

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning

, 2023, ending , 20

See separate instructions.

Your first name and middle initial

Tram T

Last name

Nguyen

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.

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

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You

☐ Spouse

Filing Status

☐ Single

☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☒ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Nathanael P Powers

Digital Assets

At any time during 2023, 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

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, 1959

☐ Are blind

Spouse: ☐ Was born before January 2, 1959

☐ Is blind

Dependents

(see instructions):

If more than four dependents, see instructions and check here ☐

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

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	96,009
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	96,009

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	0

Standard Deduction for—

• Single or Married filing separately, \$13,850

• Married filing jointly or Qualifying surviving spouse, \$27,700

• Head of household, \$20,800

• If you checked any box under Standard Deduction, see instructions.

c	If you elect to use the lump-sum election method, check here (see instructions)		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		
8	Additional income from Schedule 1, line 10		
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	96,009
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	96,009
12	Standard deduction or itemized deductions (from Schedule A)	12	13,850
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	13,850
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	82,159

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	13,386
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,386
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	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,386
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	13,386

Payments

25	Federal income tax withheld from:	25a	13,433	25d	13,433
a	Form(s) W-2	25b		26	
b	Form(s) 1099	25c		27	
c	Other forms (see instructions)			28	
d	Add lines 25a through 25c			29	
26	2023 estimated tax payments and amount applied from 2022 return			30	
27	Earned income credit (EIC)	27		31	
28	Additional child tax credit from Schedule 8812	28		32	0
29	American opportunity credit from Form 8863, line 8	29		33	13,433
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits				
33	Add lines 25d, 26, and 32. These are your total payments				

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	47
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	47
b	Routing number XXXXXXXXXX	c Type: ☐ Checking ☐ Savings	
d	Account number XXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
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.☐ NoDesignee's
namePhone
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

4/6/2024

PTIN

Check if:

☐ Self-employed

Firm's name

Phone no.

Firm's address

Firm's EIN

DETACH HERE

2023 Form PV

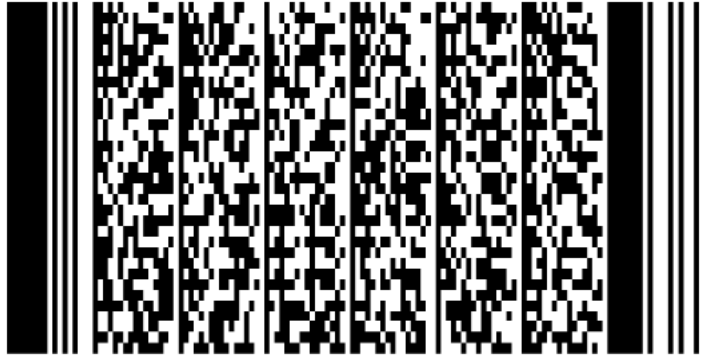
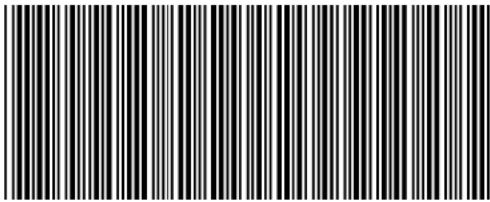
Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2023	053	01	005	
Name of taxpayer	Social Security number		Amount enclosed	
TRAM T NGUYEN			\$ 66.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
NATHANAEL P POWERS				
Street address	City/Town	State	Zip	
	ANDOVER	MA	01810	
Phone	E-mail	Fill in if name/address changed since 2022		
		☐		

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 419540, Boston, MA 02241-9540.**





Individual Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2023 or other taxable

Year beginning

Ending

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P POWERS

ANDC

MA 01810

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

Fill in if under age 18

Fill in if name change

\$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

a. Total federal income 96009

b. Federal adjusted gross income 96009

1. Filing status (select one only):

Single

Married filing jointly

X Married filing separate return

NRA

Head of household

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

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 2024 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

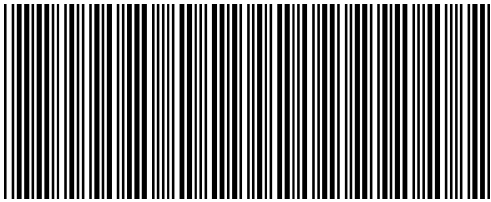
Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

April 6, 2024 09:26



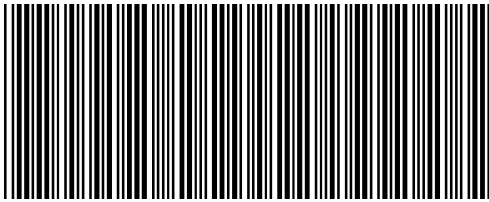
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dent Income Tax Return

3.	Wages, salaries, tips	3	105754
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a. - b. exemption	= 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	
10.	TOTAL 5.0% INCOME	10	105754
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	1668
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	1668
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	104086
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	99686
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	99686
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	4984
23.	INCOME FROM SCHEDULE B. Not less than "0."		
a.	$\times .085 =$ 23a		
b.	$\times .12 =$ 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

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

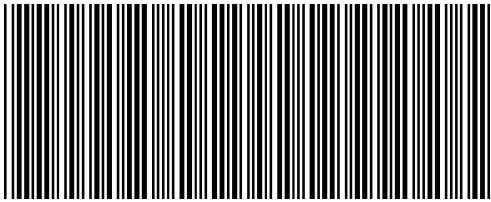
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dent Income Tax Return

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.				
a. Income tax. Add lines 22 through 26	28a	4984		
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b	0		
c. Total tax. Add lines 28a and 28b			28	4984
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	4984
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	4984
38. a. Massachusetts income tax withheld from Form(s) W-2	38a	4918		
b. Massachusetts income tax withheld from Form(s) 1099	38b			
c. Massachusetts income tax withheld from other forms	38c			
Total. Add lines 38a through 38c			38	4918



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dent Income Tax Return

39.	2022 overpayment applied to your 2023 estimated tax	39
40.	2023 Massachusetts estimated tax payments	40
41.	Payments made with extension	41
42.	Amended return only. Payments made with original return. Not less than "0"	42
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return $\times .40 =$	43
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception	
44.	Senior Circuit Breaker Credit	44
45.	Reserved for future use	45
46.	Child and Family Tax Credit	
	a. $\times \$310 =$	46
47.	Other Refundable Credits	47
48.	Total Refundable Credits. Add lines 43 through 47	48
49.	Excess Paid Family Leave Withholding	49
50.	TOTAL. Add lines 38 through 42 and lines 48 and 49	50
51.	Overpayment. Subtract line 37 from line 50	51
52.	Amount of overpayment you want applied to your 2024 estimated tax	52
53.	Refund. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	53

4918

Direct deposit of refund. Type of account checking
savings

RTN # account #

54.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	54
	Interest Penalty M-2210 amt.	

66

EX enclose
Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

er's name

signature

(this may delay your refund)

Date

04062024

Check if self-employed

Paid preparer's

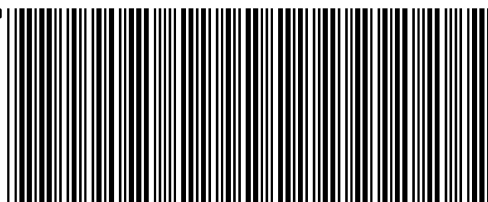
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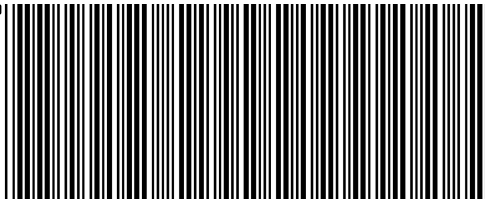


Part 1. Interest and Dividend Income

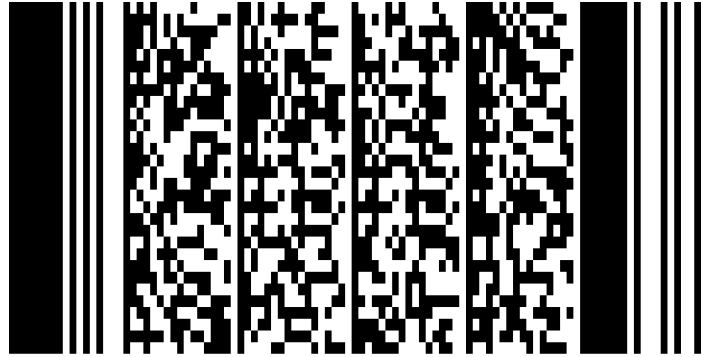
1.	Total interest income	1
2.	Total ordinary dividends	2
3.	Other interest and dividends not included above	3
4.	Total interest and dividends	4
5.	Total interest from Massachusetts banks	5
6a.	Other interest and dividends to be excluded	6a
6b.	Part-year/Nonresidents only	6b
7.	Subtotal	7
8.	Allowable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



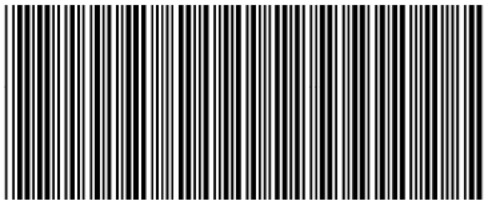
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19a.	Combine lines 15 through 18	19a
19b.	Part-year/Nonresidents only	19b
19c.	Exclude line 19b losses from line 19a	19c
20.	Short-term losses applied against interest and dividends	20
21.	Available short-term losses	21
22.	Short-term losses applied against long-term gains	22
23.	Short-term losses available for carryover in 2024	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.	Total taxable 8.5% and 12% capital gains	39
40.	Available short-term losses for carryover in 2024	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 96009

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 2023, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You: X Full-year MCC
3a Spouse: Full-year MCC

Part-year MCC No MCC/None
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 2023, 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)

X 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

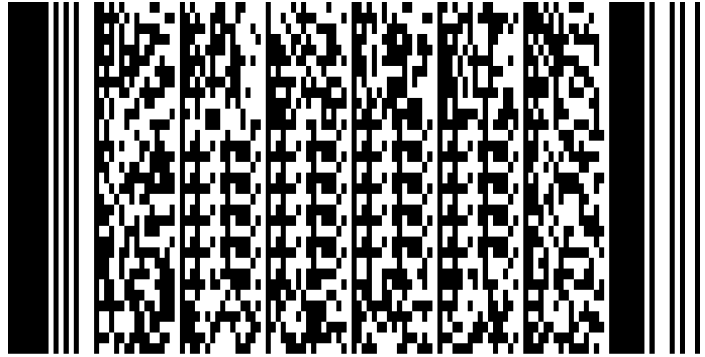
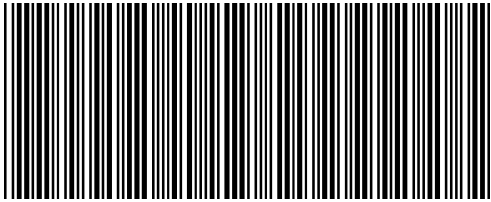
BLUE CROSS BLUE SHIELD OF
13 HARES TECHNOLOGIES

- 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 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

April 6, 2024 09:26



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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

4918

105754

1668

W2

TOTALS

4918

105754

1668

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