

RETURNING CLIENT TAX RETURN DROP OFF INFORMATION SHEET¹

New IRS regs require us to report information from your state license or ID. Pls provide us with a copy along with your tax documents if possible. If not, we will ask you for a copy when you pick up your return. If filing a joint return, pls provide copies for both filers.

Taxpayer name (T) _____ Spouse Name (S) _____

Pls provide us with the best contact info for questions about this return: _____

Please indicate N/A if not applicable or SAME if there are no changes from the prior year.

Pls tell us of ANY CHANGES SINCE LAST YEAR?

Address, telephone number, job, number of dependents, filing status, divorce or marriage?

Your Occupation _____ Spouse Occupation _____

NEW DEPENDENTS; Yes or No *If Yes; Please provide us with a photo copy of the new Social Security Card*

Dependents- *Children living with you age 18 or younger or a full-time student at least 5 months during the year between ages of 19 and 24. Children not living with you but whom can be claimed due to an agreement, (please provide us with the custodial parents signature on form 8332 or copy of agreement) or other dependent members of household which may qualify.*

Name _____ D.O.B _____ / _____ / _____ Relationship _____

Name _____ D.O.B _____ / _____ / _____ Relationship _____

INCOME: please \surd all that apply and include any supporting documentation * may need additional info

____ W-2 ____ 1099 Bank Interest/Dividend Income ____ * Business Income ____ *Capital gain/Loss

____ Social Security Benefits ____ *Rental Income ____ Unemployment Benefits ____ Distributions From Retirement Plans

(1099R) ____ cancelled debt (ex: credit cards 1099C) ____ gambling income \$ _____

Alimony Received \$ _____ From Whom you Received _____ SS# _____

Other income please explain _____

Did you receive any Economic Impact Payments? If available, pls provide a copy of the IRS notice 144. If not, how much did you receive? summer of 2020 \$ _____ winter of 2020/2021 \$ _____

DID YOU AND EVERY MEMBER OF YOUR HOUSEHOLD HAVE HEALTH INSURANCE ALL YEAR?

Y or N If yes, pls attach form 1095. If no- pls fill out *Additional questions for Taxpayers who did not have required minimum health coverage*

Did you purchase health insurance through the Mass Health Connector? Y or N If yes, pls attach form 1095A

Did you or your spouse contribute to an IRA or a SEP during the year? Y / N ROTH or Traditional?

Taxpayer \$ _____ Spouse \$ _____

Did you or your spouse pay: ALIMONY \$ _____ SSN of Recipient _____ - _____ - _____

Self -Employment Health Insurance \$ _____ Student Loan Interest? If yes, pls provide 1098-E

***Did you, your spouse or any dependent children attend a college or university? Y / N**

If YES, Student Name _____ Institution _____ Year of Education _____

*If you are applying for any educational tax credits, we will need the tax document from the institution as well as a transcript of payments made during the tax year if not included on tax form 1098T.

NEW; Above the line Charitable Contribution deduction. Do you have documentation to support cash contributions paid in 2020? Y / N if yes, how much \$ _____ max deduction \$300.

Did you pay any Estimated Tax Payments for the current year? Y / N If yes, pls provide amts and dates

Federal 1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____

State 1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____

Did you pay any rent in 2020? Y / N

Dates of Rental ____/____/____ to ____/____/____ total rent paid during the tax year \$ _____

Do you have a financial interest in or signature authority over at least one financial account located outside of the United States; and the aggregate value of all foreign financial accounts exceeded \$10,000 at any time during the calendar year to be reported? Y or N

Do you have any assets (including but not limited to real estate) of value of \$50K or more located outside of the United States? Y or N

At any time during the year did you receive, sell, send exchange or acquire any financial interest in any virtual currency? Y or N

If receiving a refund, would you like Direct Deposit? Y or N

Bank Name _____ Account # _____ Checking or Savings

If owing a balance due, would you like Direct Debit? Y or N

Bank Name _____ Account # _____ Checking or Savings

If providing banking information, please ensure the information is correct before signing your tax return.

Signature _____

date _____

PREPARER NOTE: this should be attached to FILE COPY