



Name		Date		
County		Town		
New York State (answer questions 1-23)		Yes	No	Unsure
1.	Was your federal adjusted gross income plus New York additions more than \$4,000 (\$3,100 if you are single and can be claimed as a dependent on another taxpayer's federal return)?			
2.	Was your only source of income Social Security benefits?			
3.	Did you purchase taxable property or services for use in New York State without paying sales and use tax at the time of purchase? (line 59 on Form IT-201 or line 56 on Form IT-203 – do not leave blank)			
4.	Do you keep records of all your income, expenses, and deductions?			
5.	Were you (and your spouse if filing a joint return) a New York State resident for the entire tax year? (If No, skip to question 9.)			
Credits				
6.	Did you pay child support through the NYS support collection unit for at least one-half of the year? (IT-209)			
7.	Were you (or your spouse if filing a joint return) an active volunteer firefighter or ambulance worker for the entire tax year? (IT-245)			
8.	Was your total household income (all individuals living with you) under \$18,000? (IT-214)			
9.	Did you pay undergraduate college tuition expenses by cash, check, credit card, or with borrowed funds, for yourself, your spouse, or your dependent(s)? Note: This does not include scholarships or other types of financial aid that are not required to be repaid. (IT-272 or IT-203-B)			
10.	Did you pay nursing home expenses (special assessment) during the tax year? (IT-258)			
11.	Did you pay long-term care insurance premiums during the tax year? (IT-249)			
12.	Was any of your income taxed by another state or local government (IT-112-R) or did you pay taxes to a province of Canada? (IT-112-C)?			
13.	Do you use clean fuel oil (biofuel) for residential heating? (IT-241)			
14.	Did you purchase or lease solar energy system equipment and install it at your principal residence during the tax year? (IT-255)			
Modifications (additions and subtractions)				
15.	Did you contribute to the NYS retirement system or NYC flexible benefits program during the tax year? (shown in box 14 on your W-2 as 414(h) or IRC125)?			
16.	Did you make contributions to a NYS 529 College Savings Plan during the tax year?			
17.	Did you receive interest on U.S. government bonds during the tax year?			
18.	Did you (or your spouse if filing a joint return) receive a pension or other distribution from a New York State, local government, or federal government pension plan?			
19.	Did you (or your spouse if filing a joint return) receive a pension or other distribution that was not from a New York State, local government, or federal government pension plan?			
20.	If you answered Yes to question 19, was the person who received the pension 59½ or older during the tax year?			
21.	Did you receive pension payments as a beneficiary of a pension plan?			
22.	If you answered Yes to question 21, what share of that pension did you receive?			
23.	Did you (or your spouse if filing a joint return) receive disability income during the tax year? (IT-221)			

This program is made possible by grants. Please take a few minutes to help us qualify for future grants by answering the following optional questions. **Your responses will remain confidential.**

[Box 1] through [Box 8] are asked on page 3 of the IRS Intake sheet

Have you had a bank account in the last 12 months? [Box 9]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Before you came in today, were you a current member of Alternatives? [Box 10]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where did you file a return last year? [Box 11]	<input type="checkbox"/> Here at Alternatives VITA <input type="checkbox"/> Other free service <input type="checkbox"/> I prepared it myself (or family / friends prepared it) <input type="checkbox"/> I did not file a return last year <input type="checkbox"/> I went to _____ to prepare it. Cost \$ _____ [Box 12]
How Did You Hear About Our Free Tax Service? [Box 13]	<input type="checkbox"/> Alternatives communication <input type="checkbox"/> Radio/TV <input type="checkbox"/> Family or friend referral <input type="checkbox"/> Flyer <input type="checkbox"/> Non-profit or Agency referral <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Bus Poster <input type="checkbox"/> Advertisement/poster
Choose one: [Box 14]	<input type="checkbox"/> I am female <input type="checkbox"/> I am male <input type="checkbox"/> We are married filing a joint return <input type="checkbox"/> Other
Are you a member of the UAW? [Box 15]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any public benefits (such as Food Stamps, HEAP, Child or Family Health Plus, Medicaid, Section 8 or other housing subsidy) in 2018? [Box 16]	<input type="checkbox"/> Yes <input type="checkbox"/> Don't recall <input type="checkbox"/> No, but would like to <input type="checkbox"/> No, not really interested
Where do you live? [Box 17]	<input type="checkbox"/> City of Ithaca <input type="checkbox"/> Town of Ithaca <input type="checkbox"/> Dryden <input type="checkbox"/> Caroline <input type="checkbox"/> Lansing <input type="checkbox"/> Groton <input type="checkbox"/> Danby <input type="checkbox"/> Enfield <input type="checkbox"/> Newfield <input type="checkbox"/> Ulysses <input type="checkbox"/> Cortland County <input type="checkbox"/> Other outside of Tompkins County
Are you planning to save any of your tax refund? [Box 18] If yes, how much of your refund are you planning on saving? [Box 19] \$ _____	<input type="checkbox"/> Yes, for 6 months or longer <input type="checkbox"/> Yes, but spend it all before 6 months <input type="checkbox"/> No <input type="checkbox"/> I don't expect a refund
If you set aside money from a refund, where are you mainly saving? Choose one. [Box 20]	<input type="checkbox"/> Regular Savings account <input type="checkbox"/> Savings Bonds <input type="checkbox"/> Lucky Savers <input type="checkbox"/> Checking Account <input type="checkbox"/> Prepaid Card <input type="checkbox"/> Retirement Account <input type="checkbox"/> As Cash (not in an account) <input type="checkbox"/> other
In a typical month, which best describes your experience with credit cards? (please select one) [Box 21]	<input type="checkbox"/> I pay my credit card(s) in full (carry no balance) <input type="checkbox"/> I usually carry over a balance and am charged interest <input type="checkbox"/> I pay only the minimum payment on credit card(s) <input type="checkbox"/> I am late making payments and am charged late fees <input type="checkbox"/> I miss making credit card payments <input type="checkbox"/> I don't have a credit card
Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, which of the following best describes how you would pay for this expense. (Please select one) [Box 22]	<input type="checkbox"/> Put it on a credit card and pay it off in full next month <input type="checkbox"/> Put it on a credit card and pay it off over time <input type="checkbox"/> With money in my checking/savings account or with cash <input type="checkbox"/> With money from a bank loan or line of credit <input type="checkbox"/> By borrowing from a friend or family member <input type="checkbox"/> By using a payday loan, deposit advance, or overdraft <input type="checkbox"/> By selling something <input type="checkbox"/> I wouldn't be able to pay for the expense right now