

Free Tax Prep Intake Sheet

[denotes forms for your tax preparer]

Name (First, MI, Last)	Today's date
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 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Did you pay UNDERGRADUATE college tuition expense for yourself, spouse or dependents? [Federal Credit includes books and fees. NYS only counts tuition – 7. Payments & Refundable – 6. College Tuition]	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you pay child support through the support collection unit for at least half of last year? [7. Payments & Refundable Credits – 4. NYS Noncustodial parent EIC]	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were you (or spouse) an active volunteer fire fighter or ambulance worker for all of 2018? [NY 245] [7. Payments & Refundable Credits – 11. Other Refundable Credits]	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was your total household income (all individuals living with you) under \$18,000? If yes, what did you pay in rent \$ or What is the value of your home \$ [Payments and Refundable Credits (line 7) then Real Property Tax Credit (line 5)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you pay nursing home expenses (special assessment) during the tax year? [NY 258]	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did you pay long-term care insurance premiums during the tax year? [NY 249]	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Was any of your income taxed by another state or local government? Canada? [NY 112-R] [-C]	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you use clean oil (bio fuel) for residential heating? [NY 241]	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you purchase taxable property or services for use in New York State without paying sales and use tax at the time of purchase? (e.g. Internet, mail order) [NY 201 line 59]	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you contribute to the NYS retirement system (box 14 on W-2)? [414HSUB]	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Did you make contributions to a NYS 529 College Savings Plan during the tax year? [IT-201 line 30]	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Did you earn interest on US government bonds during 2018? [- state adjust on Interest Stmt]	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Did you receive pension payments from NY State or NYS local government or a federal government pension plan? [line 5 of the Pension Exclusion worksheet in TaxSlayer]	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did you receive pension payments, for work performed, that were not from a NYS, NYS local government, or federal government pension plan? [line 4 of the Pension Exclusion worksheet in TaxSlayer]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank information

Name of Institution OR Routing (ABA) #	
Savings Account #	Checking Account #
Email address (for our tax program use only – will not be used by the IRS)	

Please complete additional questions on back

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 9]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where did you file a return last year? [Box 10]	<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 11]
How Did You Hear About Our Free Tax Service? [Box 12]	<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 13]	<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 14]	<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 2019? [Box 15]	<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 16]	<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 17] If yes, how much of your refund are you planning on saving? [Box 18] \$ _____	<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 19]	<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 20]	<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