**VITA Screening Tool**



[www.fulfillnj.org](http://www.fulfillnj.org)

Resource Line 732-643-5888

Tax@fulfillnj.org

**PART 1: First, see if you qualify for the VITA program:**

Yes\_\_\_ No\_\_\_ Is your income above $57,000?

Yes\_\_\_ No\_\_\_ Are you a resident of a state other than New Jersey, or were you a part-year New Jersey resident last year?

**Do you have?**

Yes\_\_\_ No\_\_\_ Income from rental property?

Yes\_\_\_ No\_\_\_ Income from royalties?

Yes\_\_\_ No\_\_\_ Property that was bought or sold last year?

Yes\_\_\_ No\_\_\_ Casualty losses?

Yes\_\_\_ No\_\_\_ Business loss?

Yes\_\_\_ No\_\_\_ Cancellation of debt? Tax Forms 1099 C (Ask SC for details)

Yes\_\_\_ No\_\_\_ Capital gains income from stocks and bonds?

Yes\_\_\_ No\_\_\_ Self-employment income with expenses that exceed $5,000?

Yes\_\_\_ No\_\_\_ A deduction/contribution from HSA? Tax Forms 1099-SA or 5498-SA

**\*If you answered YES to any of the above questions, unfortunately you are outside the parameters of our program and we cannot prepare your tax return.**

**I am also interested in learning about** \_\_\_ Budgeting/ Saving/ Debt help, or applying for \_\_\_SNAP or \_\_\_Health Insurance and agree to be contacted by Fulfill at Tel/ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please note that we can only file taxes for the current tax year (earlier years can be done by appointment)**
* **You must have a social security card/ITIN (or copy of previous year’s tax return) and birth dates for the filer(s) and any dependents claimed. Photo ID required for filer(s).**

**PART 2: If you qualify, please answer these additional questions**

Yes\_\_\_ No\_\_\_ Can anyone (parents, others) claim you on their tax return?

Yes\_\_\_ No\_\_\_ Do you have an identity theft Pin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Do you pay mortgage Interest (form 1098T)?

Yes\_\_\_ No\_\_\_ Do you pay real estate taxes? If yes, how much last year? \_\_\_\_ Block#\_\_\_\_\_ Lot#\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Do you rent? If yes: Monthly rent $ \_\_\_\_\_Yearly Rent $\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Do you receive alimony? If yes, how much annually? $\_\_\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Do you pay alimony? If yes: How much annually? $\_\_\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Are you married filing separately? If ye, ex-spouse’s social security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Yes\_\_\_ No\_\_\_ Do you have child or dependent care expenses such as daycare?**

Provider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN or EIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualified expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Yes\_\_\_ No\_\_\_ Last year, did you have health coverage for you, your spouse, and all qualifying dependents? If Yes,** last year, did you or your spouse receive an advance payment from the marketplace to help you pay for your health care (form 1095-A)? Yes\_\_\_ No\_\_\_

**\*Yes\_\_\_ No\_\_\_ Did you have medical expenses? If yes:**

Medical/Dental Premiums $\_\_\_\_\_\_\_\_\_\_

Doctor/Dental Costs $\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescriptions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X-rays/Lab Work $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Aids/Glasses $\_\_\_\_\_\_\_\_\_\_\_\_

Medical Mileage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Care $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Most premiums are paid with pre-tax dollars, which means they are deducted from your wages by your employer before taxes are applied. In this case, you cannot deduct them here, so fill in $0 if premiums are paid with pre-tax dollars. You can only deduct the premiums if your employer included them in Box 1 (Gross Wages) of your W-2, or if you paid them out of pocket yourself.

**\*Yes\_\_\_ No\_\_\_ Did you give gifts to charity? If yes**:

Cash $\_\_\_\_\_\_\_\_\_ Non-cash donations $\_\_\_\_\_\_\_\_\_\_\_\_ (thrift value)

**\*Yes\_\_\_ No\_\_\_ Did you have qualified education expenses? If yes:**

**\***Tuition costs (1098T) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Qualified books $\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Other supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Equipment if required by school $\_\_\_\_\_\_\_\_\_\_\_

\***Yes\_\_\_ No\_\_\_ Do you have self-employment income or job expenses not reimbursed by your employer? If yes:**

\*Cash Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Misc. Income (1099MISC) Box 7 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Business miles\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Tolls $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Office Expense $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Professional Certifications/Licenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer chose: [ ]  E-File [ ]  Direct Deposit

 [ ]  Check/ Mailed

**If you want direct deposit, please fill out:**

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking\_\_\_ Savings \_\_\_

Taxpayer chose: [ ]  Paper File

**\*If paper filing was chosen, it is the Taxpayer’s responsibility to mail both Federal and State returns.**

**Paper File Mailing Address:**

\***Federal 1040 with Refund**: Department of the Treasury Internal Revenue Service Center

Kansas City, MO 64999-0099.

\***State of New Jersey with Refund**: Division of Taxation Revenue Processing Center-Refunds

P.O BOX 555 Trenton, NJ 08647

I authorize the release of my personal information to a representative of **Fulfill, for the purpose of** entering my information into **Oasis Insight**, a secure online database, used only by Fulfill for purposes of providing services or reporting group data to donors. No identifying information will be shared with other agencies without my permission. This Release of Information will remain in effect for 3 years from the date below, unless I make a written request to Fulfill that I no longer wish to participate in Oasis Insight.

**I declare, under penalty of perjury, that the information stated above is true to the best of my knowledge, and I am responsible for its accuracy**.

Taxpayer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_