

## 2023 RETURNING CLIENT TAX RETURN DROP OFF INFORMATION SHEET

*If you are a returning client, we already have your previous year's tax return, so there is no need to provide it to us with your current year tax documents.*

*IRS regs require us to report and keep on file information from your state license or ID. Pls provide us with a new 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) \_\_\_\_\_ SSN \_\_\_\_\_ date of birth: \_\_\_\_\_

Spouse Name (S) \_\_\_\_\_ SSN \_\_\_\_\_ date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ phone: \_\_\_\_\_

Your Occupation \_\_\_\_\_ Spouse Occupation \_\_\_\_\_

**Pls tell us the best person to contact and the best way to contact you (via phone or email):**

\_\_\_\_\_

Anything new this year?

\_\_\_\_\_

\_\_\_\_\_

What is your filing status: \_\_\_\_\_ XX represents tax filing year

**Single**-not legally married on 12/31/XX **MFJ**-legally married on 12/31/XX filing jointly

**MFS**-spouses married on 12/31/XX but filing a separate tax return

**Head of household**-not married on 12/31/XX (or married but did not live together for the last 6 months of the year) and has a qualifying dependent or relative that lived with you for which you paid at least half of the cost of keeping up as your principal residence.

**Qualifying Surviving Spouse**-taxpayers spouse died during tax year and did not remarry before 12/31/XX.

**Qualifying Widow(er)** -taxpayers spouse died during the tax year or previous year, did not remarry by 12/31/XX and has a qualifying dependent. Please provide year of death \_\_\_\_\_

**NEW DEPENDENTS;** Yes or No

If Yes; Please include or have receptionist take a photocopy of the new Social Security Card

**Dependents- Children living with you age 17 or younger or a full-time student for at least 5 months during the year between ages of 18 and 24.**

**Dependents for tax return purposes-Children not living with you but who can be claimed due to an agreement; we will need custodial parents signature on IRS form 8332 or other dependent members of household which may qualify.**

Name \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Relationship \_\_\_\_\_

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**INCOME:** *please ✓ 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/Disability      \_\_\_\_ \*Rental Income      \_\_\_\_ Unemployment Benefits  
\_\_\_\_ gambling income (W2-G)      \_\_\_\_ Distributions from Retirement Plans (1099R)  
\_\_\_\_ cancelled debt (ex: credit cards 1099C)

Other income, please explain \_\_\_\_\_

**Did you or your spouse pay or receive Alimony:**    Y / N    If yes, date of divorce \_\_\_\_/\_\_\_\_/\_\_\_\_

Alimony paid \$ \_\_\_\_\_ SSN of Recipient      -      -      Alimony received \$ \_\_\_\_\_

**\*\* Alimony or separate maintenance payments relating to any divorce or separation agreements dated January 1, 2019, or later are not tax-deductible by the person paying the alimony. The person receiving the alimony does not have to report the alimony received as taxable income.**

**DID YOU AND MEMBERS OF YOUR HOUSEHOLD HAVE HEALTH INSURANCE THIS YEAR?**

Y or N    *If yes, pls attach form 1099HC from your provider or letter from MassHealth*

**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 pay any Student Loan Interest?** Y / N    *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.*

**Energy and Vehicle tax credits;**

Did you purchase any of the following: solar panels, fuel cell, wind or geothermal properties, exterior doors, or windows (including skylights), electric or natural gas heat pump or water heaters, central a/c, gas, or oil furnace (including mini-splits) or hot water boiler, biomass stove (pellet stove) -*if yes, we will need a copy of your invoice including installation.*

Electric vehicles; we will need a copy of the certification from your dealer.

**Did you make any contributions to a 529 Plan?** Y/N \$ \_\_\_\_\_

**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 rent in 2023?** Y / N    Dates of Rental \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_    total rent paid \$ \_\_\_\_\_

**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 \_\_\_\_\_ Rtg# \_\_\_\_\_ Account # \_\_\_\_\_ Checking or Savings

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

Bank Name \_\_\_\_\_ Rtg# \_\_\_\_\_ Account # \_\_\_\_\_ Checking or Savings

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

If you have a request for a specific tax preparer, please include here.

\_\_\_\_\_  
Reminder; we offer a 10% *Thank you* discount for referrals. If you referred anyone, please share that name with us!

\_\_\_\_\_  
By signing below, you are confirming that the information contained in this tax organizer was answered to the best of your ability, was truthful and that you have documentation to substantiate any items for which we are not required to collect. You also agree to provide any additional information necessary to the tax preparer should any be required. If you are not able to provide such information, we reserve the right not to include it in the preparation of your tax return. Your preparer will discuss any required documentation with you.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date