

2024 CHECKLIST

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, 529) 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 \_\_\_

Did you use your HSA account to pay for medical expenses? 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 of any Crypto Currency (Bitcoin)? Yes \_\_\_ No \_\_\_

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

Did you make (or plan to make) an IRA contribution **other than to** a 401K, 403B or Simple Plan? Yes \_\_\_ No \_\_\_

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

Did you purchase your health insurance on the Marketplace? Provide 1095A if applicable. 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 \$18,000 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) \_\_\_\_\_

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 Tax Year # of months lived with you	Disabled Y/N
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:  
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 \_\_\_\_\_

**Please provide forms 1099HC (if MA resident)**

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 RECEIPTS\*\***

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

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

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

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

Non-cash contributions (i.e. 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 \$ \_\_\_\_\_