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 _____ EMAIL _____

ENERGY CREDITS $_____

DID YOU RENT IN MASSACHUSETTS? YES _____ NO _____

If yes: Amount per month _____ Number of months _____

DO YOU HAVE HEALTHCARE? YES _____ NO _____

DO YOU WANT TO E-FILE? YES _____ NO _____ Wait for outcome _____

BANK NAME _____

ROUTING # _____

ACCOUNT# _____

Account Type: checking _____ savings _____

Comments _____

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