

CLIENT INFORMATION WORKSHEET

Taxpayer Name: _____ **Email:** _____

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

Current Address: _____

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

Spouse's Phone number: (Cell) _____

Social Security # (Taxpayer) _____ (Spouse) _____

Are you a U.S. Citizen, National, or Qualified Alien? (Taxpayer) Yes ☐ No ☐ (Spouse) Yes ☐ No ☐

Date of Birth: (Taxpayer) _____ (Spouse) _____

Marital Status: ☐ Single/Widow ☐ Head of Household
☐ Married ☐ Married Filing Separately

Have there been any changes to your marital status? Yes ☐ No ☐

If single, Can you be claimed on your parent's tax return? Yes ☐ No ☐

Occupation: (Taxpayer) _____ (Spouse) _____

DEPENDENTS

Name	Date of Birth	Social Security#	Relationship	In Tax Year # of months lived with you	Disabled Y/N
1. _____					
2. _____					
3. _____					
4. _____					

BANK INFORMATION FOR DIRECT DEPOSIT

☐ Check if account information is the same as last year

BANK NAME: _____ **ACCT TYPE -** CHECKING ☐ SAVINGS ☐

ROUTING # _____ **ACCOUNT#** _____

SIGN _____ **DATE** _____

Taxpayer Name _____

Do you want an electronic 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 receive any tip or overtime income that may not be taxable?

Yes ☐ No ☐

Did you sell any stock or receive dividends? **Please provide paperwork**

Yes ☐ No ☐

Did you receive or pay alimony? If yes, starting date of alimony & amount \$ _____

Yes ☐ No ☐

Did you have any gambling winnings?

Yes ☐ No ☐

Did you convert an IRA or 401(k) to a Roth IRA?

Yes ☐ No ☐

Did you incur college tuition expenses? **Please provide form 1098-T**

Yes ☐ No ☐

Did you take money out of a 529 plan?

Yes ☐ No ☐

Did you make payments on student loans? Undergrad ☐ Graduate ☐ **Provide form 1098E**

Yes ☐ No ☐

Did you contribute to a college savings program sponsored by MA? (ie:529) amount \$ _____

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? **If yes, please provide 1099-SA**

Yes ☐ No ☐

If a teacher, did you have any out-of-pocket expenses? **If yes, amount \$** _____

Yes ☐ No ☐

Did you pay auto loan interest on a brand-new passenger vehicle purchased in 2025 or 2026?
Please provide 1098-VLI

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 (and your spouse, if applicable) have health insurance for all of 2026?

Yes ☐ No ☐

Please provide form 1099HC if a MA resident. Not required if you have Medicare

Did you purchase your health insurance on the Marketplace? **Provide 1095A if applicable.**

Yes ☐ No ☐

Did you make (or plan to make) an IRA contribution for 2026? Taxpayer ☐ Spouse ☐

Yes ☐ No ☐

Traditional IRA Amount \$ _____ Roth IRA Amount \$ _____

Do you have a foreign bank account?

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 \$19,000 to any individual?

Yes ☐ No ☐

Did you replace a failed Septic System on a Massachusetts residence?

Yes ☐ No ☐

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

Federal Tax Payments

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Date of Payment:	_____	_____	_____	_____
Amount:	_____	_____	_____	_____

State Tax Payments

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Date of Payment:	_____	_____	_____	_____
Amount:	_____	_____	_____	_____

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? \$ _____
Mortgage Interest **Provide Form 1098** \$ _____
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: _____