

DATE _____

INITIALS _____

DROP OFF RETURNS

NAME _____ SS# _____

SPOUSE _____ SS# _____

ADDRESS _____

FILING STATUS _____

DEPENDENT _____ DOB _____ SS# _____ STUDENT _____

DEPENDENT _____ DOB _____ SS# _____ STUDENT _____

DEPENDENT _____ DOB _____ SS# _____ STUDENT _____

PHONE _____

DID YOU RENT IN MASSACHUSETTS IN 2015? YES _____ NO _____

If yes, Amount per month _____ Number of Months _____

DID YOU HAVE HEALTHCARE IN 2015? YES _____ NO _____

DO YOU WANT TO E-FILE? YES _____ NO _____

BANK NAME _____

ROUTING # _____

ACCOUNT # _____

Account Type: checking _____ savings _____

COMMENTS: _____
