
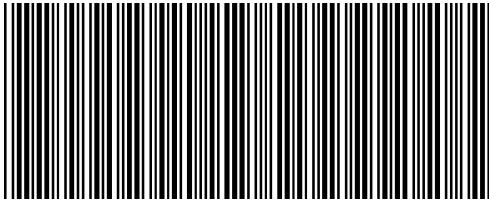
L3HARRIS TECHNOLOGIES

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 2021, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

February 26, 2022 11:40



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Form W-2 and 1099 Information

A. FEDERAL ID NUMBER

B. STATE TAX WITHHELD

C. STATE WAGES/INCOME

D. TAXPAYER SS WITHHELD

E. SPOUSE SS WITHHELD

F. SOURCE OF WITHHOLDING

4119

89782

6630

W2

TOTALS

4119

89782

6630