

Appendix A: State Questionnaire

2024 Indiana State Income Tax Return Electronic Filing Questionnaire

Residency Information

1. What Indiana County did you live in on January 1, 2024? _____
2. What Indiana County did you work in on January 1, 2024? _____
3. What Indiana County did your spouse live in on January 1, 2024? _____
4. What Indiana County did your spouse work in on January 1, 2024? _____

Indiana Deduction Information

5. Did you rent your home in 2024? Yes____* No____
*If yes, answer the following questions:
 - How much rent did you pay per month? \$ _____
 - How many months during 2024 did you pay rent? _____
 - Landlord's Name/Address (if different from tax return): _____

6. Did you own/are buying your Indiana home in 2024? Yes____* No____
*If yes, what was the amount of Indiana property tax paid in 2024? \$ _____
7. Did you make a repayment in 2024 of any income that was reported taxable in a previous year? Yes____* No____
*If yes, what was the amount of the 2024 repayment? \$ _____

Miscellaneous Income Information

8. Did you receive military pay? Yes____* No____
*If yes, were you receiving Active Duty (AD), Retirement (R) and/or Survivor's Benefits (SB) pay?
AD _____ R _____ SB _____
9. Were you a member of a military reserve component or the Indiana National Guard? Yes____* No____

Refund Information

10. If you are getting a refund, would you like to have it Direct Deposited? Yes____* No____
*If yes, will any of your refund go to an account outside the US? Yes____ No____

VITA Tax Preparation: ADDITIONAL INTAKE QUESTIONS

1. Direct Deposit (Fed/State) or Direct Debit (Fed Only):

Bank Name: _____ Checking or Savings

Routing Number (9 digits): _____ Account Number: _____

2. Self-Employment and/or 1099-NEC, K-1, 1099-Misc:

Type/Description of business: _____

Total Business Income: \$ _____; Total Business Expenses: \$ _____

List expense category and amount:

List year, make and model of vehicle if used for business: _____

Date put in service for business: _____; Written mileage record: circle yes / no

Total Miles: _____ Commuter Miles: _____ Work Miles: _____

Vehicle used after business hours: circle yes / no; Another vehicle available: circle yes / no

3. Health Savings Account, W2, Box 12, Code W or other:

Distribution or Debit Card withdrawal from HSA account: circle yes / no

Form 1099-SA present: yes / no; Form 5498-SA present: yes / no

Circle: Self-Only or Family HSA Plan

Number of Months Enrolled in High Deductible Health Plan in current tax year: _____

List category/description and amount for each withdrawal from HSA account that was not for medical purposes:

Any withdrawals used for non-medical purposes? circle yes / no

4. Education Credits:

1098-T Present: yes / no

Already had 4 yrs of American Opportunity Credit or 4 yrs of post-secondary education: yes/no

Purpose of educational classes (pursuing degree, grad studies, job skills, etc.):

Convicted of a felony: yes / no; At least halftime student in degree program: yes / no

Education expenses (type & amount) not included on 1098-T: _____