

QUESTIONS SPECIFIC FOR MASSACHUSETTS

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1. Did you / your spouse have a place of abode in Massachusetts where you spent at least 183 days during 2008? TP **YES / NO** SP **YES / NO**
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2. Is your filing status Married Filing Joint? **YES / NO** **If Yes**, were both of you residents of Massachusetts for the same portion of 2008? **YES / NO**
If No, you must file Married Filing Separate in Massachusetts.
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3. a. Are you / your spouse a veteran who served in the Armed Forces, in active service, as part of Operation Enduring Freedom, Operation Iraqi Freedom or Operation Noble Eagle and were honorably discharged? Taxpayer **YES / NO** Spouse **YES / NO**
b. Were you / your spouse a resident of Massachusetts at least 6 months prior to entering the Armed Forces? TP **YES / NO** SP **YES / NO**
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4. Would you / your spouse like to contribute \$1 each to the State Election Campaign Fund? Taxpayer **YES / NO** Spouse **YES / NO**
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5. Do you have any additional dependents that lived with you, that you were not able to claim on your Federal Return? **YES / NO**
If Yes, a Paid Preparer will be contacting you. What phone number can you be reached at this evening? (___ __ __) ___ __ __ - ___ __ __ __.
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6. Do you pay rent for your principal residence in Massachusetts? **YES / NO** **If Yes**, how much rent did you pay in 2008? _____
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7. Did you / your spouse pay any tuition fees for you, spouse, or a dependent? **YES / NO** (MA does not accept the Federal Deduction, but has their own version)
If Yes, How much? _____, and for whom: Self __, Spouse __ or Dependent __
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8. a. Did you / your spouse pay tolls through a Fast Lane Account in 2008? **YES / NO** **If Yes**, how much? Taxpayer _____ Spouse _____
b. Did you / your spouse pay for MBTA transit or commuter rail passes in 2008? **YES / NO** **If Yes**, how much? TP _____ SP _____
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9. Did you have any expenses for covering or removing lead paint on your residential premises in 2008? **YES / NO** **If Yes**, a Paid Preparer will be contacting you. What phone number can you be reached at this evening? (___ __ __) ___ __ __ - ___ __ __ __.
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10. Did you have any expenses in 2008 for your principal residence to comply with the sewer system requirements of Massachusetts or to connect to a municipal sewer system pursuant to a court order? **YES / NO**
If Yes, a Paid Preparer will be contacting you. What phone number can you be reached at this evening? (___ __ __) ___ __ __ - ___ __ __ __.
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11. If you have an overpayment on your Massachusetts Tax Return, would you like to donate all or part of your refund to one of the following Voluntary Contribution funds? **YES / NO** **If Yes**, please complete:
Endangered Wildlife Conservation _____ Organ Transplant Fund _____ Massachusetts AIDS Fund _____
Massachusetts US Olympic Fund _____ Massachusetts Military Family Relief Fund _____
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12. Massachusetts Use Tax
This tax is imposed on the storage, use or consumption of any tangible personal property purchased by the final consumer when the proper sales tax has not been paid, such as with deliveries into Massachusetts from an out-of-state seller. Individual consumer's use tax is to be reported on *Form TIR*, which can be found at www.mass.gov/dor. **We can not File the Use tax for you.**
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13. a. Did you have Health Insurance at any time in 2008? Taxpayer **YES / NO**
If Yes, circle the months that you were covered for 15 days or more: Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.
b. Did your spouse have Health Insurance at any time in 2008? Spouse **YES / NO**
If Yes, circle the months that you were covered for 15 days or more: Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

Questions Specific For Massachusetts (Continued)

14. Did you / your spouse have Health Insurance at any time in 2008 through Medicare, Veterans Administration Program, Tri-Care or "other government health coverage"?

Taxpayer **YES / NO** If **Yes**, please list: _____

Spouse **YES / NO** If **Yes**, please list: _____

15. a. Are you / your spouse claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs?

Taxpayer **YES / NO / NA** Spouse **YES / NO / NA**

If **Yes**, did you / your spouse receive medical health care during the 2008 tax year? Taxpayer **YES / NO** Spouse **YES / NO**

b. Have you / your spouse obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector authority for the entire 2008 tax year, or for the period you were uninsured? **YES / NO / NA**

c. If **Yes**, please provide your certificate number: Taxpayer _____ Spouse _____

16. If you DID NOT obtain a Certificate of Exemption from the Commonwealth Health Insurance Connector Authority, were you eligible for a health insurance plan by an employer in 2008? Taxpayer **YES / NO / NA** Spouse **YES / NO / NA**

If **Yes**, what would it have cost you to enroll in the employer health insurance plan in 2008?

Taxpayer: _____/month Spouse: _____/month (Your employer's Human Resources Dept should be able to provide this amount for you)

17. Senior Circuit Breaker: Are you age 65 or older? **YES / NO** If **Yes**, did you pay real estate taxes in 2008 on the residence that you live in?

YES / NO If **Yes**, what was your 2008 property tax? _____ Is the assessed value of the residence greater than \$793,000? **YES / NO**

18. Is there any other information you think we should know, credits you feel you are eligible for, or any other questions you have? **YES / NO**

IF YES, what would you like to add?
