



Extension - Health and
Human Sciences

2025 Indiana State Income Tax Return Questionnaire

Taxpayer Information: *Do Not Include your original identification documents in packet

Full Name (taxpayer) _____ SSN# _____

If Divorced- Date of last divorce _____

Full Name Spouse (spouse even if separated) _____ SSN# _____

!!!!!! If married and not living together we must have the spouse's information above!!!!!!! And Birthdate _____

Email contact for tax program/financial program updates _____

Full Name and Social Security Number for anyone that lived with you for 6 months or more in 2025 and you plan to claim them as a dependent in your household. Is this the first time you have claimed them? Are they adopted by you?

Dependent Name _____ Adopted? _____ First time Claimed by you? _____ SSN# _____

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*ID and social security card verification will be required during the review of your completed tax return. Taxpayers must present a copy of a government issued photo ID and SS card for all listed on the return or the return cannot be completed.

Residency Information:

What Indiana County did you live in on January 1, 2025? _____ Work? _____

What Indiana County did your spouse live in on January 1, 2025? _____ Work? _____

Indiana Deduction Information:

Did you **RENT** your home in 2025? Monthly Amount? \$ _____ No. of months paid in 2025? _____

**If you paid rent at more than 1 location in 2025, you may only claim the residence where you lived the longest or paid the most in rent (whichever total amount is greater) **We must have this information to include your rental deduction.

Landlord's Name: _____

Address _____ City: _____ Zip Code: _____

Did you **OWN/OR ARE YOU BUYING** your home in 2025? Amount of property tax paid? _____

Miscellaneous Income Information:

Did you receive military pay? _____ Active Duty-AD (), Retirement-R (), Survivor's Benefits-SB ()

Direct Deposit

Bank Name: _____ Bank Routing Number: _____

Bank Account Number: _____

Type of Account: (check one) Checking Savings I want a refund check mailed takes min 4 months!

**Participants Print and Sign to verify all information is correct _____

VITA Tax Preparation: ADDITIONAL INTAKE QUESTIONS

- 1. Are any of your dependents adopted? circle yes / no First time claimed by you? circle yes / no**
- 2. Does your W2 include OVERTIME PAY? circle yes / no OT Documentation/W2/Paystub? circle yes / no**
- 3. Self-Employment and/or 1099-NEC, K-1, 1099-Misc:**
 - a. Type/Description of business: _____
 - b. Total Business Income: \$ _____ ; Total Business Expenses: \$ _____
 - c. List expense category and amount:

 - d. List year, make and model of vehicle if used for business:

 - e. Date put in service for business: _____ ; Written mileage record: circle yes / no
 - f. Total Miles: _____ Commuter Miles: _____ Work Miles: _____
 - g. Vehicle used after business hours: circle yes / no; Another vehicle available: circle yes / no
- 4. Health Savings Account, W2, Box 12, Code W or other:**
 - a. Distribution or Debit Card withdrawal from HSA account: circle yes / no
 - b. Form 1099-SA present: yes / no Form 5498-SA present: yes / no
 - c. Circle: Self-Only or Family HSA Plan
 - d. Number of Months Enrolled in High-Deductible Health Plan in current tax year: _____
 - e. List category/description and amount for each withdrawal from HSA account:
f. _____
- 5. Education Credits:**
 - a. 1098-T Present: circle yes/no
 - b. Already had 4 yrs of American Opportunity Credit or 4 yrs of post-secondary education: yes/no
 - c. Purpose of educational classes (pursuing degree, grad studies, job skills, etc.):
 - d. _____
 - e. Convicted of a felony: yes / no; At least halftime student in degree program: yes / no
 - f. Education expenses (type & amount) not included on 1098-T: _____
- 6. Did any of your dependents attend private school for grades K-12? Enter school name: _____**
- 7. Did you make any contributions to a 529 Education Savings Plan in Indiana? circle yes / no**
- 8. Did you make any cash donations to Indiana Colleges or Universities? circle yes / no**