

**2024 - ADDITIONAL  
TAX ORGANIZER INFORMATION**

Name(s) \_\_\_\_\_

**Please print clearly**

1. Did you or your spouse pay rent in Massachusetts in 2024? Yes \_\_\_\_ No \_\_\_\_

If yes, what was total rent paid in 2024: \$\_\_\_\_\_.

2. Did you or your spouse pay for commuter rail tickets or EZ Pass tolls in 2024 for commuting to work in Massachusetts? Yes \_\_\_\_ No \_\_\_\_

If yes, how much did you pay:      Commuter rail: \$\_\_\_\_\_ EZ Pass \$ \_\_\_\_\_

How much did your spouse pay:      Commuter rail: \$ \_\_\_\_\_ EZ Pass \$ \_\_\_\_\_

3. Did you have health insurance coverage during 2024 while living in Massachusetts?

You:                      Yes \_\_\_\_ No \_\_\_\_      If yes, \_\_\_\_ full year or \_\_\_\_ partial year?

Your Spouse:              Yes \_\_\_\_ No \_\_\_\_      If yes, \_\_\_\_ full year or \_\_\_\_ partial year?

If yes, did you/your spouse receive MA Form 1099HC or other proof of minimum credible coverage?  
If yes, provide copy of Form 1099HC.

Are you covered by Medicare?              Yes \_\_\_\_ No \_\_\_\_

Is your spouse covered by Medicare?      Yes \_\_\_\_ No \_\_\_\_

4. In 2024, did you or your spouse receive unemployment compensation? Yes \_\_\_\_ No \_\_\_\_

If yes, how much did you receive:              \$ \_\_\_\_\_; provide a copy of Form 1099-G

How much did your spouse receive:              \$ \_\_\_\_\_; provide a copy of Form 1099-G

Initial: \_\_\_\_\_

Initial: \_\_\_\_\_