

REFERRED BY:

DATE:

**CLIENT DROP OFF FORM**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

**Dependents Being Claimed on this return:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

**1. Are any dependents full time college students? YES/NO**

**2. Did you have Daycare Expenses: YES/NO**

Daycare Provider name/address: \_\_\_\_\_

If so, how much per month? \_\_\_\_\_

**3. Did you live and pay rent in MA? YES/NO**

If so, how much per month? \_\_\_\_\_

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

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

Provider Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

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

\*If yes, please provide Form 1095-A

**7. Did you purchase/sell either of the following: Stocks/Virtual Currency**

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

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

Attach voided check or fill out below

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of account: CHECKING/SAVINGS

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

**\*\*Additional Fees Apply – Valid ID Required – Attach BFS Authorization\*\***

**\*\*\*MUST PROVIDE COPY OF DRIVER'S  
LICENSES FOR TAXPAYER AND/OR  
SPOUSE\*\***

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