

# SEVCA TAX SUPPLEMENTAL INTAKE QUESTIONNAIRE Tax Year 2020/21

Name(s): \_\_\_\_\_

1. **Where did you live in 2020?** \_\_\_\_\_ Vermont \_\_\_\_\_ New Hampshire \_\_\_\_\_ Other State(s) Name(s) \_\_\_\_\_

How Long? \_\_\_\_\_ Full Year \_\_\_\_\_ Months in VT \_\_\_\_\_ Months in NH \_\_\_\_\_ Months in other state(s)

If more than one state Dates begin and end by State \_\_\_\_\_

2. **What was the highest grade completed for household members age 24 or older?**

\_\_\_\_\_ 0-8 Grade \_\_\_\_\_ 9-12 Grade-Non-Graduate \_\_\_\_\_ High School Graduate or GED \_\_\_\_\_ 12+ with Some College \_\_\_\_\_ 2 Or  
4 years College Graduate \_\_\_\_\_ Graduated Post-Secondary School  
\_\_\_\_\_ Unknown\Not Reported

3. **Are there any members in your household age 14-24 who are neither working nor in school?**

Yes \_\_\_\_\_ or No \_\_\_\_\_ **If Yes, How Many?** \_\_\_\_\_

4. **Are you disabled?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If married, is your spouse disabled?** Yes \_\_\_\_\_ No \_\_\_\_\_

5. **Do you have Health Insurance?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What Type?** \_\_\_\_\_ Employment Based \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_ Dr. Dinosaur  
\_\_\_\_\_ VT Health Connect \_\_\_\_\_ Military Health Care \_\_\_\_\_ Direct Purchase \_\_\_\_\_ Unknown

**NOTE: If Vermont Health Connect or any other State Marketplace Insurance, Tax Client must include Tax Form 1095A that should have been received. Forms 1095-A: Does the return include a shared policy allocation? Are there other Covered Individuals listed on Form 1095-A, and make sure all of them will be listed on the return for the premium tax credit reconciliation. Some may be out of scope if not reported on tax forms.**

6. **Work Status:** Employed Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal Work \_\_\_\_\_ Un-Employed Short Term \_\_\_\_\_ Un-Employed Long Term (6 months +) \_\_\_\_\_ Unemployed (not in labor force at all) \_\_\_\_\_ Retired \_\_\_\_\_ Unknown/Not Reported \_\_\_\_\_

7. **Household Type:** \_\_\_\_\_ Single \_\_\_\_\_ Two Adults (no children) \_\_\_\_\_ Two Adults (with children)

\_\_\_\_\_ Single Parent ( \_\_\_\_\_ Female \_\_\_\_\_ Male) \_\_\_\_\_ Roommates with Children

\_\_\_\_\_ Multigenerational Household \_\_\_\_\_ Other

8. **Household Size:** Single \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 or more \_\_\_\_\_

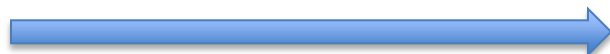
**Genders in Household:** Females Total \_\_\_\_\_ Males Total \_\_\_\_\_ Other \_\_\_\_\_

9. **Household Ages:** 0-5 \_\_\_\_\_ 6-13 \_\_\_\_\_ 14-17 \_\_\_\_\_ 18-24 \_\_\_\_\_ 25-44 \_\_\_\_\_ 45-54 \_\_\_\_\_ 55-59 \_\_\_\_\_ 60-64 \_\_\_\_\_ 65-74 \_\_\_\_\_  
75+ \_\_\_\_\_ Unknown/Not Reported \_\_\_\_\_

10. **Housing:** Own \_\_\_\_\_ Rent \_\_\_\_\_ Homeless \_\_\_\_\_ Living with friends/relatives \_\_\_\_\_ Other \_\_\_\_\_

**\$ Save Your Refund:** If you receive a refund, would you like to save some of it? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Enter to win a \$100 weekly prize or the grand prize of \$25,000 by saving at least \$50 of your federal tax refund in your savings account or a U.S. Savings Bond. Ask your volunteer tax preparer about how to enter the savings contest before you sign your copy of your tax filing. Last year we had two winners in SEVCA sites. Be sure to bring your savings account number and bank routing number. \* *More information available at <http://saveyourrefund.com/home/>*

**SEE PAGE 2 FOR MORE – TURN OVER**



**Vermont Residents Only**

10. In 2020, did you? Rent \_\_\_\_\_ Own your home \_\_\_\_\_ Homeless \_\_\_\_\_  
Other living arrangement \_\_\_\_\_

11. **Did you rent an apartment or house in Vermont for all 12 months of 2020?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No If Did Not Rent full 12 months – What Month to Month?  
\_\_\_\_\_

*(To qualify for the Renter’s Rebate you must have rented in Vermont for a 12 full months and provide a landlord certificate for each place you lived. Living in more than one rental within Vermont will need a landlord certificate for each rental i.e. 3 separate rental apartments within a year but was in Vermont all of 2020) All landlord certificates provided must add up to 12 months total rental.*

12. **Do you own your own home?** \_\_\_\_\_ \* Yes \_\_\_\_\_ No

**\* If yes, please provide a copy of your current property tax bill \***

**Do you expect to own a home that you will use as your primary residence as of April 1, 2021?** \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Did you or anyone in your household receive any SSI (Supplemental Security Income) during 2020? (Not Social Security) \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of recipient(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

14. Did you or anyone in your household receive any public assistance (non-cash benefits like **Reach Up** or others) during 2020? \_\_\_\_\_ Yes \_\_\_\_\_ No *if Reach-Up income, tax client must provide a State form or letter verifying the taxable income to be reported on taxes for the State Return.*

*Note: do not include 3 Squares VT (food stamps) or fuel assistance.*

Name of recipient(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**NOTE: All individuals living in your household MUST be included on the Renter’s Rebate and the Homestead Property Adjustment Claim as well as all of their income contributing to the household. Please put the number of months they lived in the household.**

NAME _____	# of Months _____	INCOME _____
NAME _____	# of Months _____	INCOME _____
NAME _____	# of Months _____	INCOME _____
NAME _____	# of Months _____	INCOME _____
NAME _____	# of Months _____	INCOME _____

**Tax Client Name:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**VITA Volunteer Quality  Checklist**

- Taxpayer (and Spouse's) identity was verified with a photo ID during the visit via zoom or face book messenger or at the site location.
- The volunteer return preparer and quality reviewer are certified to prepare/review this return and return is within scope of the program
- All questions in Parts I through VI are answered and unsure boxes were discussed with the taxpayer and correctly marked yes \_\_\_ or no \_\_\_
- All applicable information in the shaded areas were completed by the certified volunteer preparer
- Names, Addresses, SSNs, ITINs, and EINs, are verified, confirmed and correct
- Filing status is correct
- Dependency determinations are correct
- All Income (with or without source documents) checked "yes" in Part III is verified and correct
- All applicable adjustments to income are verified and correct
- Standard or Itemized Deductions are correct
- All eligible credits are correct
- All applicable provisions of ACA were considered for each person named on the tax return and are correct
- Any Shared Responsibility Payments, Health Care Exemptions and/or Premium Tax Credit reconciliations are correct
- Copy of 1095A** received and inputted into tax return for all **State Health Connect Marketplace Insurances**
- Federal Income Tax Withholding and Estimated Tax Payments are correct
- Direct Deposit/Debit and checking/saving account numbers are correct
- SIDN (Site Id Name) is correct on the return
- During the visit, the taxpayer(s) was advised that they are responsible for the information on their return
- Any errors identified or incomplete Form 13614-C are discussed with the preparer

Return signed via zoom \_\_\_\_\_ Facebook Messenger \_\_\_\_\_ At Site Location \_\_\_\_\_

**VITA Tax Preparer** \_\_\_\_\_ **VITA Quality Reviewer** \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_