DATE _____   INITIALS _____

<u>DROP OFF RETURNS</u>

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?   YES _____   NO _____

                    If yes, Amount per month _____ Number of Months _____

DID YOU HAVE HEALTHCARE?   YES _____   NO _____

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

BANK NAME_____

ROUTING #_____

ACCOUNT #_____

Account Type: checking _____   savings _____

COMMENTS:_____

_____

_____