

# LENNON TAX, LLC

Post Office Box 55, Woburn, MA 01801

(p) 617.590.3277 ● (e) elennon@lennontax.com

Taxpayer Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Client Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taxpayer E-Mail Address \_\_\_\_\_

Spouse E-Mail Address \_\_\_\_\_

	<u>Occupation</u>	<u>Date of Birth</u>	<u>Home Phone</u>	<u>Cell Phone</u>
Taxpayer Information	_____	_____	_____	_____
Spouse Information	_____	_____	_____	_____

Dependents:

<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Student? (Y/N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide all relevant information re: Child & Dependent Care expenses (Amount paid/child, Provider name, address and identifying numbers (SSN or EIN))

Do you have children in college? Yes  No

If yes, what year is student in college: \_\_\_\_\_1st \_\_\_\_\_2nd \_\_\_\_\_3rd \_\_\_\_\_4th

\*\*\*Please enclose Form 1098's from qualified institutions\*\*\*

Health Insurance Coverage:

Massachusetts law states that residents age 18 and over must have health insurance. Please also provide me with your **Form 1095-A, 1095-B or 1095-C** and **Form MA1099-HC**.

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Did you make a contribution to an IRA in 2023? Yes  No

Did you make any charitable contributions in 2023? Yes  No

If yes, please provide documentation - written documentation is required for all gifts > \$250

What is your state of residence as of 12/31/2023?

Did you live and work in this state for all of 2023? Yes  No

Do you own rental property? Yes  No

Did you sell any stock or exercise any stock options? Yes  No

Do you own a business? Yes  No

Are you a member of a partnership, corporation or trust? Yes  No

Do you own your own home? Yes  No

If yes, please provide all year-end mortgage statements and real estate tax payments paid in 2023

Did you sell your primary residence during 2023? Yes  No

If yes, please provide a copy of the closing statements of the sale and a copy of the closing statement at the time of purchase. I will also need details of any capital improvements you made during the time you owned the property.

Do you pay rent in Massachusetts? Yes  No

If yes, please provide monthly rent paid \_\_\_\_\_

Did you receive or pay alimony or child support? Yes  No

Please elaborate on any of your tax information/circumstances that you feel I should be aware of in order to properly prepare your tax return. Also list other tax documents enclosed.

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Please provide a copy of your previous two years of tax filings

If you would like your tax refund deposited directly into your bank, please provide a voided check.

Please share how you heard about the firm \_\_\_\_\_

Please carefully review your tax information. Your tax returns are being prepared solely by information being furnished by you. Any false, misleading or missing information could result in additional liability, penalties and interest being assessed. By signing below, you are confirming that all entries above are true, correct, complete and to the best of your knowledge and that all relevant documents are enclosed.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date