

Date: _____

*REFERRED BY: _____

Name: _____ SSN: _____ DOB: _____

Email: _____ Phone: _____

Spouse: _____ SSN: _____ DOB: _____

Email: _____ Phone: _____

Address: _____

Dependents:

Name: _____

Name: _____

SS#: _____

SS#: _____

DOB: _____

DOB: _____

Did you have any Daycare Expenses? **YES/NO**

Daycare Provider name/address: _____

If so, how much per month? _____

Did you rent in MA? **YES/NO**

If so, how much per month? _____

Did you own RENTAL property? **YES/NO**

Did you have Health Insurance all year? **YES/NO**

Provider Name: _____ Subscriber #: _____

Did you have Health Insurance through the Health Connector Marketplace? **YES/NO**

***If yes, Please provide Form 1095-A**

Did you have any stock activity (buying or selling)? **YES/NO**

Did you purchase or sell any virtual currency? **YES/NO**

Were you self-employed? **YES/NO**

If you are to receive a refund, would you prefer Direct Deposit? **YES/NO**

Bank Name: _____

Routing #: _____

CHECKING/SAVINGS

Account #: _____

Do you want your Tax Prep Fee taken out of your refund? **YES/NO**

Additional Fees, Forms as well as valid ID are required

<p>Would you like to save \$10? In lieu of a paper copy we will email you a PDF copy of your return YES/NO</p>
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