

# Massachusetts State Tax Intake Sheet



Taxpayer Name: \_\_\_\_\_

Do you rent your home? YES  NO  Monthly Rental Payment \$ \_\_\_\_\_

Do you live in subsidized housing? YES  NO

Senior Circuit Breaker Credit: Are you 65 or older by December 31, 2025? NO  YES

IF YES, please complete the following:

<b>HOMEOWNER:</b> 2025 Property Taxes Paid:	\$
Assessed Value of Home:	\$
50% of Water/Sewer Paid:	\$

<b>RENTER:</b> Total Rent Paid in 2025:	\$
<b>Subsidized Housing Not Eligible</b> Landlord's Name:	
Landlord's Address:	

## Health Insurance Coverage (check all that apply):

Medicare: YES  NO  MassHealth Card: YES  NO  Health Insurance Card: YES  NO

Did you lose your MassHealth coverage in 2024: YES  NO

Do you have insurance through the Mass HealthConnector: YES  NO

Do you need help obtaining health insurance: YES  NO

Do you have a **Form 1095-A**: YES  NO  \*We will help you locate your 1095-A\*

Do you have a **Form 1095-B or 1095-C**: YES  NO  Do you have a **Form 1099-HC**: YES  NO

Are you insured through your employer: YES  NO  \*We need your Health Insurance card\*

Insurance Company: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Do you have a pension from the State of MA, or from a municipal job (city/town employee, police, fire, or school department, etc): YES  NO

Did you earn any interest from Massachusetts banks: YES  NO

Did you make any cash donations to any charities: YES  amount: \$ \_\_\_\_\_ NO

Did you receive an Identity Protection PIN from the IRS? YES  # \_\_\_\_\_ NO

Did you pay the cost of commuting to work, such as EZPass tolls, MBTA fares, commuter boat fares, or bicycling costs? YES  amount: \$ \_\_\_\_\_ NO

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**Direct Deposit Information:**

Account type (check one):    Checking                       Savings

Complete the following if you DID NOT bring a voided check:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_