DATE				INITIALS
		DROP OFF R	ETURNS	
NAME			SS#	
SPOUSE			SS#	
ADDRESS	·····			
FILING STATUS				
DEPENDENT	DOB	SS#	!	STUDENT
DEPENDENT	DOB	SS#		STUDENT
DEPENDENT	DOB	SS#		STUDENT
PHONE		EMAIL		
ENERGY CREDITS	e e	\$		
MA CHARITABLE (	CONTRIBUTIONS \$	\$		
DID YOU RENT IN	MASSACHUSETT	S? YES	_ NO	
If y	es: Amount per mon	th	_ Number of months_	
DO YOU HAVE HE	ALTHCARE? YES	S NO _		
DO YOU WANT TO	E-FILE? YES	NO	_ Wait for outcome _	
BANK NAME				
ROUTING #				
ACCOUNT#				
Account Type: checl				
* *	_			
Comments			·	
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			And the second s	