

Filing Status: **Single / Married filing Joint / Married filing Separately / Head of Household (need dependent(s))**

Taxpayer Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tax Year(s) to be prepared: \_\_\_\_\_ Are you Providing documents for **another persons tax preparation?**  
Yes / No - if **YES** how many: \_\_\_\_\_

Resident State: \_\_\_\_\_ **Full Year -OR- Part year** / Date moved if Part Year: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_  
(If not yourself)

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

**DOCUMENT RETURN** Pickup in office  Mail (USPS)  Electronic

**I. Personal Information:**

**TAXPAYER**

**SPOUSE**

<b>Social Security #</b>		
<b>DOB: mm/dd/yyyy</b>		
<b>Occupation</b>		
<b>Email address</b>		
<b>Contact Number</b>		
<b>Drivers License #</b>		
	<b>ISS:</b>	<b>ISS:</b>
	<b>EXP:</b>	<b>EXP:</b>

**II. Dependent Information:**

<b>Name (if last name is different please specify)</b>	<b>Social Security #</b>	<b>DOB: mm/dd/yyyy</b>	<b>Relationship</b>

Do you have Child/Dependent Care Expenses: Yes / No \*If YES, more information is needed

Do you have a Child/Dependent in College: Yes / No \*If YES, more information is needed

if you are owed a FEDERAL/STATE **REFUND** would you like it to be Directly Deposited? ..... YES / NO

**Routing and Account Information needed**

Do you want to participate in our **AUDIT PROTECTION PLAN** (additional cost applies)?..... YES / NO

Are you or your spouse self-employed or an Independent Contractor? .....YES / NO

Do you have your Self-Employed Income/expenses/mileage documented?.....YES / NO

Do you rent in MA?.....YES / NO

Did you have full year health coverage? (FORM 1099-HC).....YES / NO

Were you on MA Health Connector? (FORM 1095-A)..... YES / NO

Did you make Estimated Tax payments?..... YES / NO

Did you have Lottery or Gambling winnings?.....YES / NO

Did you have Retirement Distributions?..... YES / NO

Did you have Retirement Contributions? (Outside of employment).....YES / NO

Did you collect Unemployment or Paid Family Medical Leave?..... YES / NO

Did you hold/sell Cryptocurrency? (Bitcoin, Ethereum, Etc.)..... YES / NO

Did you sell any property (primary residence or rental)?..... YES / NO

Did you sell anything Online? (Income & Expenses needed).....YES / NO

Did you make Charitable donations? (CASH).....YES / NO

Did you trade / sell stock, ESOP?..... YES / NO

**II. STATUS CHECK POINTS:**

Scanned: \_\_\_\_\_ Data Entry: \_\_\_\_\_ Printed: \_\_\_\_\_

Mailed: \_\_\_\_\_

Federal & State Income & Withholding Match: \_\_\_\_\_