

2023 CHECKLIST

FULL NAME: _____ PHONE# _____

EMAIL ADDRESS: _____

Do you want a 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, MBTA or Commuter rail passes for **work**? Amount _____ Yes ___ No ___

Did you collect Unemployment compensation? Yes ___ No ___

Did you make gifts totaling more than \$17,000 to any individual? Yes ___ No ___

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

SIGN _____ DATE _____

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 _____

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 \$ _____

DROP-OFF WORKSHEET

Taxpayer Name: _____ **Email:** _____

Spouse's Name: _____ **Email:** _____

Current Address: _____

Taxpayer Phone numbers: (Cell) _____ (Home) _____

Spouse's Phone numbers: (Cell) _____

Social Security # (Taxpayer) _____ (Spouse) _____

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

Check if account info same as last year

BANK NAME: _____ **CHECKING OR SAVINGS ACCOUNT**

ROUTING # _____ **ACCOUNT#** _____

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

Federal:
1st Quarter _____
2nd Quarter _____
3rd Quarter _____
4th Quarter _____

State:
1st Quarter _____
2nd Quarter _____
3rd Quarter _____
4th Quarter _____