



**PURDUE**  
UNIVERSITY®

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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Dependent Name \_\_\_\_\_ Adopted? \_\_\_\_\_ First time Claimed by you? \_\_\_\_\_ SSN# \_\_\_\_\_

**\*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