

Client Drop off Information Sheet

We realize we might have the information on file but things change throughout the year and we want to make sure we have the right information on file to contact you. Thank you for your cooperation.

Name: _____ SSN: _____ DOB: _____

Spouse: _____ SSN: _____ DOB: _____

Address: _____

EMAIL: _____
Phone #: _____

Dependents:

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Did you receive a stimulus payment in 2020? If so, how much? _____

Do you have Daycare Expenses? **Yes/No**
If so, how much per month? _____

Did you receive a stimulus payment in 2021? If so, how much? _____

Did you receive a letter from the IRS?
Yes/No

Do you own rental property? **Yes/No**

Do you rent in MA? **Yes/No**
If so, how much per month? _____

Do you have Health Insurance Coverage
all year? **Yes/No**

Did you have health insurance (Form 1095-A) through the health connector marketplace?
Yes/No *If yes, that form is REQUIRED to complete the tax return

Did you have any stock activity (buying or selling)? **Yes/No**

Are you self-employed? **Yes/No**

Did you receive a PPP Loan? **Yes? NO**
If yes, how much? _____

If you get a **refund**, would you like it Direct Deposit? **Yes/No**

Bank Name: _____
Routing #: _____ **Checking or savings**
Account #: _____

Do you want your Tax Prep Fee taken out of your refund? (Fee applies) **Yes/No**