

FULL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Do you want an emailed copy of your tax return instead of a paper copy? Yes \_\_\_ No \_\_\_

If paper copy of tax return, do you want it mailed for a \$5.00 fee (exceptions apply) Yes \_\_\_ No \_\_\_

Did you receive any income from self-employment? Yes \_\_\_ No \_\_\_

Did you sell any stock or receive dividends? Provide paperwork Yes \_\_\_ No \_\_\_

Did you receive or pay alimony? If yes, starting date of alimony & amount \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Do you have any gambling winnings? Yes \_\_\_ No \_\_\_

Did you claim the First Time Homebuyer credit repayment in 2008-2011? Yes \_\_\_ No \_\_\_

Did you convert an IRA or 401(k) to a Roth IRA? Yes \_\_\_ No \_\_\_

Did you incur college tuition expenses? Yes \_\_\_ No \_\_\_

Did you take money out of a 529 plan? Yes \_\_\_ No \_\_\_

Did you make payments on any student loans? Provide form 1098E Yes \_\_\_ No \_\_\_

Did you contribute to a college savings program sponsored by MA? (ie: UFund) Yes \_\_\_ No \_\_\_

Did you buy or sell a home, rental property or business? If Yes, please provide documents. Yes \_\_\_ No \_\_\_

Did you pay rent for an apartment in MA? If yes, amount \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If a teacher, did you have any out of pocket expenses? Amount \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Have you had any creditors cancel debt or repossess property? Yes \_\_\_ No \_\_\_

Did you receive an award/reward or sell/dispose any Crypto Currency (Bitcoin)? Yes \_\_\_ No \_\_\_

Did you install any energy saving items: Solar panels, windows, doors, heater or insulation? Yes \_\_\_ No \_\_\_

Did you make or plan on making an IRA contribution other than to a 401K or Simple Plan? Yes \_\_\_ No \_\_\_

Do you have a foreign bank account? Yes \_\_\_ No \_\_\_

Did you purchase your health insurance on the Marketplace? Yes \_\_\_ No \_\_\_

Do you pay for FastLane tolls or MBTA transit or Commuter rail passes for work? Yes \_\_\_ No \_\_\_

Did you collect Unemployment compensation? Yes \_\_\_ No \_\_\_

Did you make gifts totaling more than \$15,000 to any individual? Yes \_\_\_ No \_\_\_

Did you replace a failed Septic System on a Massachusetts residence? Yes \_\_\_ No \_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

# DROP-OFF WORKSHEET

Taxpayer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Taxpayer Phone numbers: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Spouse's Phone numbers: (Cell) \_\_\_\_\_

Date of Birth: (Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single  
\_\_\_\_\_ Married  
\_\_\_\_\_ Head of Household  
\_\_\_\_\_ Married Filing Separately

If single, Can you be claimed on your parent's tax return? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Occupation: (Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

If any dependents, List the following:

Name:	Date of Birth	Social Security#	Relationship	In 2022, # of months lived with you
1. _____				
2. _____				
3. _____				
4. _____				

**REFUND TYPE: CHECK or DIRECT DEPOSIT\***

BANK NAME: \_\_\_\_\_ CHECKING OR SAVINGS ACCOUNT

ROUTING # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

**Did you make Estimated Tax Payments:** If yes, please enter below:

Federal:  
1<sup>st</sup> Quarter \_\_\_\_\_  
2<sup>nd</sup> Quarter \_\_\_\_\_  
3<sup>rd</sup> Quarter \_\_\_\_\_  
4<sup>th</sup> Quarter \_\_\_\_\_

State:  
1<sup>st</sup> Quarter \_\_\_\_\_  
2<sup>nd</sup> Quarter \_\_\_\_\_  
3<sup>rd</sup> Quarter \_\_\_\_\_  
4<sup>th</sup> Quarter \_\_\_\_\_

**Health Insurance:**

Did you (and your spouse, if applies) have **health insurance** last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your dependents have **health insurance** last year? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide forms 1099HC, 1095A, 1095B, or 1095C**

Did you have medicare? No forms required Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you claiming the Daycare Credit? (YES)\_\_\_\_\_ (NO)\_\_\_\_\_**

If **YES**, please provide the following information:

Daycare provider name: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Total amount paid for: CHILD #1 \_\_\_\_\_ CHILD #2 \_\_\_\_\_ CHILD#3 \_\_\_\_\_

**Itemize Deductions: Provide Total Amounts only – \*\*DO NOT SEND DOCUMENTS\*\***

Medical Expenses \$ \_\_\_\_\_

Property Taxes Paid \$ \_\_\_\_\_

Excise taxes paid on vehicles? \$ \_\_\_\_\_

Charitable contributions paid by cash or check \$ \_\_\_\_\_

Non cash contributions (ie bags of clothes) \$ \_\_\_\_\_

**(if over \$500.00 provide Agency, Date & Amount)**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**\*\* SEND Form 1098 - Mortgage Statement:\*\***

Mortgage Interest paid \$ \_\_\_\_\_